

HEALTH DECLARATION FORM

(Please write in BLOCK LETTERS, Correction/Overwriting must bear full signature)

	INSURANCE	L			M	ax Lif	e Ins	uran	ice C	o. Lt	d, Pl	ot No 90	A, Sec	tor	18,	Udyo	g Vi	ihar	, Gur	ugra	am 1:	22 01	5		
Policy Number:										1-	88	Aadhaar l	No.												
Request Type:					_			-		50.52			0.5				_		_					-	
Reinstatement of policy Addition of Rider; Name of the Rider/s;																									
Others/Statement of good health Increase in Sum Assured ; Sum Assured																									
NOTE: F	(e.g.: new number ca or Reinstatement of		CV.	State	ment	of an	od be	alth	– Cor	nnle	te Sec	ction A											_		
		형	3500			975				12.5													_		
For Increase in Sum Assured; Addition of rider — Complete Section A + B POLICY HOLDER										6	LIFE	INS	UREI	D		_									
TitleMr.				rMrsMsC				Othe	Others (specify)				MrMrsMs					ls _	Others (specify)						
Name	First																								
	Middle		_	\vdash	_	1		┺	┺	╄							┡	1		_	_	_		Ш	
Is there a	Last any change in the	Yes						Н	No				Yes				_	┸	No No				ш		
Correspo	indence address? If	H	⊢	1	_	_		Н		_			_			_	_	⊢	3.3.5		_	_	_		
	ase mention new (along with address																								
	f attested)			П		П		Г	Т	П				Г			Г	П	Г	П	Г	П	\Box	П	
10.7		Р	T	Ν	С	0	D	Е		Ī			Р	1	N	С	0	D	Е	H				П	
Contact details: Tel. No Mobile			T	T		ı		T		1		Ħ	Tel.no	Н		H		H		H					
			H	H	H	\vdash		H	\vdash	H		H	Mobile	H		H	Н	Н	H	H		Н	\dashv		
E-Mail ID		\vdash				\vdash	+			H		Н		Н	Н	Н		Н		H		Н			
		You v	will re	eceive t	ıpdate	s on yo	our req	uest v	ia ema	il only	, hence	e please pro	vide you	r id a	bove	_	_	_	_		_		_	_	
Reason for lapse You will receive updates on your request via email only, hence please provide your id above. Any simultaneous Specify the policy																yes,									
	Current Occupation details:																					_			
Please specify Name of the Company, Job title, Nature of duties)																						_			
																				_					
		⊢	SECTION -A																						
Information of life insured/policy holder (Policy ho				y hol								payor r	ider	is		Pol	licyh	olde	der Life Insured						
present) 1. Height and Weight						Height										-	Ft Inch					Ft Inch			sh.
Information				neight											0	or		or or			411				
				weight												4	Mtr				- 1-	Cn	าร		
						we	ignt						_			-	Yes		Kg	lo	-	Yes	K	9 No	
Have you or do you consume Tobacco/Nicotine products (in the last 3 years (sticks/gms)-											\dashv	168	•	+"		-	165	+	NO						
Cigrettes/Bidis/Cigars/Flavored Pan masala etc. If yes, Please state the Quantity per day																									
3. Have you been off work /school/routine activities due to illness or injury for a continuous period of more than 10 days in last 1 year? If Yes, Give details below														28 88											
4. In the last 5 years have you suffered from any illness or consulted any medical practitioner for any condition										n							Т								
other than minor impairments such as common cold? If Yes, Please give details below. 5. Has any proposal/reinstatement for life & health Insurance ever been refused, Modified, postponed or offered										red			╅		+		十								
with extra premium by any other company. Give details below (reason, month, Year and Name of the co.) 6. Have you ever been convicted or are you under investigation for any crime punishable by 3 or more years of												\perp		_		\perp									
Have y imprisonr		ed o	r are	you u	ınder	invest	tigatio	n for	any c	rime	punis	hable by 3	3 or mor	e ye	ars (of							╧		
7. Is the I	Life Insured/Proposer/	Non	ninee	e/Payo	r a P	olitica	lly Exp	ose	d Pers	on*?															

