



Policy Number/s

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HYPERCHOLESTEROLEMIA QUESTIONNAIRE - APPLICANT

(To form part of the policy contract)

Name of Applicant: _____

1. When was your hypercholesterolemia first diagnosed? _____

2. What was your most recent Total Cholesterol or Cholesterol/HDL Ratio within the last 6 months?

Date Test Was Done	Results	
	Total Cholesterol	Cholesterol/HDL Ratio
/ /	_____ <input type="radio"/> mmol/L _____ <input type="radio"/> mg/dL	

3. Are you currently on medication for this condition?

YES, please provide details NO, it was never prescribed

Name of Drug	Frequency and Dosage	Date Medication Started	Date Medication Stopped & Reason/s	
		/ /	/ /	[Reason]
		/ /	/ /	[Reason]
		/ /	/ /	[Reason]

4. Has your medication been increased (change of medication, dosage and frequency)

by your attending physician? YES, please provide details NO

5. Were you prescribed medication but has stopped taking it? YES, please provide reason NO

My attending physician asked me to stop my medication, only regular follow-up is needed.

It was my own personal decision and without my attending physician's advice.

6. Have you been told that you have familial hypercholesterolemia? YES NO

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true and correct and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I understand that the personal information collected or held by AXA Philippines may be used, stored, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including any of its affiliates or related companies, or any individuals/organizations/corporations/entities associated with AXA Philippines to process and deal with my application/policy to which this is appended to.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate my insurance. Furthermore, I understand that declaration of any untruthful statement may also be a ground to invalidate my insurance.

Name and Signature

Date of Signing

AXA PHILIPPINES

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