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STAR Personal & Caring	Hea	alth urance

## Proposal Form No.: \_ Regd. & Corp. Off: No.1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai - 600 034.Ph : 044 - 28288800 www.starhealth.in

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Signature of the Insurer/Authorised Representative

Proposal Form No.



## Star Health and Allied Insurance Co. Ltd.

## Additional Questions to be attached to Senior Citizen's Proposal Form

Have you ever suffered from / Are you suffering from any of the following diseases?

Cancer	Yes / No
Chronic Kidney Disease	Yes / No
CVA / Brain Stroke	Yes / No
Alzheimer Disease	Yes / No
Parkinson's Disease	Yes / No

Place Date

Signature of the Proposer

Phone: 044 – 28288800 Telefax: 044 – 28260062 Website: www.starhealth.in