12M PERSONAL HEALTH DECLARATION FORM

Reason for availing leave(ailment, disease, injury):

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I. herewith, apply for: Revival of the Policy Increase my Life/ Rider Sum Assured from ₹	Guidelines: ✓ This form should contain the details of Life Assured. ✓ This format should be used for revival/Increase in SA/Rider Additio Life policy. ✓ Insurance is a contract made in utmost good faith, trusting the propode (material) facts, in response to the questions in this form. ✓ The revival of the policy/ Increase in SA/Addition of Rider/ Increase in premium amount by the company or the date of receipt of consent for Validity of this PHD is 6 months. In case any health riders are attached Increase in Sum Assured / Addition of Rider is product specific. Please Policy No./ Nos: Name of the Life Assured: Mr./Ms./Mrs. First Name Mar./Ms./Mrs. First Name First Name Mar./Ms./Mrs. First Name Mar./Ms./Ms./Ms./Ms. First Name Mar./Ms./Ms./Ms./Ms./Ms./Ms./Ms./Ms./Ms./Ms	oser and the life assured to disclo n Rider SA/Top Up will be effectiv or the revised premium, whichever ed to the policy, the validity of this	e from the final underwriting decris later. PHD would be 3 months. details.	Barcode dision date or the date of r Date: DD MM MY Durname Jurname Mobile		of full
Please add the following Riders to my policy: Rider Name	Revival of the Policy Increase my Life/ Rider Sum Assured from ₹	to₹	(allowed for select pl	ans)		
Rider Name Term (years) Sum Assured (Rs.) Premium (Rs.) Premium (Rs.) Please provide the following information: 1. Height of Life Assured cms. Weight of Life Assured kgs. YES N 2. Is the Life Assured in good health? If No, please give details: 3. Health Questions: 4. Hove you ever consulted any doctor or are you currently undergoing any tests, investigations, awaiting results of any tests or investigations or have you ever been advised to undergo any tests, investigations or surgery or been hospitalized for general check up, Observation, Treatment or Surgery? c) Are you aware of or have you ever been treated or hospitalized for Cancer, Tumour, Cyst or any other growth or referred to an Oncologist or Cancer hospitalifer any investigation or treatment? d) Did you have any Ailment/ Injury/ Accident requiring Treatment/ Medication for more than a week? e) Have you ever availed leave on medical grounds in the last two years? f) Has the Life Assured ("you") suffered or is suffering from any of the following? (i) Disorders of Eye, Ear, Nose, Throat including defective sight or speech or hearing and discharge from ears (iii) Ailments relating to Liver, Reproductive System (iv) Loss of Weight of 10 kgs or more in the last six months (v) Symptoms/ailments relating to Sirin, Mental/Psychictric caliment, Parkinsonism, Multiple Sclerosis, Nervous system, Stroke, Paralysis or Epilepsy (vi) Asthma, Bronchitis, Blood Spitting, Tuberculosis or other Respiratory disorders (vii) Asthma, Bronchitis, Blood Spitting, Tuberculosis or other Respiratory disorders (viii) Were you or your spouse ever tested for Hepatitis B or C, HIV/AIDS or any other Sexually Transmitted Disease? (ix) Chest pain, Palpitation, Rheumaria (fever, heart murmur, heart attack, shortness of breath or any other heart related disorder (x) Symptoms/ailments relating to kidney, prostate, hydrocele, urinary system (x) Gas						
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(xiii) Have you undergone/ have been recommended to under go any of the following- Angioplasty, Bypass Surgery, Brain surgery, Heart valve surgery, Aorta surgery or organ transplant or any other major Surgery or Treatment g) Any other illness or impairment not mentioned above 4. Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquittal or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? If Yes, give details	 a) Do you have any physical deformity/ handicap/ congenital of the by Have you ever consulted any doctor or are you currently under or have you ever been advised to undergo any tests, investing treatment or Surgery? c) Are you aware of or have you ever been treated or hospital Cancer hospital for any investigation or treatment? d) Did you have any Ailment/ Injury/ Accident requiring Treatment e) Have you ever availed leave on medical grounds in the last f) Has the Life Assured ("you") suffered or is suffering from an (i) Diabetes/ High Blood Sugar/ High/Low BP (Blood Pres (ii) Disorders of Eye, Ear, Nose, Throat including defective (iii) Ailments relating to Liver, Reproductive System (iv) Loss of Weight of 10 kgs or more in the last six months (v) Symptoms/ailments relating to Brain, Mental/Psychiatrica (vi) Asthma, Bronchitis, Blood Spitting, Tuberculosis or othe (vii) Anemia, Blood or Blood related disorders, musculosked disorder of Spine, Joints or Limbs or Leprosy (viii) Were you or your spouse ever tested for Hepatitis B or (ix) Chest pain, Palpitation, Rheumatic fever, heart murmu (x) Symptoms/ ailments relating to kidney, prostate, hydro (xi) Gastritis, Stomach or Duodenal Ulcer, Hernia, Liver dise Gastro-Intestinal System. (xii) Thyroid disorder or any other disease or disorder of the (xiii) Have you undergone/ have been recommended to und valve surgery, Aorta surgery or organ transplant or an g) Any other illness or impairment not mentioned above 4. Have you ever been or currently being investigated, charge s in respect of any criminal/civil offences in any court of law in If Yes, give details. 5. Following Questions need to be answered if the Life Assured a) Have you ever suffered / Are you suffering from Gynaecolog b) i) Are you pregnant at present? If Yes, duration in weeks ii) Any complications, miscarriage, medical Termination or Chave you ever undergone any investigation or treatment or i) Any disease or disorder of the breast(s) such breast	adergoing any tests, investigating and tests, investigating ations or surgery or been hor alized for Cancer, Tumour, Cystement/ Medication for more than two years? In yof the following? Issure) Issight or speech or hearing and separate of the separate	spitalized for general check us tor any other growth or refer in a week? Id discharge from ears clerosis, Nervous system, Stroke is, recurrent back pain, slipped ually Transmitted Disease? reath or any other heart related in any other disease esterol/Hyperlipidemia ingioplasty, Bypass Surgery, Butment cted or acquittal or having particulated in physician for it, cancer or growth? ipple change or discharge, cancer or growth?	p, Observation, red to an Oncologist or , Paralysis or Epilepsy I disc or any other ed disorder or disorders of the rain surgery, Heart ending charges		

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