

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

9. Have you ever been investigated, treated or diagnosed with any of the following conditions:	Policy holder		Life Insured	
	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 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 / 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 may be relevant to enable the Company to make an 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.

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/ 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).