



Proof of Identity for Medical Assessments

for applicants residing anywhere except Asia

This form allows the Medical Examiner to confirm the Identity of the Proposed Life Assured, and informs the Medical Examiner of the tests and/or procedures that must be undertaken as part of each respective Proposal.

It must be signed by both the Proposed Life Assured and the Medical Practitioner performing the Medical Assessment.

Application Reference Number

Proposed Life Assured

First Name(s)

Last Name

Passport/ID Number

Date of Birth Gender Male Female

Signature Date

Tests Required

(Please tick ONLY those tests and/or procedures requested by Unilife)

- HIV 1 & 2 (ELISA or Western Blot Method using whole blood serum. NOT "rapid style" testing)
- Cotinine Test
- Short Form Medical Examination
- Full Medical Examination
- GGT Test
- Random Cholesterol Test
- Random Blood Sugar Test
- Rest and Effort ECG
- Prostatic Specific Antigen (PSA) Test
- Others (Please specify)

I confirm that I have verified the Identity of the Proposed Life Assured named above by means of Photo ID.

Medical Practitioner
Signature Date

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com