

Declaration of Good Health

Date-_____

Name of Life Assured : _____

Policy No:

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Client ID: _____

Contact No. (Off/Res) _____ Mobile _____ email ID: _____@_____

DOB: _____ Height: _____ cms. Weight: _____ Kgs. Gain or Loss in past year: _____

Answer to the questions should be based on happenings subsequent to issue of policy. (Please tick Yes or No to each question)

- Have you taken part, or do you have plans to take part, in any hazardous activity such as ballooning, mountain cycling, motorbike racing, boxing, gliding, diving, horse riding, martial arts, motor racing, mountain climbing, parachuting, sailing, skiing, weight lifting, white water rafting, wrestling and / or flying other than as a fare paying passenger on a licensed service? (you must still answer YES and give details if you take part in a potentially hazardous activity which is not listed). If yes, please provide details in the special questionnaire which your advisor will provide Yes No
- Are you currently or do you intend to live or travel outside of India for more than 6 months in a financial year? If yes, please provide full details of countries to be visited and the purpose of visit and duration Yes No
- Have you smoked or used any form of tobacco in the past 12 months? If yes, please indicate in which form: Cigarettes Beedi Chew Gutkha Qty per week Yes No
- Do you consume any form of alcohol? If yes, what type? Beer Wine Hard liquor Qty per week Yes No
- Are you currently taking any medication or drugs, other than minor conditions, (e.g. colds and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialized examination (including chest x-rays, gynecological investigations, pap smear, or blood tests), consultation, hospitalization or surgery? Yes No
- Do you have: congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been incapable of working/attending the school during the last 2 years for more than 3 consecutive days or are you currently incapable of working/attending school? Please ignore normal pregnancy. Yes No
- Do you suffer from or ever had any medical ailments e.g. diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, any blood disorder, heart problems? Yes No
- Do you suffer from or ever had any medical ailments e.g. Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AIDS or a related infection? Yes No
- Do you suffer from or ever had any medical ailments e.g. tumor growth, prostrate disorder, disorder of skin or lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, speech defect, paralysis? Yes No



10. Have you ever been advised/ had a surgery or any medical investigations like X-ray, CT scan, mammogram, pap smear etc? Yes No
11. Have you ever suffered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption? Yes No
12. In the last 3 years, have you been treated, are currently undergoing or have been advised for treatment from a doctor or specialist or undergone any cardiological, radiology or pathological tests (excluding routine check-ups)? Yes No
13. If you have answered yes, to any of the questions between 5 and 14 please provide the details here

Question no.	For question No. 5 to 14 provide complete details including health condition, date of diagnosis, treatment prescribed, name/address of doctor-if applicable

14. For female life to be assured only
- a. Are you pregnant at present? Yes No If yes duration in weeks
- b. Date of last delivery _____

I understand and agree that the answers and statements made on this Health Declaration are full, complete and true in every particular and will form the basis of the contract. All material facts, being facts, which may influence the assessment of this risk, have been disclosed in this health declaration, It being understood by me that as per Sec 45 of the Insurance Act,1938, failure to make such disclosure renders the contract voidable at the option of the insurer. I consent

- a) To IndiaFirst Life Insurance Company Ltd. seeking medical information from any doctor, employer, any physician, nurse, hospital official or employee and authorize them to disclose to the IndiaFirst Life Insurance Company Ltd. any and all information regarding any medical history and any matter relating to my physical or mental health.
- b) any hospital giving such information to IndiaFirst Life Insurance Company Ltd. and/or to the claims administrator or medical advisors.

Signature of Life Assured

Place: _____ Date: _____

Name & Signature of the Branch Official

Received Time: _____ Date: _____

Branch Code: _____

If signature is in vernacular, please complete the following declaration:
I have explained the contents of this form to the life to be insured and endeavored to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought in the form and I have read the responses back and confirmed that they are correct.

Name of Declarant

Address of Declarant

Signature of Declarant

For any queries or more information, call
Toll Free 1800 209 8700
or mail us at customer.first@indiafirstlife.com