y.													
SECTION -B Medical information of life insured/policy holder(Policy holder column should also be answered if payor rider is present)													
Medical information of life insured/policy holder (Policy holder column should also be answered if payor rider is present)													
8. Family History: Has any of your family members (parents and siblings) ever diagnosed before the age of 60 with (Diabetes, Hypertension, Cancer, Heart attack, Kidney failure, Multiple Sclerosis or any hereditary disorder? If "Yes' give details Yes No													
Family details	ured												
Family Member	Age at diagnosis	Condition	Age at diagnosis		Con	dition							
	0.00												
9. Have you ever been investig	Policy	holder	Life Ins	ured									
o. Have you ever been investig	(172	_											
i Chest Pain, stroke, heart at	Yes No Yes			No									
ii Diabetes	-	1	-										
iii Asthma, bronchitis, tubercu	-	1											
iv Hormonal disorders such as													
v Liver/gall bladder/stomach disorders such as cirrhosis, hepatitis, jaundice, ulcer, colitis, gall stones, indigestion vi Cancer, tumor or growth (Malignant or Benign)													
vii Kidney or bladder disorder, stones, prostate disorder or gynecological disorder													
viii Epilepsy, neurological disorder, multiple sclerosis, tremors, paralysis, depression or psychiatric disorders.													
ix Disorder of eye, ear, nose, throat or back muscle, joints, bone, neck, deformity, amputation, arthritis, gout.													
x In the last 5 years, have you been advised to have or in the next 30 days will you have an X-ray /CT Scan / MRI/ ultrasound /ECG /Blood test or any other investigatory or diagnostic tests or any type of surgery													
xi Have you ever been treated													
xii. Are you suffering from any													
mentioned above?													
xiii For female Applicant only- Are you Pregnant? If Yes, how many months xiv Are you attaching any Medical reports along with this form?													
xiv Are you attaching any Medi xv Do you participate or intend		5	_										
Diving/Mountaineering/Car													
xvi In the next 12 months do yo													
Details:	including countries, cit	es, purpose and durant	on of stay. Give details below										
Declaration: I/We further agree and declare that the statements and declarations made herein in the recital along with Section A and B shall be the basis of the reinstatement of the lapsed policy and/or rider contract to be issued or revived between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant, and have not withheld any information that may be relevant to enable the Company to make arinformed decision about the acceptability of the risk. I fully understand that the revival of my policy/issuance of the rider shall be subject to life to be Insured undergoing medical tests (whenever required) at policyholder's cost, realization of applicable charges for revival. Revival of a lapsed policy/issuance of the rider shall be subject to the company underwriting the risk afresh and confirming the revival/issuance details in writing to the policyholder. The policy may be reinstated or the rider may be issued at revised/reduced coverage/Units if any shall be allocated at the reinstatement date or clearance date whichever is later. I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the Health declaration form subsequent to the signing of this health declaration form and prior to acceptance of risk and revival of the policy/issuance of the rider by the Company. I hereby authorise Max Life to process my payouts to my Aadhaar linked bank account and to use the same to validate/update my KYC details. I accept to receive all future communication from Max Life Insurance vide email ID only (strike if you want to continue by hard copies).													
Signature Of Policy holder		Signature Of Life (In case of minor	fe Insured r, Parent/legal guardian to Sign on beha	alf of th	e minor)								
Date ://		Place:											
In case of Policyholder is illite this form to the Policyholder/Life understanding the contents.	rate/Thumb impressi Insured in Language	on/Understands languand that the Policyholde	uage other than English: I hereby declar er/Life Insured has affixed the thumb impro	e that I h ession(s)	ave expla above af	ined the c ter fully	ontents of						
Signature of the Declarant													
Address:													
Date:													
	t/judicial / military officers		ith prominent public functions, for example Hea owned corporations, Important political party of										

