

Declaration of Health



Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

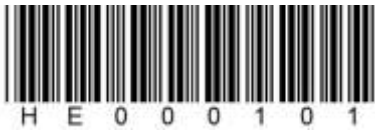
POLICY DETAILS	Name of Life Assured / Proposer: <input type="text"/>											
	Application for Revival of Lapsed Policy Contract No./s.: <input type="text"/> <input type="text"/> <input type="text"/>						Application for Addition of Rider Rider Name: <input type="text"/> Contract No.: <input type="text"/> Sum Assured (Rs.) / Variant: <input type="text"/>					

SECTION - I	Details of Existing / Simultaneously Applied Life Insurance Cover on the Life Assured / Proposer											
	1. Has any Life, Accident, Health Insurance cover on your life ever been declined, postponed or accepted at modified terms? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Have you concurrently / simultaneously applied for any Life, Accident, Health Insurance cover, revival of existing insurance policy or is there any insurance application on your life submitted by you to any insurance company that is still pending for decision? Yes <input type="checkbox"/> No <input type="checkbox"/>											

SECTION - II	Details of Residence, Occupation, Hobbies, Family History, Habits and Build of the Life Assured / Proposer											
	3. Nationality and Residential status: <input type="checkbox"/> Resident Indian National <input type="checkbox"/> Non Resident Indian National <input type="checkbox"/> Foreign National Country of residence: _____ (Please complete NRI, PIO / OCI, Foreign National Questionnaire as appropriate) 4. Present Occupation: _____ Nature of Industry: _____ 5. Are you involved or do you intend to involve in any hazardous occupation or pursuits? E.g. working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, motor bike / car racing, diving, mountaineering or any other dangerous activity. Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Are you employed in the armed, para military, police forces or any other similar establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> 7. Are any of your parents, brothers, sisters suffering from, or died due to any of the following conditions? Cardiovascular diseases, diabetes, stroke, high blood pressure, cancer, kidney disease or any other hereditary disorders. Yes <input type="checkbox"/> No <input type="checkbox"/> 8. Please state your present smoking habits: (Number of cigarettes / bidis per day). <input type="checkbox"/> Non Smoker <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20 Since _____ years 9. Please state your present alcohol drinking habits: (Quantity per week – 1 Beer bottle=375ML, 1 Wine glass=90ML, 1 Peg Hard liquor=30ML) <input type="checkbox"/> Do not drink <input type="checkbox"/> Beer _____ bottles <input type="checkbox"/> Wine _____ (glasses) <input type="checkbox"/> Hard liquor _____ (pegs) Since _____ years 10. Are you suffering from any alcohol related disease or have been advised to reduce consumption by any medical practitioner? Yes <input type="checkbox"/> No <input type="checkbox"/> 11. Do you consume or have you ever consumed any Narcotic substance? Yes <input type="checkbox"/> No <input type="checkbox"/> 12. Exact Height (in Cms): <input type="text"/> <input type="text"/> <input type="text"/> Exact Weight (in Kgs): <input type="text"/> <input type="text"/> <input type="text"/>											

SECTION - III	Health Details of the Life Assured / Proposer											
	13. Are you currently taking any medication or drugs and / or have you been absent from work for more than 10 days in the last two years due to health reasons? Yes <input type="checkbox"/> No <input type="checkbox"/> 14. Have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialized examination (including Chest X-ray, ECG, Stress Test, Angiography, MRI / CT Scan or blood, urine tests, pap smear test, mammography etc.) or consultation or hospitalization? Yes <input type="checkbox"/> No <input type="checkbox"/> 15. Have you undergone any major or minor surgery or is any surgery planned in the next 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/> 16. Do you have any form of acquired impairment, disease, disability, deformity, handicap or illness? Yes <input type="checkbox"/> No <input type="checkbox"/> 17. Have you ever been diagnosed or have suffered from any of the following? (a) Diabetes, elevated blood sugar, high / low blood pressure, elevated cholesterol / lipids Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Heart attack, chest pain, palpitations, irregular heartbeats, valvular heart disease, heart murmur, rheumatic heart disease, shortness of breath or any other cardiovascular disease / disorder Yes <input type="checkbox"/> No <input type="checkbox"/> (c) Stroke, transient ischemic attack, hemorrhage, dizziness, fainting, giddiness, double vision or any other cerebrovascular disease or disorder Yes <input type="checkbox"/> No <input type="checkbox"/> (d) Anaemia, thalassemia, leukemia or any other blood disorder including blood cancer Yes <input type="checkbox"/> No <input type="checkbox"/> (e) Asthma, bronchitis, tuberculosis, persistent cough, pneumonia or any other respiratory disease / disorder Yes <input type="checkbox"/> No <input type="checkbox"/> (f) Cyst, growth, cancer or tumour of any kind (throat, lung, colon, breast cancer, cancer of reproductive organs etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> (g) Gall bladder disorder, gastric ulcer, intestinal disorder, hernia, piles, fistula, jaundice, hepatitis, fatty liver, cirrhosis or any other stomach and liver disorders Yes <input type="checkbox"/> No <input type="checkbox"/>											

Turn over leaf for more details.



