PS.SP 500Px100L PSF-68/09

Form No.720 (Rev 75)

# LIC Life Insurance Corporation of India

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act. 1956)

## PERSONAL STATEMENT REGARDING HEALTH

For a policy on another life under C.D.A. plan with deferment period of 10 years or more on the date of proposal or revival of policy.

Date of receipt ........................

Inward No. ........................

Divl. Office: ............................... Branch Office : ......................... Proposal / Policy No. ...........................

Agent's Name: ................................................. Agency Code No. ........................................

1. Full name of the proposer ................................................
   (IN BLOCK LETTERS)

   Full address ................................................

   ................................... Occupation ...........................................

2. Full name of the life assured / life to be assured
   (IN BLOCK LETTERS)

| 3. Is this application for:= | If the answer is 'yes' give the proposal No. or the Policy No. | |
|---|---|---|
| (a) Issue of a new policy ? | (a) ................................. | Proposal No. ........................ |
| (b) Revival of a lapsed policy? | (b) ................................. | Policy No. ........................... |

4. Have you paid any deposit or arrears of premiums? If so give following details:

(i) Amount: Rs. ........................................ (ii) Date ........................................ (iii) How paid ...........................

### Following questions are to be answered in respect of the life
### Assured / Life to be Assured

| 5. Since the date of the above mentioned proposal / since the date of proposal under the above mentioned policy | Answer 'Yes or No' | If 'yes' give details of ailment date & duration doctors consulted. |
|---|---|---|
| (a) Has He / She ever suffered from: | (a) | |
|   (i) Asthma, Tuberculosis or any other disease of lungs? | (i) ................ | |
|   (ii) Any disease of kidney or any disease of the heart? | (ii) ................ | |
|   (iii) Peptic ulcer or any disease of the stomach, liver or spleen | (iii) ................ | |
|   (iv) Diabetes, hernia, hydrocele, cancer or leprocy? | (iv) ................ | |
|   (v) Paralysis, epilepsy or any disease of the nervous system? | (v) ................ | |
|   (vi) Any other illness requiring treatment for more than a week? | (vi) ................ | |
| (b) Did he/she ever have any operation, accident or injury | (b) ................ | |
| (c) Has he/she had an electrocardiogram, X-ray or Screening, blood, Urine, or stool examination. | (c) ................ | |
| (d) What deaths of illness have there been in his/her family (Parents, husband/wife, brothers, sisters or children) Give age at death. Date and cause of death. | (d) ................ | |

(e) Has a proposal or an application for revival of a policy on his / her life made to this or any other office of the Corporation or any Insurer ever been:

  (i) Withdrawn or dropped ? .......................... (ii) Accepted with an extra premium or lien?

  (iii) Deffered or declined? (iv) Accepted on terms otherwise than those proposed? ...........................

if so, give details ...........................

| | | |
|---|---|---|
| 6. Is any proposal or an application for revival of a lapsed policy on his/her life consideration of this or any other office of the Corporation? | | If answer is 'yes' give the following details<br>i. Proposal No. ..........................<br>ii. Policy No. ............................ |
| 7. Is he/she now in sound health? | | |
| 8. Is he/she a student? if so, in which standard? | | |

## DECLARATION

I..............................................................................................................................do hereby declare that the foregoing statements and answers are true in every particular, and agree and declare that these statements and this declaration along with my proposal for insurance shall be the basis of the contract of 'assurance/revival of the lapsed policy, between me and the Life Insurance Corporation of India, and that if any untrue averment be contained therein the said contract shall be absolutely 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 the date of revival of the policy (i) any change in the occupation of the life assured of any adverse circumstances connected with the financial position or general health of the life assured or that of any member of his/her 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 with-drawn or dropped deferred or declined or accepted with an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance. Any ommission on my part to do so shall render this assurance invalid and all money which shall have been paid in respect thereof shall stand forefeited to the Corporation.

(**Not applicable in case of application for new policy)

Dated at .................................. on the day of ...........................    ............................................................

Signature of witness ...................................................

Occupation & address ..............................................................

...................................................................................    ....................................................................................
Signature of thumb impression of the proposer

(i) If in this form the answers to the questions and / or signature of proposer are given in vernacular then the proposer should declare in his own handwriting above his own signature that the all questions were explained to him and that his replies were given after fully and properly understanding the same - And this declaration should be made by the person filling in the form.

Name &
address
of the
declarant

(i) I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer.

....................................................................................
Signature

(2) In case the proposer is illiterate the thumb impression of the proposer 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.

Name &
address
of the
declarant

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

....................................................................................
Signature