Track your policy with ease. Log on to www.birlasunlife.com, generate your own Username/Password to manage your policy efficiently.

Birla Sun Life Insurance

Certificate of Insurability for All Insured (except Major Child) – 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:-______
b) Spouse :- ______
c) Child 1 :- ______
c) Child 2 :- ______
c) Child 3 :- ______

Question	Principal Insured	Spouse of Principal Insured
2) Since the date of your proposal for the above mentioned policy:-		
a) Have you suffered from any disability or been diagnosed with any illnessor taken treatment or medication for any condition for a continuous period of more than 14 days except for minor cold, cough or flu?	Yes ☐ NO ☐	Yes ☐ NO ☐
b) Have you ever been tested or advised any tests or operations or been given medical advice on any illness or disease?	Yes ☐ NO ☐	Yes ☐ NO ☐
c) Have you ever been hospitalized for any tests or treatments or undergone any major or minor surgery or organ transplant?	Yes ☐ NO ☐	Yes ☐ NO ☐
d) Are you currently suffering from any infectious or contagious sickness & / or any sickness of viral nature including AIDS (Acquired imuno-deficiency syndrome)?	Yes ☐ NO ☐	Yes ☐ NO ☐
e) Have you ever changed the country of residence or occupation or been involved in any hazardous occupational or sporting activities	Yes ☐ NO ☐	Yes ☐ NO ☐
3) Are you a PEP# (Politically Exposed Person)	Yes ☐ NO ☐	Yes ☐ NO ☐
4) FOR FEMALE LIVES ONLY a) Are you pregnant?	Yes ☐ NO ☐	Yes ☐ NO ☐
5) FOR MINOR CHILDREN (AGED BETWEEN 91 DAYS TO 17 YEARS OF AGE) AS ON DATE OF APPLICATION FOR REVIVAL# Has the child been absent from school /college for a continuousperiod of more than 14 days due to any health reasons since the date of proposal **OR** Has the child been hospitalized /advised for any treatment / surgery or been advised to undergo any medical investigations for any condition other than for minor cough, cold or flu since the date of proposal. (If YES ,please provide details)	Yes ☐ NO ☐	
Child 1 (Mention the Name)______	Yes ☐ NO ☐	
Child 2 (Mention the Name)______	Yes ☐ NO ☐	
Child 3 (Mention the Name)______	Yes ☐ NO ☐	
IF your answer to any of the above questions is YES , kindly provide us the complete details of the same		

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"

(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 paidin 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 ______ **Signature of Spouse** ______ **Full name of witness:** ______

Date: Place: Signature of Witness:______

Note: For all major Children fill separate form