

PERSONAL HEALTH DECLARATION FORM



Guidelines

- ▶ This form has to be filled by the proposer himself.
- ▶ Insurance is a contract made in utmost good faith, trusting the proposer and the life assured to disclose all relevant (material) facts, in response to the questions in this form. If any fact is relevant, it needs to be disclosed.
- ▶ "The revival of the Policy / Increase in Death Benefit / Addition of Rider (as selected) will be effective from the final underwriting decision date"

Policy Type

Policy Number

Name of the Life Assured:

Mr./Ms./Mrs.

First Name

Surname

Contact Numbers

STD

Residence

STD

Office

Ext.

Mobile

E-Mail ID

Personal

Official

Section I

I, herewith, apply for :

- Revival of the Policy
- Increase in Death Benefit (allowed for select ULIP plans and only multiples of Rs. 50,000/-)
- With underwriting
 Without underwriting*

***NOTE :** The Death Benefit can be increased without underwriting by 25% of the initial death benefit of Rs. 2,50,000/- (whichever is lower) upto a maximum of 3 times after 3 years from commencement

- Every 3 years
- On specific events irrespective of when the last increase was done
- Marriage 1st Child Birth 2nd Child Birth

If the option for increase in Death Benefit is not exercised, it cannot be carried forward

Kindly arrange to increase my Death Benefit amount from Rs. _____ to Rs. _____

- Addition of Rider (allowed for select plans)

Add the following Riders to my policy:

Rider Name	Term (Years)	Sum Assured (Rs.)	Premium (Rs.)

Section II

Please provide the following information, if there has been any change from the date of your original proposal for this policy / date of last revival :

1. Has the Life Assured changed his/her occupation?

Yes No

If Yes, is the occupation associated with any specific hazards (e.g. mines, explosives, corrosive chemicals, chemical factory etc.)
Please give details.

2. Status of other proposal / revival application (if any), for an insurance policy(ies) with ICICI Prudential OR any other insurance company, after the date of proposal of this policy / last revival.

Specified Below / Not Applicable

- | | |
|--|---|
| <input type="checkbox"/> Accepted at standard terms | <input type="checkbox"/> Deferred consideration (Postponed) |
| <input type="checkbox"/> Accepted with revised premium | <input type="checkbox"/> Declined the proposal |
| <input type="checkbox"/> Accepted at terms other than those proposed | |

Please provide the following details :

Policy Number / Application Number _____

Sum Assured _____

Riders attached _____

Name of the Company _____

Status of the Policy _____

3. Has the Life Assured suffered or is suffering from any of the following?

Diabetes, high /low B.P. , stroke, epilepsy, cancer , leprosy, tuberculosis, asthma , bronchitis , other respiratory disorders, anemia disorders of the blood , musculoskeletal disorders, disorders of eye/ear/nose/throat, ailments relating to heart, digestive system, kidney, brain, nervous system, liver, reproductive system

Yes No

4. Has the life assured been tested for hepatitis B or C , HIV/ AIDS or any other sexually transmitted disease ?

Yes No

5. If answer to 3 and / or 4 is 'Yes', please give following details :

Nature of Ailment / test _____

Date of diagnosis / test _____

Period of Treatment / findings _____

Name of the Doctor / Hospital _____

6. Family History of the Life Assured

1. Has the Life Assured's parents / brothers / sisters suffered from or expired due to the following?

(Heart Disease, Stroke, High Blood Pressure, Diabetes Mellitus, Any Form of Eye Disease, Cancer, Kidney Disease or Paralysis, any Hereditary or Familial Disorders like Huntington's Disease, Polycystic Disease of the Kidneys or Familial Polyposis of the Colon or any communicable Disease such as Tuberculosis etc.)

Yes No

If yes, please give details, including the age at which he/she expired _____

7. Build, Lifestyle and Personal Medical History of the Life Assured

1. Height _____ cms. Weight _____ kgs.

8. Did the Life Assured consult a medical practitioner for any ailment / injury requiring treatment for more than a week?

Yes No

If yes, please give the following details

Nature of Ailment _____

Period of Treatment _____

Name of the Doctor / Hospital _____

9. Has the Life Assured at any time consulted / been admitted to any hospital or nursing home for general check-up, observation, treatment or operation?

