

6. **APPLICABLE TO THE PROPOSED INSURED** (Please give details of ALL 'Yes' answers)

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Have you ever consulted a Doctor for, been diagnosed with or had any symptoms of: | | |
| Cancer, tumour or polyp, malignant melanoma, blood disorder or any form of malignant disease?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Any disorder of the breasts requiring biopsy or abnormal mammogram; or abnormal PSA test for prostate cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest pain, heart attack, high blood pressure, elevated cholesterol, stroke or transient ischemic attack (TIA), or other heart or circulatory disorder? Diabetes, kidney disease? Hepatitis or any disorder of the liver or colon? Paralysis or any other neurological disorder? Positive HIV test or AIDS? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have two or more of your immediate family members (father, mother, brother, sister) had heart disease, stroke, polycystic kidney disease, breast or colon cancer, the ONSET of which was prior to their reaching age 65? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have you ever had an application for life, disability or critical illness insurance declined, rated, postponed, cancelled or modified in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have you applied for critical illness insurance elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> |

Details of 'Yes' answers: (additional space on reverse)