

Generali DECESOS
HEALTH CONDITION QUESTIONNAIRE

See below the table of questions regarding health condition of each of the insured people.
 Please answer “yes” or “no” to all questions.

In case of a “yes” answer, indicate name and surname of insured, diseases, surgeries, medical treatments, terms and current condition.

No	DISEASES	YES	NO
1.	Have any of the insured been operated or are they awaiting an operation?		
2.	Have any of the insured been admitted to hospital in the past twelve months?		
3.	Have any of the insured had special diagnostic tests done in recent years such as ultrasound, exercise stress tests, electrocardiograms, angiograms, scanner or CAT, Doppler echocardiography, MRI, etc.?		
4.	Do any of the insured have, or have they had, diseases of the blood and the immune system, AIDS?		
5.	Do any of the insured have, or have they had, any other illness or injury not mentioned above?		

Health Questionnaire Further Information

Insured's full name	Question No.	Comments

Inexactness of answers or provision of false **information may constitute grounds for refusal in insurance compensation.**