



For Office use only:
Date of Receipt:
Inward No.:

PERSONAL STATEMENT REGARDING HEALTH FOR MINORS

For a policy on another life except for C.D.A. Plan with deferment period 10 years or more on the date of proposal or revival of a Policy. Do not use this form if the policy has vested in the life assured or has been assigned to the life assured.

Divl. Office:	Branch Office:	Prop./Policy No	Agent's Name	Agent's Code No.
---------------	----------------	-----------------	--------------	------------------

Following questions to be answered by the Proposer

1. Name in Full of the Proposer (IN BLOCK LETTERS)			
Full Address	Address 1		
	Address 2		
	Address 3		
Email Address		Phone/Mobile No	
2. Name in Full of the Life to be Assured/Life Assured (IN BLOCK LETTERS)			
Occupation	Name of Employer	Length of Service with him	
3. Is this application for		If the answer is 'YES' please give the Proposal Number or the Policy Number	
(a) Issue of a new Policy?		(a) Proposal No.	
(b) Revival of lapsed Policy?		(b) Policy No.	

Following questions to be answered by the Life to be assured / Life Assured

4. Since the date of your above mentioned Proposal / since the date of proposal for the above mentioned policy :	Answer 'Yes' or 'No'	If 'Yes' give details of ailment date and duration, doctors consulted.
(a) Have you suffered from any illness/disease requiring treatment for a week or more?	a)	
(b) Did you ever have any operation, accident or injury?	b)	
(c) Did you ever undergo ECG, X-Ray, Screening, Blood, Urine or Stool examination?	c)	

5.(a) Has a proposal or an application for revival of a policy on your life made to this or any other Office of the Corporation or any Insurer ever been:

(a) Withdrawn or dropped?	
(b) Deferred or declined?	
(c) Accepted with an extra premium or lien?	
(d) Accepted on terms otherwise than those proposed?	

If so, give details:

5. (b) Is any proposal or an application for revival of a lapsed policy on your 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.	

N.B. Q Nos. 6 & 7 to be replied in case of revival under Non Medical Scheme :

6.(i) State your height (without shoes)	cms
(ii) Your weight (with thin clothes.)	kgs

7. State below, details of all your policies issued and/or revived under any of the Non-Medical Schemes of the Corporation:

Name of the Divl. Office/Unit Br. Office Servicing the Policy	Policy Number	Sum Assured	Status of the Policy

8. Are you at present in sound health?

9. Are you a student? If so give particulars such as name of the institution and course.

10. For females only :

a. Since the date of your above mentioned proposal or policy:

(i) Have you been menstruating regularly?	
(ii) Have you had any miscarriage/s?	
(iii) Are you pregnant now?	
(b) State the date of last menstruation:	
(c) State the date of last delivery:	

DECLARATION BY THE LIFE TO BE ASSURED/LIFE ASSURED

I _____ do hereby declare that the statements and answers under heading 4 to 10 have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information.

Dated at _____ on the _____ day of _____ 20

Signature of Witness

Name & Occupation & Address

Signature of Witness

Name

Occupation & Address

Signature or thumb impression of the Life to be Assured/Life Assured

I do hereby declare that the foregoing statements and answers are true and complete in every particulars

Signature of the Proposer

(if the life to be assured/life assured is under 18 years)

DECLARATION BY THE PROPOSER

I, (name of Proposer) _____

do hereby declare that the statements and answers under heading 1 to 3 are true and complete in every particular and I do hereby agree and declare that these statements and this declaration together with statements and answers under heading 4 to 10 made by the *life assured/ life to be assured and relative declaration thereto shall be the basis of contract of *assurance/revival of the policy, between me and Life Insurance Corporation of India, and that if any untrue averment be contained therein, the said contract shall be null and 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 date of revival of this policy, (i) any change in the occupation of the life assured or any adverse circumstances connected with my 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 any application for revival of a policy on the 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 omission 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.

(** Not Applicable in case of an application for issue of a new policy.)

