



COCOLIFE

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MEDICAL QUESTIONNAIRE TO BE COMPLETED BY YOUR DOCTOR

When you next visit your doctor, please ask him/her to answer the following questions to support the continuation of your total and permanent disability benefits.

Name of Insured: _____ Date of Birth: _____
Address: _____

1. Please provide a brief history of the condition or conditions of insured:

2. What are patient's current symptoms?

3. What is your diagnosis? Please include the severity of condition and whether the condition is transitory or long term.

4. What treatment is the patient undergoing? Please include details of medication.

5. What is the prognosis?

6. Does patient's condition totally and permanently prevent him from engaging in any gainful employment?
Could the patient be rehabilitated back into the workforce?

Doctor's details:

Name: _____ Specialty: _____
Year Graduated: _____ Medical School _____
PTR No. _____ Date Issued _____ Place Issued _____

(Signature)

(Date Signed)

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."