

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	e:	Prop./Policy N	О	Agent's Na	ime		Agent's Code No.
		Following qu	ıesti	ons to be answ	ere	ed by the P	roposer		•
1. Name in Full ( IN BLOCK LE									
	Addr	ess1							
Full Address Address2 Address3		ess2							
		ess3							
Email Address						Phone/Mob	oile No		
2.Name in Full ( BLOCK LETTE		ife to be Assur	red/I	Life Assured (II	N				
Occupation			Nan	ne of Employer					Length of Service with him
3. Is this applica	tion for	r							ase give the olicy Number
(a) Issue of a new Policy?						(a) Proposa	a) Proposal No.		
(b) Revival of lapsed Policy?					(b) Policy No.				
Following ques	tions to	be answered	by 1	the Life to be a	issi	red / Life	Assured		
4. Since the date of your above mentioned since the date of proposal for the above me policy:					nswer es' or 'No'	If 'Yes' give details of ail date and duration, doctors consulted.			
(a) Have you sur treatment for a v			s/dis	ease requiring	a)				
(b) Did you ever have any operation, accide			lent or injury?	b)					
(c) Did you ever undergo ECG, X-Ray, Screening, Blood, Urine or Stool examination?			creening,	c)					

5.(a) Has a proposal or an application of the Corporation or any Institute of the Corporation or any Institute of the Corporation or any Institute of the Corporation				on y	our life	made to this	s or any other
(a) Withdrawn or dropped?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 applicat your life under consideration of this Corporation?					icy on		
If answer is 'Yes' give the following details:			(i) Propo	sal N	lo.		
if this wor is Tos give the following	s details.		(ii) Polic	y No			
N.B. Q Nos. 6 & 7 to be replied in	case of r	eviva	l under N	lon N	Medical	Scheme :	
6.(i) State your height (without shoot	es)			cms			
(ii) Your weight (with thin clothes.)	)			kgs			
7. State below, details of all your poof the Corporation:	olicies issu	ied an	d/or revi	ved u	ınder any	of the Nor	n-Medical Schemes
Name of the Divl. Office/Unit	D 1' M				C 1		Status of the
Br. Office Servicing the Policy	Policy Number			Sum Assured		Policy	
8. Are you at present in sound health	n?						
<ol><li>Are you a student? If so give part institution and course.</li></ol>	ticulars su	ch as	name of t	the			
10. For females only:							
a. Since the date of your above men	ntioned pro	oposal	or policy	<b>7:</b>			
(i) Have you been menstruating reg	ularly?						
(ii) Have you had any miscarriage/s	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					
Signature of Witness					
Name & Occupation & Address	Signature or thumb impression of the Life to be Assured/Life Assured				
Signature of Witness					
Name	I do hereby declare that the foregoing				
Occupation & Address	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.)

Dated at	on the	day of	20
Signature of Witness  Name  Occupation & Address		Signature or thumb important Life to be Assured/ Life	ression of the Assured

**N.B.** If in this form, the answers to the questions and/or signature(s) of the Proposer/Life Assured/Life to be assured are/is in vernacular then the Proposer/Life Assured/Life to be assured should declare in their/ his/her own handwriting above his/her own signature that all questions were explained to him/her and that his/her replies were given after fully understanding the same.

In case the proposer/Life assured/Life to be assured is illiterate:

In case the proposer/Life assured/Life to be assured	i is initerate.
(1)This declaration should be made by the Person filling in the form  Name & Address of the Declarant	(1) I hereby declare that I have fully explained the above questions to the proposer/Life Assured/Life to be assured and I have truthfully recorded the answers given by the Proposer / Life Assured/ Life to be assured.
	Signature
(2) This thumb impression of the Proposer/Life Assured/Life to be assured should be attested by a person of standing, whose identity can easily be established, but unconnected with, the Corporation and this declaration should be made by him:	(2) I hereby declare that I have explained the contents of this form to the Proposer/ Life Assured/ Life to be assured in (language) and that I have read out to the Proposer / Life Assured/ Life to be assured, the answers to the questions dictated by the Proposer/Life Assured / Life to be
Name & Address of the Declarant	assured and that the Proposer / Life Assured / Life to be assured has affixed his thumb impression to this form after fully understanding' the contents thereof.
	Signature