



Supplementary Questionnaire for Critical Illness Benefit Application

APPLICANT/PROPOSED INSURED _____

OWNER/PAYOR _____

Questions below to be answered by the proposed insured:

1. Do you have existing Critical Illness or Dread Disease benefit coverage with Cocolife or other companies? [] Yes [] No
If yes, please state the coverage details. _____
2. Do you have Critical Illness or Dread Disease applications which were rated, postponed or declined? [] Yes [] No If
yes, state companies and dates. _____
3. Have you changed weight in excess of 2 kgs. in the last 12 months? [] Yes [] No
If yes, please state reason for change. _____
4. In addition to the declaration in the Non-Medical application Part 2, please answer the question below:

FAMILY HISTORY

Have your parents or siblings died or suffered (a) heart disease (b) high blood pressure (c) stroke (d) diabetes (e) cancer
(f) kidney disease (g) mental disorder (h) muscular disorder or any other hereditary disease? [] Yes [] No If

yes, indicate details below:

Relationship	Condition / Cause of Death	Age at Onset	If Deceased, Age at Death

Dated at _____ this _____ day of _____, 20_____

Signature of Agent

Signature of Proposed Insured