



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act, 1956)

Personal Statement Regarding Health

For Policy on another life under C.D.A. Plan with deferment
Period 10 Years or more on the date of Proposal or revival of Policy

Date of Receipt
Inward No.

Delhi Division Branch Unit Proposal/Policy No.

Agent's Name Agency Code No.

1. Full Name of the Life Proposed (IN BLOCK LETTERS)

Full Address Occupation

2. Full Name of the Life Assured/Life to be Assured (IN BLOCK LETTERS)

3. Is this application for : - If the answer is 'Yes' give the Proposal Number or the Policy Number

(a)	Proposal No.
(b)	Policy No.

Following questions are to be answered in respect of the
Assured/Life to be assured

2. Since the date of your above mentioned Proposal/ Since the date of proposal under the above mentioned policy.	Answer 'Yes' or 'No'	If 'Yes' give details of ailment, date and duration doctors consulted.
[a] Has he/she ever suffered from any illness/disease requiring treatment for a week or more?	[a]	
[b] Did he/she ever have any operation, accident injury?	[b]	
[c] Has he/she had an electrocardiogram, X-Ray, or screening blood, urine or stool examination.	[c]	

5. (a) Have a proposal or an application for revival of a policy on his/her life made to this or any other office of the Corporation or any insurer ever been:

(i) Withdrawn or dropped? (ii) Accepted with an extra premium or lien?
 (iii) Deferred or decline? (iv) Accepted on terms otherwise than these proposed

So, give the details

(b) Is any proposal or an application for revival of a lapsed policy on his/her life under consideration of this or any other Office of the Corporation.	If answer is 'Yes' give the following details?
	(i) Proposal No.
	(ii) Policy No.

6. Is he/she now in sound health?

7. Is he/she a student? If so in which standard.

P.T.O.

DECLARATION

..... do hereby declare that the foregoing statement and answers are true in every particular, and I agree & declare that these statements and this declaration alongwith my proposal for insurance shall be basis of the contract of "assurance revival of the lapsed policy, between me and Life Insurance Corporation of India, and that if any untrue averment be contained there in the said contract shall be absolutely null & void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

(*Delete words not applicable)

**And I further declare that if between the date of this declaration and the date of revival of the policy (i) any change in occupation of the Life Assured or any adverse circumstances connected with the financial position or general health of the life assured or that of any member of his family occurs or (ii) a proposal for assurance or an application for revival of a policy on life of the life assured made to any office of the Corporation has been withdrawn or dropped. Deferred or declined, or accepted with an increased premium or subject to a lien or on terms other than as proposed. I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance. Any commission on my part to do so shall render this assurance invalid and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at on the day of 2000

(** Not applicable in case of application of new policy (Date) (month)

Signature of witness

Signature of witness

Occupation & Address

(Signature of thumb impression of the Proposer)

If in form the answers to the questions and/or signature of the Proposer are given in vernacular then the Proposer should declare in his own handwriting above his own signature that all question were explained to him, that his replies were given after fully or properly understanding the same.

(1) The declaration should be made by the person filling the form:

Name & Address
of the

Declarant

(1) I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the Proposer

IN CASE OF PROPOSER IS ILLITERATE

(1) The thumb impression of the Proposer should be attested by the person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

Name & Address
of the

Declarant

(2)

.....
Signature

I hereby that I have fully explained the contents of this form to the proposer in (language) and that I have read out to the Proposer the answers to the questions dictated by the proposer and that proposer has affixed his thumb impression on this Form after fully understanding the contents thereof.

.....
Signature