



	PLA		Spouse		Child 1		Child 2		Parent 1		Parent 2	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
8. Have you ever suffered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol / tobacco consumption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any parent and/or brother or sister who has suffered/suffering from, or died under the age of 60 due to any of the following conditions: Heart disease, diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer disease, Parkinson disease or any hereditary disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you have answered yes, to any of the questions between 5 and 11 please provide the details here

Question no.	For question No. 5 to 11 provide complete details including health condition, date of diagnosis, treatment prescribed, name/address of doctor-if applicable

	PLA		Spouse		Child 1		Child 2		Parent 1		Parent 2	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
11. For female Life to be Assured only a. Are you pregnant at present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, duration in weeks: b. Date of last delivery <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have any of your applications, including applications for renewal or reinstatement, for life, critical illness, health or accident insurance with IndiaFirst, or other insurance company in India or overseas, ever been declined, deferred, with drawn or accepted at extra premium or reduced cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the policy to be Re-Instated issued at std rates previously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If No Please mention the reason for which it was rated up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Was Medical being done at the time of Issuance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any other policies (Issued or Applied) with IndiaFirst. If Yes Please provide the Application Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand and agree that the answers and statements made on this Health Declaration are full, complete and true in every particular and will form the basis of the contract. All material facts, being facts, which may influence the assessment of this risk, have been disclosed in this health declaration. It being understood by me that as per Sec 45 of the Insurance Act, 1938, failure to make such disclosure renders the contract voidable at the option of the insurer. I consent

a) To IndiaFirst Life Insurance Company Ltd. seeking medical information from any doctor, employer, any physician, nurse, hospital official or employee and authorize them to disclose to the IndiaFirst Life Insurance Company Ltd. any and all information regarding any medical history and any matter relating to my physical or mental health.

b) any hospital giving such information to IndiaFirst Life Insurance Company Ltd. and/or to the claims administrator or medical advisors.

Signature of the Life to be Assured

Name and Signature of the Branch Official

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

If signature is in vernacular, please complete the following declaration:

I have explained the contents of this form to the life to be insured and endeavored to ensure that the contents I have been fully understood. I have accurately recorded the responses to the information sought in the form and I have read the responses back and confirmed that they are correct.

\_\_\_\_\_  
Name of the Declarant

\_\_\_\_\_  
Address of the Declarant

\_\_\_\_\_  
Signature of the Declarant

For any queries or more information, call  
Toll Free **1800 209 8700**  
or mail us at [customer.first@indiafirstlife.com](mailto:customer.first@indiafirstlife.com)

**Disclaimer: The decision to reinstate/revive the policy will be solely taken by insurer only i.e. IndiaFirst Life Insurance Company Limited, after receipt of the premium amount and in accordance with its underwriting guidelines. The corporate agent will not be responsible for decision of the insurer to reinstate/revive the policy.**