Ceylinco Life Insurance Limited, Ceylinco Life Tower, 106 Havelock Road, Colombo 5 Co. Reg. No. PB5183 Tel:(011) 2461461 Email: service@ceylife.lk Web: www.ceylincolife.com

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 **Kidney Failure** 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:	
Kidney Failure Chronic and irreversible failure of both kidneys, as a result of which either regular haemodialysis or peritoneal dialysis is instituted or renal transplantation is carried out. The dialysis must be medically necessary and confirmed by a Consultant Nephrologist. For the above definition, the following are not covered: • Acute reversible kidney failure with temporary renal dialysis	
1. General **I.** Are you the insured's usual medical attendant? If "yes" over what period? **II.** What is the underlying kidney disease causing renal failure? **III.** When were you first consulted for this abnormality and, at that time, how long had the symptoms been presents? **IV.** Has the insured previously suffered from any renal disease or any related illness? Eg: diabetes	Yes/No Yes/No

If yes please give dates of consultations and resulting diagnosis. **V.** On which date did the insured first become aware of the disease? **VI.** Please give insured's habits in relation to cigarette smoking.	
2. Details of the Insured's illness: **I.** Has the insured's renal disease reached the end-stage? **II.** Is the insured currently undergoing regular peritoneal dialysis or haemodialysis. **III.** Has renal transplantation been performed? **IV.** Please provide the full address of the hospital to where the final diagnosis was established and insured treated? We would be grateful for copies of any relevant hospital reports that are available.	
3. If there is any further information which, in your opinion, will assist our Chief Medical Officer in assessing this clam, please furnish such information.	
4. In your opinion, does the episode suffered by the Insured fulfill the definition stated?	
Signature Address Date	Practice Stamp