FUTURE GENERALI INDIA
Life Insurance Company Limited

IndiaBulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone West - Mumbai - 400013

Registration No 133

Good Health Declaration (to be completed by Life assured/ Proposer)

Policy Number_____

SECTION 1 INSURED IDENTIFICATION

Name of the Proposer Mr./ Mrs./Ms **Client ID number –** -☐☐☐☐☐☐☐☐																
	N															
	M															
	S															

Date of Birth ☐☐-☐☐-☐☐☐☐ D D- M M- Y Y Y Y **Gender** MALE ☐ FEMALE ☐ **MARITAL STATUS** MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOWED ☐

OCCUPATION Self Employed ☐ Employed ☐ Army ☐ Others ☐

- NAME OF EMPLOYER / BUSINESS OWNED :
- ANNUAL INCOME FROM ALL SOURCES :
- BRIEFLY DESCRIBE NORMAL DUTIES

RESIDENCE
Are you a Non Resident Indian YES ☐ NO ☐
IF yes, state the country of residence:

EMAIL ID :-._____ **CONTACT NO:-** ._____

SECTION 2 HEALTH STATUS

PERSONAL HEALTH RECORD OF Life Assured:

Height : Cms._____	Weight : Kg	In the past 6 months, has your body weight changed by more than 5 Kg? **Gained ☐ Lost ☐ Kg.**___ If yes , please state cause of a change in weight-
Visible identification mark if any		

HEALTH Details OF PROPOSER

Answer the following as Yes or No		
A. Are you suffering from or have you ever suffered from or sought advice or treatment or have been advised to undergo investigation or treatment for:(Pl tick the relevant description if applicable)		
i) Ulcer, Colitis, Gall Stones, Chronic Diarrhea, Piles, Fistula, Hepatitis A/B/C, Jaundice, Cirrhosis, or other Liver or Pancreas or Digestive Disorders?	**Yes**	**No**
ii) Chest Pain, Palpitation, Rheumatic Fever, Stroke, Heart Attack, Heart Murmur, Shortness of Breath, or other Heart Disorders?	**Yes**	**No**
iii) Asthma, Bronchitis, Chronic Cough, Pneumonia, T.B., or any other respiratory or lung disorders?	**Yes**	**No**
iv) Any skin disorder (e.g. dermatitis, eczema, Leprosy or psoriasis)?	**Yes**	**No**
v) Cancer, Tumor, Enlarged Glands or Enlarged Lymph Nodes?	**Yes**	**No**
vi) Thyroid Disorders or any other hormonal disorders?	**Yes**	**No**
vii) Anemia, Bleeding, hemophilia, thalassemia or Blood Disorders?	**Yes**	**No**
viii. Dizzy / Fainting Spells, Epilepsy, Multiple Sclerosis, Tremors, Numbness, Double Vision, Insomnia, Depression, Stress related problems, Paralysis, Nervous or Mental / Emotional Disorders?	**Yes**	**No**
ix) Urine, Kidney, Bladder, Reproductive Organ, Hydrocele or Prostrate Disorders?	**Yes**	**No**
x) Arthritis, Gout, Hernia, Joint Pain, Muscle, Bone Fracture or disorders?	**Yes**	**No**
xi) Disorders of the Eyes, Ears, Nose & Throat?	**Yes**	**No**
xii) High / Low Blood Pressure?	**Yes**	**No**
xiii) Diabetes or sugar in the urine?	**Yes**	**No**
xiv) Congenital or Hereditary disorders or diseases?	**Yes**	**No**
xv) Alcohol or drug abuse or dependency?	**Yes**	**No**
B. Apart form the medical conditions mentioned above have you in last five years i) suffered from any ailment / injury requiring treatment for more than a week?	**Yes**	**No**
ii) Undergone or are currently undergoing or advised to undergo any form of medical treatment, investigation or test?	**Yes**	**No**
iii) consulted any doctor or other health practitioner except for common cold/influenza lasting less than 7 days ?	**Yes**	**No**
iv) ever remained absent from your place of work on medical grounds for 7 consecutive days or more ?	**Yes**	**No**
C. Have you ever or are you currently suffering from any defect in sight, hearing or speech, or any physical impairment or disability or abnormality?	**Yes**	**No**
D. Have you or your spouse received medical advise, testing or treatment in connection with sexually transmitted disease or HIV infection, or suffered from prolonged weight loss, Diarrhoea, enlarged glands or have been advised to abstain from donating blood?	**Yes**	**No**
E. Do you have any health symptoms or complaints for which a physician/ homeopath/ ayurvedic /alternative medical advisor has been consulted or treatment received e.g. persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.?	**Yes**	**No**

F. Name & Address of the family medical attendant						
If you have answered YES to any part of Question, please complete the table below & attach relevant questionnaire:						
Illness, Injury or tests	Date Commenced	Type of treatment	Duration of Illness/ injury	Date of last symptoms	Current Condition	Full name and address of doctor or hospital (if any)
In case of major sickness/operation, the special questionnaire, hospital, doctor's report has to be submitted.						

G. Life Style			**If 'yes' give details as below**
i)Do you consume any alcoholic drink? If yes indicate - **Beer ☐ Wine ☐ Hard Liquor ☐**	**Yes**	**No**	**Quantity Consumed (Glass / peg)per week** **Since when**
ii)Do you smoke cigarette or consume tobacco in any form?	**Yes**	**No**	**Cigarettes(no) / tobacco (mg) per day** **Since when**
iii)Do you consume narcotics or any other drug not prescribed by a physician?	**Yes**	**No**	**Name** **Since when**
iv)Do you engage or have you any prospect or intention of engaging in aviation other than as a passenger on a regular airline or any other hazardous occupation, sports, hobbies or pursuits, eg rock climbing, car racing, bungee jumping, Para gliding etc?	**Yes**	**No**	**If yes give details in relevant questionnaire**

H. FOR FEMALE PROPOSER ONLY

i)Are you pregnant at present?	**Yes ☐ No ☐** If Yes, duration, in weeks
ii)Date of last delivery	-
iii)Details of any complications, miscarriage, or Caesarian section.	**Yes ☐ No ☐** If yes, give details
iv)Have you had or have any gynecological problem or been advised to have mammogram, biopsy or operation of the breasts, pelvis or any other gynecological tests?	**Yes ☐ No ☐** If yes, give details
iv)Husband's Name(if married)	
vi)Husband's Occupation & Annual Income(if married)	
vii)Details of Husband's insurance: (if married)	Please Provide details in 6.1
Viii)Maiden Name of Life to be Assured (if married)	

SECTION 3 AGREEMENT

I / We hereby declare and agree that the above disclosures along with the Statements and the declaration made under the proposal will be the basis of the contract of assurance between me/us and *Future Generali India Life Insurance company Limited* that if any statement is untrue or inaccurate or if any fact that might influence the terms of acceptance of this proposal is not disclosed, the contract shall be treated as absolutely null and void ab initio and all premiums so far paid in respect of this contract shall stand forfeited to the company.

_____

Proposer's Signature

DATE (Day/ Month/ Year) _____/_____/_____

PLACE _____

If signature is in vernacular or Proposer is illiterate

I herby declare that I have read out and explained the contents of this questionnaire to the Proposer in ---------- language and that he/she had understood the same and the answers were truly and correctly recorded.
I have fully explained that this forms part of the contract and if there has been any non- disclosure of material fact, the policy may be treated as null and void.

_____ _____

Signature of person making the declaration

Life assured's / Proposer's Signature

Name and address
Place
Date