IndiaFirst LIFE INSURANCE

PROMOTED BY Bank of Baroda | Andhra Bank

Declaration of Good Heath

Date: D D M M Y Y Y Y

A. Personal Details

Name of the Life Assured: Policy No.:

Client ID Contact No.(Off/Res):

Mobile No: Email ID:

Date of Birth: D D M M Y Y Y Y Height Cms Weight Kgs Gain/loss in past 1 year :

(Please tick YES or NO to each question)

		Yes	No
1.	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, horce riding, martial arts, motors racing,mountain climbing, parachuting, sailing, sking, weight lifting, white water rafting, wrestling and / or flying other then 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 give you	☐	☐
2.	Are you currently or do you intend to live or travel outside of india for more then 6 months in a financial year? if yes, please provide full details of countries to be visited and the purpose of visit and duration_____ _____	☐	☐
3.	Have you smoked or used any form of tabacco in the past 12 months? if yes, please indicate in which form: ☐ Cigarettes ☐ Beedi ☐ Chewing Gutkha ☐ Any Other ☐☐ Quantity per day	☐	☐
4.	Do you consume any form of alcohol ? if yes, what type? ☐ Beer ☐ Wine ☐ Hard liquor ☐☐ Quantity per week	☐	☐
5.	Are you currently taking any medication or drugs, other then 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-ray gynecological investigations, pap smear, or blood tests), consultation, hospitalization or surgery?	☐	☐
6.	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 in capable of working/ attending the school during the last 2 years for more than 3 consecutive days or are you currently in capable of working/ attending school? Please ignore normal pregnancy.	☐	☐
7.	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?	☐	☐
8.	Do you suffer from or ever had any medical ailments e.g. Hepatitis B or C, or tuberculosis, psychiatric disorders, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AID or a related infection?	☐	☐
9.	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?	☐	☐
10.	Have you ever been advised /had a surgery or any medical investigations like X-ray, Ct scan, mammogram, pap smear etc?	☐	☐
11.	Have you ever suffered from drug/narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption?	☐	☐
12.	In the last 3 years, have you been treated, or currently undergoing or have been advised for treatment from a doctor or specialist or undergone any cardiological, radiology or pathological tests (excluding routine cheak-ups)?	☐	☐

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 ☐☐☐☐☐☐☐☐

Has the policy to be reinstated been issued at standard rates previously ☐ Yes ☐ No

If No, please mention the reason for which it was rated up.

_____

Have you ever attended medical examination for IndiaFirst Life Insurance? ☐ Yes ☐ No

Do you have any other policy (issued or applied) with indiaFirst Life Insurance ?

if Yes, please provide the application number.

☐☐☐☐☐☐☐☐☐☐

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 the Life to be Assured	Name and Signature of the Branch Official
Place: _____ Date: _____	Place: _____ Date:

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 explained the contents of this form to the life to be insured and endeavored to ensure that the contents have read the responses back and confirmed that they are correct.

Name of the Declarant	Address of the Declarant	Signature of the Declarant

Disclaimer: The decision to reinstate/revive the policy will be solely taken by insurer only i.e. IndiaFirst Life Insurance Company Limited, after receipt of the premium amount and in accordance with its underwriting guidelines. The corporate agent will not be responsible for decision of the insurer to reinstate/revive the policy.