

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.

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

Place: _____ Date

VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language)

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: X _____ Relation with the Policyholder _____

Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X _____

Signature/Thumb impression

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.

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