

Office Use only

Date of Receipt

Inward No.



# LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation of India)

## Personal Statement Regarding Health

For a policy on another life except for C.D.A. plan with deferment period 10 years or more on the date of proposal or revival of a policy. Do not use this form if the policy has vested in the life assured and has been assigned to the life assured.

Divl. Office : Chennai Branch Office : \_\_\_\_\_ Prop. / Policy No. \_\_\_\_\_

Agent's name \_\_\_\_\_ Agent's Code No. \_\_\_\_\_

Following questions to be answered by the proposer

1. Name in full of the Proposer : _____ (in BLOCK LETTERS) Full Address _____		
2. Name in full of the life to be assured / _____ (in BLOCK LETTERS) Occupation _____ Name of Employer _____ Length of service with him _____		
3. Is this application for :	If the answer is "Yes" please give the proposal number or the policy number	
(a) Issue of a new policy ?	(a) _____	Proposal No. _____
(b) Revival of a lapsed policy ?	(b) _____	Policy No. _____

Following questions to be answered by the Life to be Assured / Life Assured

4. Since the date of the above - mentioned proposal / Since the date of the proposal for the above - mentioned policy.	Answer "Yes" or "No"	If yes, give details of ailment, date and duration, doctors consulted, etc.
(a) Have you suffered from any illness / disease requiring treatment for a week or more ?	(a) _____	
(b) Did you have any operation, accident or injury ?	(b) _____	
(c) Did you undergo ECG, X-ray, screening, blood, urine or stool examination ?	(c) _____	
5. (a) Has a proposal or an application for revival of a Policy on your life made to this or any other office of the Corporation or any insurer ever been		
(a) withdrawn or dropped _____ (c) accepted with an extra premium or lien ? _____		
(b) deferred or declined ? _____ (d) accepted on terms otherwise than those proposed ? _____		
If so, give details ? _____		
(b) Is any proposal or an application for revival of a lapsed policy on your life under consideration of this or any other office of the Corporation ?		If answer is "Yes" the following details :
		(i) Proposal No. _____
		(ii) Policy No. _____

Question Nos 3 and 7 are to be replied in case of revivals under non-medical scheme :

6. (i) State your height (without shoes) \_\_\_\_\_ cms (ii) Your weight (with thin clothes) \_\_\_\_\_ kg
7. State below the data of all your policies issued and/or revived under any of the Non-medical schemes of the Corporation:

Name of the Divl. Office / Unit Branch Office servicing the Policy	Policy Number	Sum assured	Status of the Policy



8. Are you at present in sound health ?	
9. Are you a student ? If so give particulars such as name of the institution and course :	
For females only -	(a) _____
10. (a) Since the date of your above - mentioned proposal / policy,	(i) _____
(i) have you been menstruating regularly	(ii) _____
(ii) have you had any miscarriage (s)	(iii) _____
(iii) are you pregnant now	
(b) State the date of last menstruation	(b) _____
(c) State the date of last delivery	(c) _____

#### DECLARATION BY THE LIFE TO BE ASSURED / LIFE ASSURED

I, \_\_\_\_\_ do hereby declare that the statements and answers, under headings 4 to 10 have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any informations.

Dated \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature of Witness \_\_\_\_\_

(S)

(Signature or thumb impression of the life to be assured / life assured)

Occupation & Address \_\_\_\_\_

I do hereby declare that the foregoing statements and answers are true and complete in every particular.

Signature of Witness \_\_\_\_\_

(S)

Occupation & Address \_\_\_\_\_

Signature of the proposer

(If the life to be assured / life assured is under 18 years)

#### DECLARATION BY THE PROPOSER

\_\_\_\_\_ (Name of Proposer) do hereby declare that the statements and answers under headings 1 to 3 are true and complete in every particular and I do hereby agree and declare that the statements and this declaration together with statements and answers under heading 4 to 10 made by the \*life assured/life to be assured and relative declaration thereto shall be the basis of contract of \*assurance/revival of the policy, between me and the Life Insurance Corporation of India, and that if any untrue averment be contained therein the said contract shall be null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

(Delete words not applicable)

\* And I further declare that if between the date of this declaration and date of revival of this policy. (i) any change in the occupation of the life assured or any adverse circumstances connected with the financial position or general health of the life assured or that of any member of his family occurs or (ii) a proposal for assurance or an application for revival of a policy on the life of the life assured made to any office of the Corporation has been withdrawn or dropped, deferred or declined or accepted with an increased premium or subject to a lien terms other than as proposed. I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance. Any omission on my part to do so shall render this assurance invalid and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

(Not applicable in the case of the application for issue of a new Policy)

at \_\_\_\_\_ Dated \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

Signature or witness \_\_\_\_\_

(S)

Occupation & Address \_\_\_\_\_

(Signature or thumb impression of the proposer)

N.B. : If in this form the answers to the questions and / the signature (s) of the proposer / life to be assured are / is in vernacular then the proposer / life assured / life to be assured should declare in their / his / her own handwriting above his / her own signature that all questions were explained to him / her and that his / her replies were given after understanding the same.

In case the proposer / life assured / life to be assured is illiterate

(1) This declaration should be made by the person filling in the Form :

Address of the declarant \_\_\_\_\_

I hereby declare that I have explained the above questions to the proposer / life assured / life to be assured and I have truthfully recorded to answers given by the proposer / life assured / life to be assured

Signature

(2) The Thumb impression of the proposer / life assured / life to be assured should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

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

I hereby declare that I have explained the contents of this form to the proposer / life assured / life to be assured in \_\_\_\_\_ (language) and that I have read out to the proposer / life assured / life to be assured the answers to the questions dictated by the proposer / life assured / life to be assured and that the proposer / life assured / life to be assured has affixed his / her thumb impression to this form after fully understanding the contents thereof.

Signature