

U06801

MEDICAL TEST REQUEST FORM



The cost of all test (s) not requested by the Company will be borne by the agent. Please contact Operations Team if you have any questions on the test (s) required.

Please tick the appropriate box

Life Assured Details	Advisor Details
Policy Number :	Advisor Code :
Product Name :	Advisor Name :
Name of Life Assured :	Office Code :
Sex / Age of Life Assured :	Request Date:
Contact number :	
Type of ID proof and Number :	
Address of Life Assured for Home visit :	

Diagnostic Center Details
Third Party Administrator Name :
Diagnostic Center Name :
Address :

TEST REQUESTED

Medical Examination with Microscopic Urine Analysis

Juvenile Medical Examination

Blood Profile :

BPB*(HIV, Cholesterol, Triglycerides, RBS, Creatinine, S. Bilirubin, HbsAg, SGOT, SGPT, Alk Phos, Gamma GT, Albumin, HDL test)

BPE

HBA1c

CBC (Complete Blood Count)

Urine Cotinine Test ECG - Resting ECG - X (TMT - Tread Mill Test)

For Sum Assured above 10 Cr									
<input type="checkbox"/>	2 D Echo	<input type="checkbox"/>	USG (KUB & Abd)	<input type="checkbox"/>	Chest X-Ray	<input type="checkbox"/>	Anit HCV	<input type="checkbox"/>	Urine Microalbumin
<input type="checkbox"/>	Prostate-specific antigen (PSA) required for male life above 55 years								

Other Tests (Please specify): _____

Kindly carry original and a photocopy of a photo identity proof (eg. Passport, Driving license, Employment card etc.) along or any suitable document to prove your identification for satisfaction of medical examiner.

Authorization:

I hereby irrevocably authorize Tata AIA Life Insurance Company Limited or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my/the Insured's health status in relation to application and claim arising therefrom. Test test may include, but are not limited to tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired Immunodeficiency syndrome (AIDS). Infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs nicotine or their metabolities.

Signature/Thumb Impression of Proposed Insured/Applicant
In the Presence of Technician/Nurse/Doctor

Signature/thumb Impression of applicant, if other than Proposed Insured
(If Insured is below 18 years, Applicant to sign only). Sign as per application form).

Place

Date : (DD/MM/YYYY)

Instructions

1. Please ensure that both the client's and agent's particulars have been completed.
2. Any corrections on this form must be endorsed by Tata AIA Employee.
3. Please check client's identity type, number and signature