



MAX LIFE INSURANCE CO. LTD.

ADDITIONAL QUESTIONNAIRE FOR PAYOR RIDER

(To be filled in by the Proposer)

Proposal Number: _____

1. Name of the Proposer:
2. Name of the Insured:
3. Do you currently have any life, accident, disability, critical illness or medical insurance or any other insurance policy with this or any other insurer? If Yes, please provide following details. Yes No

Name of the Insurance Company	Type and Term of the policy	Sum assured (Including all benefits)	Date of Issue

4. Personal Medical Details of the Proposer:
 - i) Family History of the Proposer:

	If Living		If Deceased	
	Age at last birthday	Give details on the state of health and full particulars of any major illnesses	Age at death	Cause of death
Father				
Mother				
Brothers				
Sisters				

- ii) Height of the Proposer: _____ m _____ cm OR _____ ft. _____ inch
- iii) Weight of the Proposer: _____ Kgs.
- iv) Are you now undergoing any medical treatment or follow up for any ailment or impairment? Yes No
- v) Have you undergone or are in the process of undergoing any surgical operation? _____
- vi) Have you ever taken or are currently taking any medication for any ailment(s)? _____
- vii) Have you smoked tobacco in the last 12 months? If "Yes", please indicate the number smoked per day. _____
- viii) Do you or have you ever taken alcohol, narcotics or psychotropic substances? If "Yes", please indicate quantity per week. _____
- ix) Have you ever consumed tobacco in any form, including gutka or Pan masala? _____
- x) Have you ever been tested positive for HIV/AIDS or tested positive for Sexually Transmitted Disease? _____
- xi) Do you participate in hazardous activities? Yes No
- xii) For Female Lives only. Are you now pregnant? If "Yes", state how many months _____
- xiii) If you have answered "Yes" to any of the above question please give details below: (For medical questions, please mention diagnosis, date of diagnosis, severity of symptoms, treatment taken, follow up details and present condition) _____



DECLARATION AND CONFIRMATION BY THE PROPOSER

I hereby declare that:

- a) I fully understand the meaning and scope of the questions above relating to me and I 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 Max Life Insurance Company Limited (the "Company") to take an informed decision as to insurance cover. The Company shall not be bound by any statements made other than those contained hereinabove unless such statements are made in writing and are received by the Company before the Company has underwritten the risk.
- b) I confirm that any information provided in relation hereto may be used by the Company in any manner including for purposes of verification of such information. The Company may also share such information with any other persons including its affiliates and reinsurers. Notwithstanding any law, usage, custom, privilege or other rights available to me, the Company may make any independent verification of the facts as may be considered relevant by the Company from any source whatsoever.
- c) If any future premium or other payment due to the Company is made by me through an agent, then the Company shall not be liable unless the amounts are received and realized by the Company within the time the Company stipulates for receipt of the payments by the Company.

Signature of the Proposer _____ Date: _____

Name of the Proposer _____ Place: _____

DECLARATION

In case the Proposer is illiterate, his/her left thumb impression should be taken and attested by a person of standing unconnected with the Company but whose identity can easily be established.

Declarant's name and address Name: _____ Address: _____ _____ Pin: _____	I hereby declare that I have fully explained the contents of this additional Questionnaire Form to the Proposer in the Language _____ understood by the Proposer filled in the required particulars as given _____ by the Proposer, and that the Proposer has affixed his/her left thumb impression to this Form after full understanding the contents thereof. <div style="display: flex; justify-content: space-around; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Signature Witness </div>
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Declaration to be made by a person of standing unconnected with the Company but whose identity can be easily established to the effect that the contents of the Additional Questionnaire Form have been explained to the Proposer in the vernacular language understood by the Proposer and the signature of the Proposer has been appended after fully understanding the same.

Declarant's name and address Name: _____ Address: _____ _____ Pin: _____	I hereby declare that I have fully explained the contents of this additional Questionnaire Form to the Proposer in the Language _____ understood by the Proposer filled in the required particulars as given _____ by the Proposer, and that the Proposer has affixed his/her left thumb impression to this Form after full understanding the contents thereof. <div style="display: flex; justify-content: space-around; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Signature Witness </div>
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YOU ARE THE DIFFERENCE

Our virtual assistant Chat with MILI on our website Call us at 1860 120 5577	WhatsApp Send 'Hi' to 74283 96005	Login to manage your policy maxlifeinsurance.com/customer-service	Write to us at maxlifeinsurance.com/contact-us Follow us
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Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 <Followed by 9 digit Policy No.> IFS Code: HSBC0110002". Max Life does not collect Premium in any other account. **Max Life Insurance Co. Ltd.:** Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. **Regd. Office:** 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. **Fax:** 0124-4159397, **CIN:** U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577 **IRDAI Registration No. 104**

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