

**Certificate of Insurability for Major Child of principal insured – Health policy**

APPLICATION BY:

BR CD:  ZONE:  POLICY NO:  AGENCY CD:

**1) Name in full of all lives covered under the policy.**

- a) Principal Insured:- \_\_\_\_\_  
Principal Insured is a PEP\* (Politically Exposed Person) :  Yes  No
- b) Spouse :- \_\_\_\_\_  
Spouse of Principal Insured is a PEP\* (Politically Exposed Person)  Yes  No

# PEP : "Individuals who are or have been entrusted with prominent public functions, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important political party officials. Business relationships with family members or close associates of PEPs involving reputation risk is similar to those with PEPs themselves"

**2) Since the date of your proposal for the above mentioned policy:-**

- a) Have you suffered from any disability or been diagnosed with any illness or taken treatment or medication for any condition for a continuous period of more than 14 days except for minor cold, cough or flu?
- b) Have you ever been tested or advised any tests or operations or been given medical advice on any illness or disease?
- c) Have you ever been hospitalized for any tests or treatments or undergone any major or minor surgery or organ transplant?
- d) Are you currently suffering from any infectious or contagious sickness & / or any sickness of viral nature including AIDS (Acquired imuno-deficiency syndrome)?
- e) Have you ever changed the country of residence or occupation or been involved in any hazardous occupational or sporting activities

Child 1	Child2	Child3
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>	Yes <input type="checkbox"/> NO <input type="checkbox"/>

**3) Child is a PEP\* (Politically Exposed Person)**

**4) FOR FEMALE LIVES ONLY**

- a) Are you pregnant?

**IF your answer to any of the above question is YES , kindly provide us the complete details of the same**

**(A) DECLARATION:-**

"I /We do understand and agree that the statements including health details given in this form by me/us are full, complete and true in every respect. I /we agree that any untrue statement contained herein will render the contract void and all monies which shall have been paid in respect thereof shall stand forfeited to Birla Sun Life Insurance Company Limited".

**(B) AUTHORISATION:- To be signed by all major lives covered (UNDER THIS POLICY)**

I /We hereby authorize any physician, hospital, clinic , insurance company or any other organization , institution or person , that has any records or knowledge of me / my family or my/our health , to give to Birla Sun Life Insurance Company Limited. any and all information about me/us with reference to my /our health and medical history and any hospitalization, advice diagnosis, treatment, disease or ailment.. I/We further authorize the Employers( past & present )of the lives assured to furnish to Birla Sun Life Insurance Company Limited, the details of the leave availed by any of the lives covered during the last three years of his/their service ,together with copies of the leave applications and medical certificates ,if any, submitted by the lives covered in support of such applications and details of reimbursement of medical expenses.

I /We also consent to a personal investigation.

I hereby provide my consent to receive a call with regards to my request as given herein.

A photographic copy of this authorization shall be as valid as the original.

Signature of Principal Insured

Full name of witness:

Signature of Child 1:

Signature of Witness:

Signature of Child 2:

Signature of Child 3:

Date:

Date:

Place:

Place:

**Note: This form is to be used if the child has become major.**