



jeevan suraksha ka
naya nazariya

1800-102-4444

www.bharti-axalife.com

SMS SERVICE to 56677
We will be in touch within 24 hours
to address your query

Declaration of Good Health Form

Policy Details

Details of the Life insured

Name:

Date of Birth: Policy No.: -

Address:

City: State Code: PIN:

Name of Plan:

Name of the Policyholder:

Are you a US Citizen or US tax resident Yes No) If Yes, Please provide TIN: _____

Policyholder Contact Details

Landline No. (Residence): - *Mobile No.: (Mandatory)

Landline No. (Office): - Email ID: _____

STD Phone

I hereby agree that the statements below shall form part of my proposal for insurance and I declare that such statements together with the said proposal and declaration shall be the basis of the Policy between Bharti AXA Life Insurance Company Limited "the Company" and life insured "myself".

All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc.

Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical Copy

Physical Copy:

Q.No.	Details	Please tick any one
1	Are you currently in good health? If "NO", please elaborate in "details" section on page 2 along with copies of all investigations done by you.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2	Since the date of signing of the proposal, have you undergone any of the following? a) Hospitalisation b) Operation/Surgery c) Pathological examinations like blood test, X-ray, ECG, etc. If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3	Have you consulted a doctor or specialist after the date of signing the proposal form? If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
4	Do you OR have you ever had, any of the following? If "YES", state full details of each instance: a) High blood pressure or raised cholesterol, triglycerides. b) Heart disease. c) Diabetes or sugar in the urine. d) Any respiratory or lung disorder, e.g., asthma, bronchitis, tuberculosis, etc. e) Disease or disorder of kidneys, bladder or reproductive organs. f) Any disorder of the digestive system, gall bladder or liver. g) Any nervous disorder or mental condition, depression or psychiatric disorder. h) Paralysis, multiple sclerosis, epilepsy or stroke. i) Cancer, tumour, enlarged glands or enlarged lymph nodes. j) Anaemia, bleeding or blood disorders. k) Disorder or disease of muscles, bones, joints, limbs, spine. l) Urine, kidney, bladder, reproductive organ or prostate disorders. m) Thyroid problems including goitre, hyperthyroidism or thyroiditis. n) Deformity or disability. o) Counselling or treatment or testing in connection with AIDS/HIV/other STDs. p) Ear, eye, nose or throat disorder. q) Accident or injury.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
5	Are you currently: a) Taking any medication or prescription drugs not mentioned earlier? b) Suffering from any physical disability, deformity, illness or injury that has kept you from working? If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <input type="checkbox"/> Yes/ <input type="checkbox"/> No
6	Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received? e.g., persistent fever, unexplained weight loss, loss of appetite, pain, swelling, etc. If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
7	Has any proposal or application for revival of Policy on your life made to the Company or any other life insurer ever been declined, postponed or accepted with an extra premium? If "YES", please provide details on page 2.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

