

**BPI****LIFE ASSURANCE CORPORATION**

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| Name of Applicant: | Reference No.: |
|--------------------|----------------|

- When was the growth, cyst, lump or tumor first diagnosed? ____ / ____ / ____
- What was the diagnosis made for this condition: _____
- In which part of the body was it situated? _____
- Has there been surgery performed or planned to perform for this condition? Yes No
If YES, please provide details. _____
- Were you informed that your growth has a stage in addition to its diagnosis? Yes No
If YES, please specify the stage.
Stage 0
Stage 1
Stage 2
Stage 3
Stage 4
Others _____

- What is the prognosis of this condition as informed to you by your doctor?

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- Have you had any of the following medical tests in the past 12 months? Yes No
If YES, please indicate the date and result.

| | DATE | RESULT |
|----------------|--------------------|--------|
| Blood Test | ____ / ____ / ____ | _____ |
| Ultrasound | ____ / ____ / ____ | _____ |
| CT or MRI Scan | ____ / ____ / ____ | _____ |
| Biopsy | ____ / ____ / ____ | _____ |
| Others _____ | ____ / ____ / ____ | _____ |

Please provide a copy of the medical test results.

- Do you require treatment for this condition in the past 12 months? Yes No
If YES, please indicate the date and details of treatment.

| | DATE | RESULT |
|---------------------------|--------------------|--------|
| Medication | ____ / ____ / ____ | _____ |
| Surgery | ____ / ____ / ____ | _____ |
| Radiotherapy/chemotherapy | ____ / ____ / ____ | _____ |
| Others _____ | ____ / ____ / ____ | _____ |

- Which of the following best describes the impact of this condition on your ability to perform day to day activities and work?

Significant or occasional impact
Only minor symptoms which have little or no impact
Ongoing condition with no impact
Fully recovered

**BPI****TUMOR / CYST QUESTIONNAIRE****LIFE ASSURANCE CORPORATION**

10. Please provide the name(s) and address(es) of your attending physician(s) and/or medical facility:

I certify that the above statements are true and complete and agree that this questionnaire, together with my application dated ____ / ____ / ____ shall form the basis of the contract between the Company and myself.

Signed at _____ this _____ day of _____, _____.

Name of Applicant

Witnessed by:

Name of Bancassurance Sales Executive
Code No. _____