E-MAIL COPY OF HEALTH DECLARATION FORM

1. Full name of the Life Assured ……….
   (IN FULL BLOCK LETTERS)
   Full Address ………
   Occupation …………..………..Name of Employer ………………….……..…………….. Length of Service with him……………………………..

2. Since the date of your proposal for the above mentioned policy,	Answer 'Yes"	If 'Yes' details of aliment, date & duration' doctors consulted.
a) Have you ever suffered from or are you suffering from:-		
(i) Asthma, tuberculosis or any other disease of lungs?	a) (i) …………………	
(ii) High blood pressure or any disease of the heart?	(ii) ……………..……	
(iii) Peptic ulcer or any disease of the stomach, liver or spleen?	(iii) …………………	
(iv) Any disease of kidney, prostate or urinary system?	(iv) ………………...	
(v) Diabetes, hernia, hydrocele, cancer, or leprosy?	(v) …………………..	
(vi) Paralysis, epilepsy or any disease of the nervous system?	(vi) …………………	
(vii) Any other illness requiring treatment for more than a week?	(vii) …………………	
b) Did you ever have any operation, accident or injury?	(b) …………………	
c) Have you had an electocardiogram, X. Ray or screening, Blood, urine or stool examination?	(c) …………………	
d) What death or illness have there been in your family (parents, husband, wife, brother, sister, or children) Give age at death, date, and cause of death.	(d) …………………	

e) Has a proposal or an application for revival of a policy on your life made to this or any other office of the corporation or any insurer ever been:
   (i) Withdrawn or dropped ?………………………………… (ii) Accepted with an extra premium or lien ?…………………………………………
   (iii) Deferred or declined? ………………………………… (iv) Accepted on terms otherwise than those proposed? …………………………
   If so give details ………

3. Is any proposal or an application for revival of a lapsed policy on your life under consideration of this or any other office of the Corporation?		**If answer is 'yes' give the following details**:- (i) Proposal No ……………………………………………………………………. (ii) Policy No ………………………………………………………………………..

4. Are you at present in sound health?

5. Have you paid any deposit or arrears of premiums? If so, give following details:-
   (i) Amount $ ……………………..…… (ii) Date ……………………………………. (iii) How paid ……………………………………………

N.B.- for Revivals under non-medical scheme (Question Nos. 6 & 7)

6. (i) State your height(without shoes)…………………………… cms. (ii) Your weight (with thin clothes) …………………………………… kgs.

7. State below details of all your policies issued and/or revived under the non-medical Schemes of the Corporation:-

Name of the Divl. Office/Unit	Policy No.	Sum Assured	Status of the Policy
…………………………………………………………………………	………………………………………..	……………………………………	………………………………………………
…………………………………………………………………………	………………………………………..	……………………………………	………………………………………………
…………………………………………………………………………	………………………………………..	……………………………………	………………………………………………

8. **For Females only**:- (a) Since the date of your proposal under above mentioned policy,
   (i) Have you been menstruating regularly?………………………………… (ii) Have you had any miscarriages? ………………………………………………………………
   (iii)Have you suffered or are you suffering from any disease of breast, ovaries or uterus?……………………………………………………………
   (b) State the date of last menstruation……………………………… (c) State the date of last delivery ………………………………………………
   (d) Are you pregnant now ? ……

DECLARATION

I, ………………………………………………………………………………………………………. do hereby declare that the foregoing statements and answers are true and complete in every particular, and agree and declare that these statements and this declaration alongwith my proposal for insurance under the lapsed policy shall be the basis of the contract of revival of the lapsed policy between me and the Life Insurance Corporation of India, and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the corporation.

And I further declare that if between the date of this declaration and the date of revival of the policy (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any member of my family occurs or (ii) a proposal for assurance or any application for revival of a policy on my life made to any office of the Corporation is pending or has been withdrawn or dropped, deferred or declined or accepted at an increased premium or subject to a lein or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of revival of the policy. Any omission on my part to do so shall render the Revival absolutely null and void and all moneys which shall have been paid in respect thereof forfeited to the Corporation.

