

Declaration Of Good Health

For revival of lapsed policies

Branch		Date	D	D	M	M	Y	Y	Y	Y		
Policy Number												
Full name of the Life Assured <small>(IN BLOCK LETTERS)</small>												
Full name of Policy holder <small>(IN BLOCK LETTERS)</small>												
Telephone No.						E-Mail:						
Address												
									Pin Code			

Answers To The Questions Should Be Based On Happenings Subsequent To Issue Of Above Mentioned Policy

(1)	a) Are you currently taking or have you previously taken any medication or treatment for a continues period of a week or more? b) Have you ever consulted any doctor for a surgical operation or have you ever been hospitalized or advised to undergo any medical investigation or treatment for any medical condition? c) Did you ever have any operation accident or injury? d) Have you had an electrocardiogram, CTMT, X-ray or screening, blood urine or stool examination or any other pathological test?	LA Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	PH Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(2)	Has a proposal or an application for revival of policy on your life made to this or any office of the company or any other insurer ever been declined / postponed / withdrawn / accepted with extra premium /revised terms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(3)	Have you ever used tobacco in any form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(4)	Have you ever consumed alcohol in any form? If yes, give details. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(5)	Have you involved in any adventures avocation like flying, non commercial aeroplane, automobile racing, horse riding, boat race, scuba diving? If any of the questions is answered above as if yes then give details of ailment with date , duration and doctors consulted.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes Detailed Description (LA)	If yes Detailed Description (PH)

(6)	State your height <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Cms	Your Weight <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Kgs.									
(7)	Are you at present in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
(8)	For Females Only										
	(i) Have you been menstruating regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
	(ii) Have you had any miscarriages?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
	(iii) Are you pregnant now?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
	(iv) Date of last Delivery.		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">D</td> <td style="width: 10%; text-align: center;">D</td> <td style="width: 10%; text-align: center;">M</td> <td style="width: 10%; text-align: center;">M</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
(9)	State your annual income (Rs)										
(10)	a) State your Occupation										
	b) State your nature of duties										

(11) State below details of all your policies (if any) to be revived along with this policy.

Policy No	Sum Assured	Year of Issue	Status

