A Joint Venture of
Bank of Baroda Legal & General Andhra Bank

IndiaFirst
LIFE INSURANCE

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 Occupation:

B. Answers to the following questions should be based on happenings subsequent to issuance of the policy

(Please tick Yes or No to each question)

	PLA		Spouse		Child 1		Child 2		Parent 1		Parent 2	
1. a. Height (in cms.)												
b. Weight (in Kgs.)												
c. Gain/Loss in past 1 year :												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Have you taken part, or do you have plans to take part, in any hazardous occupation, sport or hobby such as ballooing, mountain cycling, motorbike racing, boxing, gliding, diving, horse riding, martial arts, motor racing, mountain climbing, parachuting, sailing, skiing, weight lifting, white water rafting, wrestling, mining, working with explosives or chemicals 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 question-naire which your advisor will give you	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Have you smoked or used any form of tobacco 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 Day ______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Have you consulted any doctor for the treatment or are under treatment for any ailment other than common cough or cold or undergone any surgical operation at a hospital or clinic or undergone any invistigations with other than normal or negative results (including X rays, ECG,blood test, biopsies, mammograms, pap smear, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Have you been absent from work due to any illness or injury for a continuous period of more than 5 days during the last two years or is any surgery planneaware that you may need to seek a medical advice in the near future? Please ignore normal pregnancy.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Have you ever been treated for or have any symptoms of high blood pressure, raised blood sugars, any heart disease, stroke, paralysis, chest pain, kidney and urinary tract disease, cancer or any tumour, lump of any kind, asthma or any other respiratory disease, mental or any nervous system disease, any liver disease (including Hepatitis B or C), any blood disorders(including anaemia), any digestive and bowel disorder, thyroid or any other endocrine disorder, any disorder of the bones, spine or muscle, problems of stones in any organ in the body, any ear, nose, throat or eye disorders, HIV infection, AIDS or AIDS related complex or do you have any congenital/birth defects?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	PLA		Spouse		Child 1		Child 2		Parent 1		Parent 2	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
8. Have you ever suered from drug/ narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol / tobacco consumption?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. Do you have any parent and /or brother or sister who has suered/suering from, or died under the age of 60 due to any of the following conditions: Heart disease, diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer disease, Parkinson disease or any hereditary disease?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

10. If you have answered yes, to any of the questions between 5 and 11 please provide the details here

Question no.	For question No. 5 to 11 provide complete details including health condition, date of diagnosis, treatment prescribed, name/address of doctor-if applicable

	PLA		Spouse		Child 1		Child 2		Parent 1		Parent 2	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
11. 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 D D M M Y Y Y Y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12. Have any of your applications, including applications for renewal or reinstatement, for life, critical illness, health or accident insurance with IndiaFirst, or other insurance company in India or overseas, ever been declined, deferred, with drawn or accepted at extra premium or reduced cover?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13. Is the policy to be Re-Instated issued at std rates previously	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14. If No Please mention the reason for which it was rated up	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15. Was Medical being done at the time of Issuance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16. Do you have any other policies (Issued or Applied) with IndiaFirst. 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 ocial or emplyoee 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.

"**Note:** In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?"

Signature of the Life to be Assured	Name and Signature of the Branch Ocial

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
I 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 the Declarant ________ Address of the Declarant ________ Signature of the Declarant ________

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

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.