

## ASTHMA QUESTIONNAIRE

(To be completed by the life insured)

### 1. Life insured's details

Policy no. \_\_\_\_\_ Identity no. \_\_\_\_\_

Name of insured \_\_\_\_\_

1.1 At what age did your asthma start? \_\_\_\_\_

1.2 How frequently do the symptoms occur? \_\_\_\_\_

1.3 When did you last have an attack? 

D	D	M	M	Y	Y	Y	Y
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1.4 Severity of the symptoms:

a. Have they necessitated sitting up in bed? YES  NO

b. Have they resulted in absence from work? YES  NO

c. Have you ever been hospitalised? YES  NO

If YES, give full details \_\_\_\_\_

\_\_\_\_\_

1.5 Is the asthma caused by any special circumstances or conditions? YES  NO

If YES, give full details \_\_\_\_\_

\_\_\_\_\_

1.6 Have you ever consulted a doctor for asthma? YES  NO

If YES, give the date of your last consultation and the name and address of the doctor 

D	D	M	M	Y	Y	Y	Y
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1.7 What medicine or drugs have you taken to relieve the attacks? \_\_\_\_\_

1.8 Are you currently on treatment? YES  NO

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

\_\_\_\_\_

1.9 Have you ever been given oral cortisone treatment? YES  NO

If YES, give full details of dosage \_\_\_\_\_

\_\_\_\_\_

1.10 Has your chest ever been x-rayed or have you undergone a lung function test? YES  NO

If YES, what was the result? \_\_\_\_\_

\_\_\_\_\_

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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