



## CRITICAL ILLNESS COVER

### Confidential Medical Certificate

Name	
Date of Birth	
Policy No.	
The above named is insured with Ceylinco Life Insurance Limited against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with a coronary artery disease and, to enable us to assess the claim, we should be obliged if you would complete this confidential report and return it direct to Manager -Claims	
In order for the claim to be valid the following definition must be fulfilled:	
<p><b>Coronary artery by-pass graft</b></p> <p>The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Angioplasty and/or any other intra-arterial procedures</li> </ul>	
<p><b>1. General</b></p> <p>I. Are you the insured's usual medical attendant? If "yes" over what period do you records extend?</p> <p>II. When were you first consulted for this abnormality and, at that time, how long had the symptoms been presents?</p> <p>III. Has the insured previously suffered from any related illness? (eg: Hypertension. angina or other vascular) YES/NO, if "yes"</p> <p>IV. On which date did the insured first become aware of the disease?</p> <p>V. If there anything in the insured's family history which have increased the risk of Coronary artery disease?</p> <p>VI. Please give details of the insured's habits in relation to cigarette smoking</p>	

<p><b>2. Details of the Insured's illness:</b></p> <p>I. Please describe the full and exact diagnosis of the heart disease leading to surgery</p> <p>II. What type of surgery has been performed and when?</p> <p>If coronary artery by-pass grafting please state the number of sites of graft inserted</p> <p>III. Please provide the full address of the hospital where the operation took place and also the name of the surgeon.</p> <p>We would be grateful for copies of any relevant hospital reports that are available.</p>			
<p><b>3.</b> If there is any further information which, in your opinion, will assist our Chief Medical Officer in assessing this claim, please furnish such information.</p>			
<p><b>4.</b> In your opinion, does the episode suffered by the Insured fulfill the definition stated?</p>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Signature</p>    <p>Address</p>    <p>Date</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Practice Stamp</p> </td> </tr> </table>		<p>Signature</p>  <p>Address</p>  <p>Date</p>	<p>Practice Stamp</p>
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