UIC PAKISTAN
Rated "A" by PARCA

The United Insurance Company Of Pakistan Ltd.
A Member Company of United International Group
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UIG Group of Company's

Family Health Questionnaire Form (FHQ)

INSTRUCTIONS: It is very important that complete medical history is disclosed in this form. Please note that if a pre-existing medical condition/illness is NOT DISCLOSED, we can decline the claim relating to it. if the medical condition is disclosed, we may cover that medical condition. therefore, it is in your best interest to disclose complete medical history.

Pre-Existing medical conditions are diseases, illnesses, or injuries for which a person receives treatment, incurs expenses, receives a diagnosis from a doctor [even if no treatment is provided] or was aware of at any time prior to applying for insurance.

Name of Employee: _____ _____
In CAPITAL letters — First / Middle / Given Name(5) — Last Name

Employer Name: _____ Designation: _____ Joining Date: _____

Home Address: _____

Work Phone: _____ Home Phone: _____ NIC # _____

Please list Family Members (spouse, son, daughter, mother and father) to be covered: *Attach additional sheets if necessary*

NAME Please write in CAPITAL letters	Relationship with You	Date of Birth (dd/mm/yyyy)	Height (ft./in)	Weight (lbs)	For Offical Use
1.	SELF				
2.					
3.					
4.					
5.					
6.					
7.					

	YES	NO
1) Are / have you or any member of your family (spouse/children/parents) currently or at any time prior to applying for insurance:		
a. Suffered from any medical condition / disease / illness or injury?	☐	☐
b. Aware of any medical condition / disease / illness or injury (even of no doctor was consulted)?	☐	☐
c. Received diagnosis from a Doctor / Hakeem or Homeopath (even if no treatment was provided)?	☐	☐
d. Taking or beenadvised to take any medication for more than 7 continuous days?	☐	☐
e. Suffered from any physical or mental disability?	☐	☐
2) Do you or any member of your family smoke any from of tobacco or consume alcohol? If yes, how much? _____	☐	☐
3) Are you and all members of your family (listed above) in good health?	☐	☐
4) Is your spouse (or yourself, if you are a female pregnant? If yes, ho many months? _____	☐	☐

If you have answered **"Yes"** to any of the question **1)a.** to **1)e.** above, please provide details below: *Attach additional sheets if neccessay*

Please attach photocopies of the relevant medical reports.

Name of Person whom 'Yes' answer has been given	Please describe medical condition or any treatment received, investigations undertaken. Is any further tests or treatment suggested duration	Attending Doctor (Name, Address & Hospital)

DECLARATION: I hereby declare that the statement above is true and complete to the best of my knowledge and belief. I have not withheld any information. I understand that this health declaration form together with the application of my employer to United Insurance Company Of Pakistan Ltd. are the basis for the Group Health Insurance applied for . I hereby authorize any hospital, physician or surgeon who has attended to me or my family members to furnish to UIC with any and all information that they may require concerning our medical history and/or examinations.

_____ _____
Signature of Employee for Self & on behalf of family members being covered — Date

TO BE FILLED BY THE EMPLOYER

Please specify the plan for this employee

☐ Executive ☐ Deluxe ☐ Standard

☐ Value ☐ Basic ☐ Other _____

Coverage Effective Date: _____

Signature & Stamp of the Employer

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