

ARTHRITIS QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

1.1 Please state diagnosis, e.g. osteoarthritis, rheumatoid arthritis _____

1.2 Are symptoms continuous or are they intermittent? _____

If continuous, when did they first start?

D	D	M	M	Y	Y	Y	Y
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1.3 If the symptoms are intermittent: _____

a. Is there complete remission between symptoms? YES NO

b. How often do you experience these symptoms? _____

c. Give the approximate date of the last symptoms

D	D	M	M	Y	Y	Y	Y
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d. What was the duration of the last symptoms? _____

e. Were you disabled during the symptoms? _____

1.4 Have you ever been unable to work due to your symptoms? YES NO

If YES, please supply details and dates. _____

1.5 Has your arthritis ever necessitated absence from work? YES NO

1.6 Which joints are affected? _____

1.7 a. What treatment was given and for what periods? _____

b. Are you still on treatment and if YES, what treatment? YES NO

1.8 Name of medical attendant that prescribed treatment _____

1.9 Were any x-rays or laboratory tests ever carried out? YES NO

If YES, give details, results and dates _____

1.10 Have you ever received cortisone treatment? YES NO

If YES, give details of medication, dosage and date of last treatment

D	D	M	M	Y	Y	Y	Y
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Initials

2. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

Please take note of the following important disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identify (and in many cases the identities of related persons, such as but not limited to directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured) _____

Date

D	D	M	M	Y	Y	Y	Y
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