



PERSONAL STATEMENT REGARDING HEALTH
(For a new policy on Own Life)

Divisional Office: _____ Branch Office : _____ Proposal No _____
Agent's Name & Code No. _____

1. Full Name of the life proposed _____
(IN BLOCK LETTERS)

Full Address:

Occupation :

2. Since the date of your above-mentioned proposal:	Answer 'Yes' or 'No'	If Yes, give details of ailment, date & duration, doctors consulted, etc.,
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 undergo Electrocardiogram, X-Ray, Screening, Blood, Urine or Stool Examination?	c) _____	

3. 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:

- i) Withdrawn or dropped? _____
- ii) Accepted with an extra premium or lien? _____
- iii) Deferred or declined? _____
- iv) Accepted on terms otherwise than those proposed?

If so, give details _____

b) Is any proposal or any 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) Division _____ (i) Proposal No. _____ (ii) Division _____ (ii) Policy No. _____
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4. Are you at present in sound health?

5. For Females only:

(a) Since the date of your above mentioned proposal,

(i) Have you been menstruating regularly? _____

(ii) Have you had any miscarriages? _____

(iii) Are you pregnant now? _____

(b) State the date of last menstruation _____

(c) State the date of last delivery _____

Contd..2

DECLARATION

I _____ do hereby declare that the foregoing statements and answers are true in every particular, and agree and declare that these statements and these declarations along with my proposal for insurance shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 20_____

Signature of witness _____

Name _____

Occupation & Address _____

Signature or thumb impression of the Proposer

1. If in this form the answers to the questions and/or signature of the proposer are given in vernacular, then the proposer should declare in his own hand writing above his signature that all questions were explained to him and that his replies were given after fully and properly understanding the same. In such event, the following declaration should be made by the person filling in the form:

Name in full _____

I hereby declare that I have fully explained the above

Occupation _____

Questions to the proposer and I have truthfully

Address _____

recorded the answers given by the proposer

(Signature)

2. In case the proposer is illiterate:

The thumb impression of the proposer 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.

Name in full _____

I hereby declare that I have explained the contents of this form to the proposer in _____

Occupation _____

(language in which explained) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents there of.

Address _____

(Signature)