Form No. 3330

LIFE INSURANCE CORPORATION OF INDIA

GOITRE (WITH OPERATION)

Proposal No._____

Full Name of the Life to be Assured_____Age_____

QUESTIONS TO BE ANSWERED BY THE PROPOSER

1. a) Give full history prior to the operation, including information regarding the approximate date when the swelling was first noticed, symptoms, diagnosis, treatment, name of the doctor who treated you, etc.	
b) Why was operation advised?	
c) What was the date of operation? N.B. Please submit a certificate from the operating surgeon, stating why the operation was performed, what was done, what was found and the results.	
2. Since the operation a) Have you noticed your heart beating forcibly i) after moderate exercise ii) after excitement iii) at rest?	
b) Do you perspire freely?	
c) Is your appetite good?	
d) Have you lost or gained any weight? If yes, how much?	
3. Does your feet or ankles swell	
4. Are there any signs of hyperthyroidism/ hypothyroidism?	

I agree that the foregoing questions and answers shall form part of the proposal for assurance made to the Life Insurance Corporation of India on_____

Dated at_____on the _____ day of _____20 _____

Signature of Witness: _____

Name _____ _____

Occupation _____ **Signature of the Proposer**

Contd...2

Goitre (with operation)

Questions to be answered by the Medical Examiner

1. Was the goitre removed on account of toxic symptoms?	
2. What type of goitre was found on operation adenomatous or diffuse?	
3. Are there any fine tremors of the tongue or out stretched fingers?	
4. Are there any signs of hyperthyroidism?	
5. Is there any exophthalmos?	
6. Any other remarks you may wish to offer?	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

_____
Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

_____
Signature of the Medical Examiner
Name:
Address:
Qualification:

Code No. :

Date: _____