

h) Has your spouse been suffering or is your spouse suffering from any other illness, injury, disease condition or has undergone medical examination not mentioned in the above questions due to which your spouse has abstained from work for more than 7 days? If Yes, please provide details of the illness and the treatment/medication taken or being taken. Yes No

i) For each 'Yes' in point 10 (b to g), please identify the question and provide full details, conditions, dates, duration and results. Kindly provide the full name and address of Doctor/Hospital/Clinic etc.

Question No.	Details

j) Does your Spouse take part in or have any prospect or intention of taking part in any hazardous occupation, sports, hobbies or pursuits? (eg. in aviation other than as a fare paying passenger, diving, mountaineering, racing, mining, oil & natural gas etc) Yes No

Signature of Primary life

Signature of Joint life (Second Life)