



PERSONAL STATEMENT REGARDING HEALTH

(For a new policy on Own Life)

Divisional Office: _____ Branch Office : _____ Proposal No. _____
 Agent's Name & Code No. _____

1. Full Name of the life proposed _____
 (IN BLOCK LETTERS)

Full Address: _____

Occupation : _____

2. Since the date of your above-mentioned proposal:	Answer 'Yes' or 'No'	If Yes, give details of ailment, date & duration, doctors consulted, etc.,
a) Have you suffered from any illness/disease requiring treatment for a week or more?	a) _____	
b) Did you ever have any operation, accident or injury?	b) _____	
c) Did you undergo Electrocardiogram, X-Ray, Screening, Blood, Urine or Stool Examination?	c) _____	

3. 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:
- i) Withdrawn or dropped? _____
 - ii) Accepted with an extra premium or lien? _____
 - iii) Deferred or declined? _____
 - iv) Accepted on terms otherwise than those proposed? _____

If so, give details _____

b) Is any proposal or any 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' give the following details:

(i) Division _____ (i) Proposal No. _____
 (ii) Division _____ (ii) Policy No. _____

4. Are you at present in sound health? _____

5. For Females only:

(a) Since the date of your above mentioned proposal,

(i) Have you been menstruating regularly? _____

(ii) Have you had any miscarriages? _____

(iii) Are you pregnant now? _____

(b) State the date of last menstruation _____

(c) State the date of last delivery _____

Contd..2