Dated at ……………………………… on the ……………………………………… day of ………………………………………… 20

Signature of Witness ……………………………………….
Occupation & Address ………………………………………
………………………………………………………………………

………………………………………………………………………
Signature or thumbprint of the Life Assured.

" If in this form the answers to the questions and/or signature of the Life Assured are given in vernacular then the Life Assured should declare in his own handwriting above his own signature that all questions were explained to him and that his replies were given after fully and properly understanding the same."

(1) This declaration should be made by the person filling in the form

Address ………………………………………………………
of the } ………………………………………………………
declarant

(1) I hereby declare that I have fully explained the above questions to the Life Assured and I have truthfully recorded the answers given by the Life Assured.

……………………………………………………………………………
Signature

- <u>In case the Life Assured is Illiterate</u>.

(2) The thumb impression of the Life Assured should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him :

Address of the declarant } …………………………………………………………..
…………………………………………………………….

(2) I hereby declare that I have explained the contents of this form to the Life assured in ………………………….. (language) and that I have read out to the Life Assured the answers to the questions dictated by the Life Assured and that the Life Assured has affixed his thumb impression to this form after fully understanding the contents thereof .

……………………………………………………………….
Signature

SHORT MEDICAL REPORT

INSTRUCTIONS:- Please have this report completed by an authorised Medical Examiner of the Corporation.
(i) When specifically requested, if the application is for the issue of a new policy.
(ii) When more than 6 months have passed since the date of lapse, if the application is for the revival of lapsed policy.

Please note that the fee of .... for this report is to be paid by you to the Medical Examiner, except when the application is made for additional Insurance.

On the life of Shri / Smt. / Ku ....
who was introduced by Shri / Smt. / Ku ....

1. a) Is the general appearance of the applicant healthy ? b) Are there any physical defects or deformities ? c) Describe personal marks or peculiarities by which he may be identified.	a) .... b) .... c) ....
2. Are the breath sounds normal over the whole of the chest ?	
3. a) State the character of hearts action b) Are its sounds and rhythm regular and normal ? c) Are there any indications of disease of heart or blood vessels ?	a) .... b) .... c) ....
4. Do you find any evidence of past and present disease of a) Brain or nervous system ? b) Respiratory system ? c) Digestive organ, missing teeth, or pyorrhoea ? d) Genito-urinary tract, syphillis, gonorrhoea or stricture ? e) Hernia or hydrocele ?	a) .... b) .... c) .... d) .... e) ....
5. Height .... cms.	6. Weight .... Kgs.
7. Chest : On complete Expiration .... cms. On full inspiration .... cms.	8. Abdomen .... cms.

9. A) Blood Pressure : Systolic.. mm Hg   5th phase Diastolic .... mm
B) Pulse rate ....   (Disappearance of sound)

10. Urine analysis	Sp. Gravity	Sugar	Albumin	Deposit

11. For female Applicants : a) Is there any evidence of pregnancy ? b) Does your examination show any disease of the breasts or of the uterus?	a) .... b) ....
12. Do you consider the life to be first class ? If not state reasons for your opinion.	

I hereby declare that I have this day examined the above Life to be Assured/Life assured personally, in private and have recorded inmy own hand the true and correct findings. I declare I am not related to the party.

Dated at ....on the .... day of 20

....
Signature of the Life to be Assured/Life Assured

....
Signature of the Medical Examiner.

(N.B. – The Medical Examiner should see that the application signs in his presence.)

PARTICULARS OF THE MEDICAL EXAMINER

Signature...
Appointed by the Corporation or not ....
Medical examiner's Code No ....
(alloted by the Corporation)

Medical Degree & Name of the University ....
....
Year in which degree obtained ....

Name and Address (IN BLOCK LETTERS)..