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SECTION - III

Health Details of the Life Assured / Proposer

- (h) Depression, anxiety, multiple sclerosis, parkinsonism, epilepsy, recurrent headache, paralysis, numbness or any other disease of disorder of brain, spinal cord or nervous system Yes No
- (i) Thyroid or any other hormonal disorders, kidney disorders, urine abnormality or bladder or genital organ disorder Yes No
- (j) Arthritis, prolapsed / slipped disc, recurrent back pain or any other disease or disorder of spine, muscles, bones or joints Yes No
- (k) Any disease / disorder of eye, ear, nose, throat Yes No
- 18. Have you or your spouse ever been tested positive for HIV / AIDS, Hepatitis B or C or have you been tested / treated for other sexually transmitted diseases or are you awaiting the result of any such test? Yes No
- 19. Have you ever had or are you currently suffering from any illness, disease, disorder, impairment, deformity, disability not yet mentioned above? Yes No

SECTION - IV

Additional questions to be answered if the Life Assured / Proposer is Female

- 20. Are you pregnant at present? If Yes, please indicate duration in weeks _____ Yes No
- 21. Have you ever suffered or are suffering from any gynaecological problems or any disease of breast? Yes No
- 22. Have you ever been diagnosed with pregnancy related increase in blood pressure, preeclampsia, elevated blood sugar or any other complications of pregnancy? Yes No

If your answer to any of the questions is "Yes", then please provide full details in the box below:
(We request you to provide the details on a separate sheet of paper if space here is not adequate, please attached the same with this form)

SECTION - V

Section 41 & 45 of the Insurance Act 1938

Section 41: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this subsection if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.

Section 45: No policy of life insurance effected before the commencement of this Act shall, after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose: PROVIDED that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

SECTION - VI

Declaration

I declare that the answer and statements made by me in this declaration of health (hereinafter referred as "form") have been made by me after fully understanding the terms and conditions of the Policy of Exide Life Insurance Company Limited (hereinafter referred to as "the Company") and I have fully understood the nature of questions and the importance of disclosing all material information while answering the questions. I further declare that the answers and information given by me to all questions in this form are true and complete in every respect and that I have not withheld any material information or suppressed any material fact. I have been explained the rider terms and conditions and I fully understand the benefits and risks associated with the rider. I have made no statement/s to the Company or to any person associated with the Company, which in any way modifies / contradicts the answers / statements in this form

I undertake to notify the Company in writing, of any change occurring in my occupation, financial position or general health after this form has been submitted to the Company but before the communication of risk acceptance by the Company.

I agree and understand that if any of the statements, answers and declarations is found to be untrue and / or where the policy reinstatement and / or addition of rider by the Company is on the basis of fake / tampered documents / proofs, the Company shall be entitled to cancel the reinstatement of the policy and / or addition of rider and declare the policy / rider null and void or repudiate the claim, if any, arising out of such issuance / reinstatement / addition of rider and all the monies paid thereof shall stand forfeited to the company. I hereby agree that the company has every right to revive the policy and / or add rider to my policy on terms other than the existing terms of the contract or to reject the revival of policy and / or addition of rider.

I declare and consent to the Company seeking medical information from any doctor who at any time has attended on me or from a hospital or my employer concerning anything which affects my physical or mental health and seeking information from any insurance office to which an application for insurance has been made by me. I also declare that I will notify the Company in writing, if any proposal for Life insurance is submitted or any request for revival has been withdrawn, dropped, declined or accepted with increased premium or lien or on terms other than proposed.

The company reserves the right to request additional health information on the basis of the responses given to questions in this form. The medical report and its interpretations if any done by the medical examiner are not binding on the Company and the decision of the Company regarding reinstatement of my policy and / or addition of rider to my policy will be final. I also declare and consent to the Company taking independent decision regarding my insurability.

I understand that the terms and conditions including the premium and the benefits under the policy / rider are subject to taxes / duties / charges in accordance with the applicable laws. I confirm that all the premiums will be paid from bonafide sources. I agree that the risk under the policy shall not commence till the Company accepts this proposal for reinstatement of my policy and / or addition of rider and communicates to me in writing the acceptance of risk on this proposal for revival of my policy & / or addition of rider to my policy.

Signature /Thumb Impression of the Proposer (In all cases)

Signature /Thumb Impression of Life Assured, If Major

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Declaration by the witness in case Life Assured & / or Proposer has / have signed in Vernacular language or given Thumb Impression

I (witness name) _____ hereby declare that I have truthfully recorded the replies given by the Life Assured / Proposer after fully explaining the contents of this form to the Life Assured / Proposer and he / she has understood the contents thereof.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Witness

Address of Witness: _____