IndiaFirst LIFE INSURANCE

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

# PERSONAL HEALTH QUESTIONNAIRE

Application No: _____

Full name of Life to be assured: _____

Answer to the questions should be based on happenings subsequent to issue of policy

| **Have you ever suffered from or are suffering from or sought advice for:** | **Yes** | **No** |
|---|---|---|
| 1 a. Diseases of the circulatory system (e.g. high blood pressure, angina, heart attack, rheumatic fever, stroke, disease of the arteries and veins) | ☐ | ☐ |
| b. Diseases of the respiratory system (e.g. tuberculosis, asthma, bronchitis, persistent cough, pneumonia) | ☐ | ☐ |
| c. Diseases of the genitourinary system(e.g. kidney/ bladder stones, infections of the kidneys, urinary or genital organs, venereal disease) | ☐ | ☐ |
| d. Diseases of the gastrointestinal system (e.g. digestive disorders, gastric or duodenal ulcer, ulcerative colitis, hepatitis B, C or any other disorder of the liver or gallbladder) | ☐ | ☐ |
| e. Diseases of the nervous system or mental disorders(e.g. epilepsy, fits, fainting attacks, frequent headaches, paralysis, depression, psychiatric ailment, nervous breakdown) | ☐ | ☐ |
| f. Diabetes cancer, enlarged lymph nodes or any other tumor in the body, diseases of the blood, glands, spleen, ears, eyes or skin? | ☐ | ☐ |
| g. Unexplained night sweats and /loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands? | ☐ | ☐ |
| h. Any other diseases or ailments not mentioned above? Give details | ☐ | ☐ |
| 2. Have you ever been advised or had to undergo hospitalization or surgery or been advised to have a blood test for AI DS or AI DS related condition or have you ever been refused as a blood donor? | ☐ | ☐ |
| 3. Have you consulted a physician for any reason or been advised to undergo any medical investigation or treatment for any medical condition or have you received any blood transfusions in the past? | ☐ | ☐ |
| a. Has your proposal for life/health insurance ever been declined, postponed, withdrawn, accepted at extra premium or subjected to special terms? | ☐ | ☐ |
| 4. Have you applied for any fresh proposal for life/health insurance with our company or any other insurance company after the lapsation of this policy? | ☐ | ☐ |
| 5. For Female life: | | |
| a. Have you suffered from any gynecological problem or illness related to the breasts, uterus or ovaries? | ☐ | ☐ |
| b. Are you pregnant now? If 'Yes' please mention the weeks: | ☐ | ☐ |
| 6. Do you participate or intend to participate in any hazardous activities or sports? | ☐ | ☐ |

7. a) Height: _____ cms. b) Weight: _____ kgs. c) Gain or Loss of weight in past 6 months: _____kgs.

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, beingfacts, which may influence the assessment of this risk, have been disclosed in this health declaration, it is 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 IndiaFirst Life Insurance Co. Ltd. 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. all infor mation regarding my 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 administrato r or medical advisors.

Date: _____

Place: _____

_____

Signature of the life to be assured/Proposer

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

Communication Address:
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Dindoshi - Film City Road, Malad (East), Mumbai - 400 097.