

Tuberculosis Supplementary Statement

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
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Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

1. Have you ever suffered or are you now suffering from tuberculosis? If so, when did you first experience symptoms?

2. What organs were/are involved (e.g., lungs, kidneys)?

3. What treatment have you received or are you still receiving and when did this commence?

Commencement Date	Medical	Surgical

If treatment has ended, please indicate since when.

4. Have you now recovered and are you now able to work? If so, please state since when.

If you still experience symptoms or sequels of any kind, please describe them.

Are you still under medical review? If so, please indicate by whom.

5. Do you suffer from any other diseases?

6. Have you received or are you still receiving any kind of disability compensation? If so, please provide details including the reason for compensation.

7. Are you presently able to work without limitation? If not, please specify the degree of disability.

I hereby declare that the above statements are true and complete and agree that this supplementary statement together with the proposal dated _____ shall form part of the contract between me and Allianz PNB Life Insurance, Inc.
I authorize Allianz PNB Life Insurance, Inc. to process the information I have provided in accordance with the Data Privacy Act.

Signature over printed name of Proposed Insured

Date