

Form No. 3331

Divisional Office :

Branch Office:

GOITRE (WITHOUT OPERATION)

Policy / Proposal No. _____

Full Name of the Life to be Assured _____ Age _____

QUESTION TO BE ANSWERED BY THE PROPOSER

1. Since when has the swelling in the neck been noticed?	
2. (a) Is the size of the swelling stationary? (b) Is the size of the swelling increasing or decreasing? If yes in (a) or (b), since when?	
3. Does the swelling cause any discomfort?	
4. (a) Have you noticed the heart beating forcibly (i) After moderate exercise (ii) After excitement, or (iii) At rest?	
5. Have you gained or lost weight during the last two years?	
6. Have you undergone any treatment for goitre? If yes, state (i) What was the diagnosis made by the doctor? (ii) What was the nature of treatment? (iii) When was the treatment discontinued? (iv) The name and address of the doctor who treated you	
7. Have you been advised or do you propose to undergo an operation for goitre? If yes, state why.	

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 the Witness _____

Name & Design. of Witness _____

Signature of the Proposer

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER

- 1. a) (i) Is the whole gland enlarged?
(ii) If not, which part is enlarged?
- b) Is the swelling firm soft, nodular or diffuse?
- c) What is the size of the neck?
(i) At the maximum circumference?
(ii) At the minimum circumference?

- 2. (a) Are there any fine tremors of the tongue or outstretched fingers?
(b) Does the applicant perspire freely during examination?

- 3. Are there any signs of hyperthyroidism

- 4. Is there any exophthalmos?

- 5. Any other remarks you may wish to offer

Signature of the Medical Examiner

Date : _____
Name : _____
Code No. : _____
Qualifications. : _____
Address : _____