Yes No

If yes, please give the following details

Nature of Ailment _____

Period of Treatment _____

Name of the Doctor / Hospital _____

10. Has the Life Assured (if employed) availed leave on medical grounds for more than 7 days?

Yes No

If yes, please give the following details and attach the medical leave record from the employer

Period of Leave & Dates	Reason for availing leave (ailment, disease, injury etc.)

11. At present, are you in good health? Yes No

If No, please give details _____

12. If the Life Assured consumes / has consumed any of the following?

Yes No

PLEASE GIVE THE FOLLOWING DETAILS

Substance Consumed	Yes	No	Consumed As	Quantity / Day	For No. of Years
Tobacco			Cigar/Cigarette/Beedi/Gutkha		
Alcohol			Beer/Wine/Hard Liquor	Glasses/Pegs	
Any Narcotic					

13. Please answer the following, if the Life Assured is a Female

1. Is the Life Assured pregnant on the date of filling up this form ?

Yes No

If yes, please mention the duration of pregnancy and related complications (if any) _____

2. If the Life Assured had any abortion / medical termination of pregnancy, miscarriage or caesarean section operation?

Yes No

If yes, please give details _____

DECLARATION & AUTHORISATION

I/We declare that I/We have answered the questions in the form and have fully understood the nature of the questions 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 state of health and habits of the life to be 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 on this application. I/We undertake to notify the company of any change in the state of health of the life to be 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 death benefit

I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to conduct screening/confirmation/reconfirmation of overall status of the life to be assured including the health 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 / We am/ are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS. 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 proposal 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 also understand that the terms and conditions including the premium and the benefits payable under the Policy are subject to variation in accordance to the applicable laws. This form shall be a part of my/our life insurance policy contract.

Signature /thumb impression of the Life Assured

Date

Place

Signature / thumb impression of the proposer
(if different from the life assured)

Date

Place

Certification where the Life Assured / Proposer has signed in vernacular :

(the below must be witnessed by someone other than the advisor / employee of the company)

The contents of this form and its particulars have been explained by me in vernacular to the Executant.

Signature of the Life Assured / Proposer**Signature of the Witness**Name of Witness: Mr./Ms. _____
(Surname) (First Name) (Middle Name)

Address: _____

Contact Numbers

STD	Residence	STD	Office	Ext.	Mobile
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Certification where the form is filled by a person other than the proposer. (This should be filled only when the proposer is illiterate or suffering from disability due to which writing is restricted)

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

Name of the person: Mr./Ms. _____
filling the form (Surname) (First Name) (Middle Name)

Signature of the person filling the form _____ Date _____ Place _____

Signature / thumb impression of the proposer _____ Date _____ Place _____
(* thumb impression as to be witnessed)***Note : The person must be other than the advisor / employee of the company.**Signature of assignee
(In case of absolute assignment)**Customer Service Helpline****Call Centre time : 9.00 A.M. to 9.00 P.M. Monday To Saturday (except on National Holidays)**

State	Number	State	Number
Andhra Pradesh	9849577766	Maharashtra (Mumbai)	9892577766
Chattisgarh	9893127766	Maharashtra (Rest)	9890447766
Delhi	9818177766	Punjab	9815977766
Goa	9890447766	Rajasthan	9829277766
Gujarat	9898277766	Tamil Nadu (Chennai)	9840877766
Haryana (Karnal)	9896177766	Tamil Nadu (Rest)	9894477766
Haryana (Faridabad)	9818177766	Uttar Pradesh (Agra, Bareilly, Meerut, Varanasi)	9897307766
Karnataka	9845577766	Uttar Pradesh (Kanpur, Lucknow)	9935277766
Kerala	9895477766	Uttaranchal	9897307766
Madhya Pradesh	9893127766	West Bengal (Kolkatta)	9831377766

For all other cities kindly call our Customer Service Toll Free Number 1-800-22-2020Call Our
Customer Service HelplineVisit us at
www.iciciprulife.comFax us at
022-24376727Write to us at
Our Communication
AddressE-mail us at
lifeline@iciciprulife.com**Communication Address :**

ICICI Prudential Life Insurance Company Ltd., Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road, Kandivali (E), Mumbai 400 101.