



9. Have you had any blood or other test related to your headaches?
 No
 Yes – please provide details _____

10. Who is currently specialist
 Family doctor
 Orthopedic specialist
 Neurologist
 Other
Please provide details _____

I declare that the answers I have given are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment of acceptance of this proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signed _____

Date _____