

BAJAJ ALLIANZ LIFE INSURANCE COMPANY LTD
GE Plaza, Airport Road Yerawada, Pune 411006

Declaration of Good Health

PERSONAL STATEMENT REGARDING HEALTH
(To be used in proposal cases)

Branch No:

Date of Receipt:

Proposal NUMBER

Full name of the Life Assured
(IN BLOCK LETTERS)

1 a) any diseases and disorders of eye, ear, nose, and throat diseases?

Yes No

b)Any diseases and disorders of the nervous system such as frequent dizziness, faint, seizure, weak limbs (temporary or permanent disability), abnormal sight, Psychiatric diseases, brain diseases or neurological system diseases, headaches, vomiting, numbness?

Yes No

c) Any diseases and disorders of the respiratory system such as blood in sputum, tuberculosis, asthma, infected respiratory disease or any respiratory system disease including frequent nose bleeding, fever and dyspnea?

Yes No

d) Any diseases and disorders of the cardiovascular system chest pain, heart disease, high blood pressure, artery or blood disease?

Yes No

e)Any diseases and disorders of the digestive system such as frequent indigestion, constipation, ulcers on intestine, gastric bleeding, hernia, hemorrhoid, hepatic disorder, calculus in gall bladder, past experience in abdominal surgery or any disease related to abdominal organ?

Yes No

f) Any diseases and disorders of the genitourinary system such as blood in urine, infected urine bladder or tumor, kidney disease, calculus, sexually transmitted Disease or any disease related to sexual organs or urinary system?

Yes No

g) Any diseases and disorders of the metabolic and endocrine system such as diabetes, hypothyroidism, hyperthyroidism, goiter or other endocrine diseases?

Yes No

h) Any cancer, tumor, cyst or any other unusual growth?

Yes No

l) Any diseases and disorders of the musculo-skeletal system such as chronic fever, rheumatic fever, rheumatism, gout spinal curvature or related to spines, Joints or musculo-skeleton?

Yes No

j) Any defect or handicap physically or mentally?

Yes No

K) Have you ever been tested for or advised to test for HIV infection or suspected to be HIV positive?

Yes No

2 a) In the last 5 years, have you ever had, or been advised to have, or are likely within the next 30 days to undergo medical examination or any investigations such as blood test, urine test, x-ray, ECG or biopsy, CT scan or test by any other special Instrument?

Yes No

b) Injured, sick, operated, given a medical consultation, given a medical advice on health, care in any hospital?

Yes No

c) Is any other proposal of your s is being considered for revival

Yes No

3 To be filled by female only

a) Are you currently pregnant? If yes, current months of pregnancy.

_____ Months

Yes No

b) Please state your age at your first pregnancy.

c) Have you ever had any abortion, miscarriage or ectopic pregnancy?

Yes No

d) Have you undergone any gynecological investigations, internal checkups, breast checks such as mammogram or biopsy?

Yes No

e) Have you ever consulted a doctor because of an irregularity at the breast, vagina, uterus, ovary, fallopian tubes, menstruation, birth delivery, complications during pregnancy or child delivery or a sexually transmitted disease?

Yes No

If any of the questions is answered above as yes then give details.

Questions answered YES	Detailed Description

4. Please state your present

Height _____ In Cms Weight _____ In Kgs

Change in body weight over last 6 months

Same Lost Gained

If changed, difference _____ Kgs

Cause of weight change _____

5. Is any of your policy being considered for revival / fresh proposal now if so give details

Yes No

Name of Company	Basic Plan	Policy No.	Year of issue	Benefit Amount

DECLARATION

I/We the policy holder/ Policy owner, also do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I/We have not withheld or misrepresented any information and I/We do hereby agree And declare that these statements and this declaration shall be the basis of the contract of assurance between me and Allianz Bajaj Life Insurance Company and any concealment/ misrepresentation/ fraudulent misrepresentation/ averment/ assertion shall render the contract of insurance null and void in entirety. No partial enforcement of any claim shall be sought howsoever minor the concealment/ misrepresentation/ fraudulent misrepresentation/ averment/ assertion is with regards to any part of the contract.

All money, which shall have been paid in respect thereof, shall stand forfeited to the Allianz Bajaj Life Insurance Company. Notwithstanding the provision of any law usage, custom or convention for the time being enforced prohibiting any doctor, hospital and/or employer from divulging any knowledge or information concerning my health or employment on the grounds of secrecy. I/We, my/our heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Allianz Bajaj Life Insurance Company .

Signature/ thumb impression of policy holder

Place: _____ Date _____

Signature of Witness _____

Name _____

Address _____

Place: _____ Date _____

If the answers and/or signature herein above are/is in vernacular then he/she should declare below in own handwriting that the replies were given after fully and properly understanding the questions.

VERNACULAR DECLARATION

Declaration by the person filling in the form (If other than the policy holder):

Declarant's Name & Address _____

City _____ State _____ Pin Code _____

I hereby declare that I have fully explained the above questions to the Policy holder and I have truthfully recorded the answers given by the Policy holder.

Signature of person filling up the revival form

For office use only

Decision

Signature

Name and Designation

Place: _____ Date _____