



## DECLARATION AND AUTHORISATION

I/We declare that I/We have fully understood the questions in the form and the importance of disclosing all material information while answering such questions. I/We further declare that the answers given by me/us to all the questions in the form and the information given to the Medical Examiner of the Company as to the status of COVID-19 and habits of the Life Assured are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I/ We have made no statement to the Insurance Advisor, Medical Examiner, or any other person associated with ICICI Prudential Life Insurance Company Limited which in any way modifies the answers and statements in this form. I/We undertake to notify the Company of any change in the status of COVID-19 of the Life Assured or as to his occupation subsequent to the signing of this form and before the acceptance of the risk by the company for revival / Addition of Rider/ increase in Life/ COVID-19 Sum Assured

I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to conduct screening/ confirmation/ reconfirmation of overall status of the Life Assured including the COVID-19 status through medical examinations which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I/We hereby give my/our consent to undergo HIV1/2 test by ELISA method. I am/ We are aware that this test is only for screening purpose and not confirmatory for HIV-AIDS. I/We understood that the Company reserves the right to accept, decline or offer alternate terms on this application.

In order to enable the Company to assess the risk under this application and any time thereafter, I/ We hereby, authorize the past and present employers(s)/ business associates/ medical practitioner/ hospital and medical source/ any life and non-life insurance company/or organisation or Life Insurance Association's medical register to release to the Company and the Company to release to any medical source/ any life and non-life insurance company/or Life Insurance Association or medical register, such details and provide the records of employment/business or other details as may be considered relevant. Information about me/ us may be collected and used by ICICI Prudential Life Insurance Co. Ltd. for the purpose of providing/ offering me/ us promotional material relating to any products and services. I/ We hereby agree that a waiting period as stated in the guidelines and applicable as per the product type, shall be applicable after revival of the policy. I/ We also understand that the terms and conditions including the premium and the benefits payable under the Policy are subject to variation in accordance with the applicable laws. This form shall be a part of my/ our Life/ Health insurance policy contract.

Signature/ thumb impression of the Life Assured

Signature/ thumb impression of the Policyholder  
(if different from the Life Assured)

Applicable when the Policyholder is illiterate or suffering from disability due to which his/ her capacity for writing is restricted or where the Policyholder has signed in a vernacular language. Note: The statement below must be witnessed by someone other than the advisor/ employee of the Company.

I/ We verify that the contents of the this form have been read over and clearly explained to me/ us and I/We have fully understood them. I/We further certify that the replies in this form have been recorded as per the information provided by me/ us.

Full name of witness/ person filling the form \_\_\_\_\_ (Relation with Policyholder) \_\_\_\_\_

Signature of Witness/ person filling the form

Signature/ thumb impression of the Life Assured/  
Policyholder signing in a vernacular language)

Date:

Place: \_\_\_\_\_