Punjab Life
Insurance Company Limited

PUNJAB LIFE INSURANCE COMPANY LIMITED (PLIC)
HEALTH QUESTIONNAIRE FORM (HQF) FOR GROUP LIFE INSURANCE

A. EMPLOYER INFORMATION:

Field	Details
Name of Employer:	
Employer Address:	
Contact Details:	
Name of Contact Person:	
Designation:	
Contact No.:	
Email Address:	

B. EMPLOYEE INFORMATION:

Field	Details
Name of Employee:	
Father / Husband's Name:	
Date of Birth”	
Gender:	
CNIC No.:	
Contact No.:	
Correspondence Address:	
Marital Status:	
Date of Joining:	
Employee ID:	
Designation:	
Annual Income (PKR):	

C. JOB DETAILS:

Briefly describe your exact daily duties:

_____

_____

D. AVOCATION DETAILS:

Question	Yes	No	Details
Legal/Religious/Political activity or litigation/police case?	☐	☐	
Dangerous/Hazardous activities?	☐	☐	
Travel to high-risk areas?	☐	☐	
Insurance proposal postponed/declined/pending?	☐	☐	

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E. PHYSICAL & LIFESTYLE DETAILS:

Height: _____ Feet/Inches Weight: _____ Kg/Lbs **|** Weight change in last 12 months: ☐ **Yes** ☐ **No**

Reason: _____

Tobacco: ☐ **Yes** ☐ **No** **|** Alcohol: ☐ **Yes** ☐ **No** **|** Drugs/Medicines: ☐ **Yes** ☐ **No**

Quantity/Frequency: _____

F. MEDICAL HISTORY:

Sr. No.	Health Questions	Yes	No
1	Are you presently in good health?	☐	☐
2	Do you have High Blood Pressure, Diabetes Mellitus, or any Endocrine Disease?	☐	☐
3	Do you have any Heart Disease (Chest Pain, Angina, Heart Attack, Coronary Artery or Valvular Disease, etc.)?	☐	☐
4	Do you have any Respiratory Disease (Asthma, Tuberculosis, Chronic Lung Disease, etc.)?	☐	☐
5	Do you have any Neurological or Mental Disorder (Epilepsy, Stroke, Paralysis, Anxiety, Depression, Chronic Headache, etc.)?	☐	☐
6	Do you have any Liver Disease (Hepatitis, Jaundice, etc.)?	☐	☐
7	Do you have any Kidney or Genito-Urinary Disease?	☐	☐
8	Do you have any Disease of the Eye, Ear, Nose, or Throat?	☐	☐
9	Do you have any Tumor, Growth, or Cancer?	☐	☐
10	Do you have any Hereditary, Congenital, or Autoimmune Disease?	☐	☐
11	Do you have any Serious Infection, HIV/AIDS, or Sexually Transmitted Disease (STD)?	☐	☐
12	Have you ever been diagnosed with any Physical or Mental Illness, Pre-existing Medical Condition, or Deformity?	☐	☐
13	Have you consulted a Doctor during the last 3 years for any reason other than a routine health check-up, seasonal illness, or flu?	☐	☐
14	Have you ever undergone any Surgery, Hospitalization, Serious Injury, or Medical Treatment not mentioned above?	☐	☐

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G. FEMALE APPLICANTS ONLY:

- Are you currently Pregnant? ☐ **Yes** ☐ **No**

If Yes, Duration (Months): _____

- Do you have or have you ever had any Obstetrical or Gynecological Disease? ☐ **Yes** ☐ **No**

Details: _____

DECLARATION & AUTHORIZATION:

I hereby declare that the information provided is true and complete to the best of my knowledge. I authorize **Punjab Life Insurance Company Limited (PLIC)** to obtain relevant medical information. I understand that any misrepresentation or non-disclosure may render the insurance coverage null and void from inception.

Employee Signature	Employer Signature & Official Stamp (HR Department)
Signature: Date: ____/____/_____	Signature: Date: ____/____/_____