



**SECTION-B**

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 | Policy holder    |           | Life Insured     |           |
|----------------|------------------|-----------|------------------|-----------|
| Family Member  | Age at diagnosis | Condition | Age at diagnosis | Condition |
|                |                  |           |                  |           |
|                |                  |           |                  |           |

| 9. Have you ever been investigated, treated or diagnosed with any of the following conditions:  | Yes | No | Yes | No |
|---|-----|----|-----|----|
| i. Chest Pain, stroke, heart attack, murmur, Hypertension or high blood pressure or any other heart condition   |     |    |     |    |
| ii Diabetes   |     |    |     |    |
| iii Asthma, bronchitis, tuberculosis, persistent cough, shortness of breath or any other respiratory conditions   |     |    |     |    |
| iv Hormonal disorders such as thyroid disorders; Anaemia, leukemia or other blood disorder  |     |    |     |    |
| v Liver/gall bladder/stomach disorders such as cirrhosis, hepatitis, jaundice, ulcer, colitis, gall stones, indigestion   |     |    |     |    |
| vi Cancer, tumor or growth (Malignant or Benigan)   |     |    |     |    |
| 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/tested positive for HIV/AIDS or hepatitis B/C or sexually transmitted disease.  |     |    |     |    |
| xii. Are you suffering from any other illness or undergoing any investigation/treatment other than the conditions 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 ?  |     |    |     |    |
| xv Do you participate or intend to participate in any hazardous activities such as Parachuting/Hang Gliding/ Scuba Diving/Mountaineering/Car Racing/flying (other than passenger)? Give details below                         |     |    |     |    |
| xvi In the next 12 months do you intend to travel or reside abroad other than on holiday of less than four weeks? If yes Please provide details including countries, cities, purpose and duration of stay. Give details below |     |    |     |    |

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 maybe relevant to enable the Company to make informed 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 Insured**  
 (In case of minor, Parent/legal guardian to Sign on behalf of the minor)

Date: \_\_/\_\_/\_\_

Place: \_\_\_\_\_

In case of Policyholder is illiterate/Thumb impression/Understands language other than English: I hereby declare that I have explained the contents of this form to the Policyholder/Life Insured in Language and that the Policyholder/LifeInsured has affixed the thumb impression(s) above after fully understanding the contents.

**Signature of the Declarant:** \_\_\_\_\_

**Address:**

**Date:**

• Politically Exposed Persons (PEP) are Individuals who are or have been entrusted with prominent public functions, for example Heads/ Ministers or Central /State government, Senior politicians, Senior government/ judicial/ military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

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