HEALTH DECLARATION FORM

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

Policy Number: ___________________________  
Request Type:  

☐ Reinstatement of policy  
☐ Others/Statement of good health (e.g.: new number case)  
☐ Addition of Rider; Name of the Rider's ___________  
☐ Increase in Sum Assured; Sum Assured _______________  

NOTE: For Reinstatement of policy; Statement of good health – Complete Section A  
For Increase in Sum Assured; Addition of rider – Complete Section A + B

SECTION A

Policyholder Information (Policy holder column should also be answered if payor rider is present)

<table>
<thead>
<tr>
<th>Policyholder</th>
<th>Life Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>Mr.</td>
</tr>
<tr>
<td>Middle</td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td></td>
</tr>
<tr>
<td>Is there any change in the Correspondence address? If Yes, please mention new address (along with address proof-self attested)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>PINCODE</td>
<td>PINCODE</td>
</tr>
</tbody>
</table>

Contact details:  
Tel. No | Tel. no  
Mobile | Mobile  
E-Mail ID |  
Reason for lapse | Any simultaneous request for reinstatement given. (If yes, Specify the policy number/s): __________________________  
Current Occupation details:  
Please specify Name of the Company, Job title, Nature of duties | | |

SECTION B

Information of life insured/policy holder (Policy holder column should also be answered if payor rider is present)

<table>
<thead>
<tr>
<th>Policyholder</th>
<th>Life Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height and Weight Information</td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>Ft</td>
</tr>
<tr>
<td>or</td>
<td>Mtr</td>
</tr>
<tr>
<td>weight</td>
<td>Kg</td>
</tr>
</tbody>
</table>

2. Have you or do you consume Tobacco/Nicotine products (in the last 3 years (sticks/gms)-Cigarettes/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  
4. In the last 5 years have you suffered from any illness or consulted any medical practitioner for any condition 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 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 imprisonment?  
7. Is the Life Insured/Proposer/Nominee/Payor a Politically Exposed Person*?

MAX LIFE INSURANCE/Health declaration form/Ver 2.0/July 2012
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.

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Policy holder</th>
<th>Life Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age at diagnosis</td>
<td>Condition</td>
</tr>
<tr>
<td></td>
<td>Age at diagnosis</td>
<td>Condition</td>
</tr>
</tbody>
</table>

9. Have you ever been investigated, treated or diagnosed with any of the following conditions:

- Yes
- No

9a. Chest Pain, stroke, heart attack, murmur, Hypertension or high blood pressure or any other heart condition

9b. Diabetes

9c. Asthma, bronchitis, tuberculosis, persistent cough, shortness of breath or any other respiratory conditions

9d. Hormonal disorders such as thyroid disorders, Anaemia, leukemia or other blood disorder

9e. Liver/gall bladder/stomach disorders such as cirrhosis, hepatitis, jaundice, ulcer, colitis, gall stones, indigestion

9f. Cancer, tumor or growth (Malignant or Benign)

9g. Kidney or bladder disorder, stones, prostate disorder or gynecological disorder

9h. Epilepsy, neurological disorder, multiple sclerosis, tremors, paralysis, depression or psychiatric disorders.

9i. Disorder of eye, ear, nose, throat or back muscle, joints, bone, neck, deformity, amputation, arthritis, gout.

9j. In the last 5 years, have you been advised to have an X-ray / CT Scan / MRI / ultrasound / ECG / Blood test or any other investigatory or diagnostic tests or any type of surgery

9k. Have you ever been treated / tested positive for HIV/AIDS or hepatitis B/ C or sexually transmitted disease.

9l. Are you suffering from any other illness or undergoing any investigation/treatment other than the conditions mentioned above?

9m. For female Applicant only- Are you Pregnant? If Yes, how many months.

9n. Are you attaching any Medical reports along with this form?

9o. 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

9p. 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

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 an informed decision about the acceptability of the risk. 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.

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/Life Insured 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 of Central/State government, Senior politicians, Senior government/ judici al / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).