PERSONAL HEALTH DECLARATION FORM



- This form should contain the details of Life Assured.

 This format should be used for revival/ Increase in SA/ Rider Addition/ Increase in Rider SA/ Top Up Requests for a Life policy.

 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.

 The revival of the policy/ Increase in SA/ Addition of Rider/ Increase in Rider SA/ Top Up will be effective from the final underwriting decision

date or the date of receipt of full premium amount by the com ✓ Validity of this PHD is 6 months. In case any health riders are a ✓ Increase in Sum Assured / Addition of Rider is product specifi ✓ If Secure Save policy lapses beyond 6 months the customer le	pany or the da ittached to the ic. Please refei	ate of rece policy, th r to the Po	ipt of c e valid	onser	nt for his P	the r HD v	revis voul	ed pre	emiu	m, w				
Policy No./ Nos:								Date	: D) D	MN	1 Y	/ Y	Υ
Name of the Life Assured: Mr./ Ms./ Mrs.														
Contact Numbers:		Middle			Ш		Last	Name						
STD Residence S	STD 	Offic	e 			Ext.	1 1			1 1	Mobile	; 		1 1
I, herewith, apply for:														
Increase my Life/ Health/ Rider Sum Assured from Rs		to Rs.				(allo	owed	l for s	elect	t pla	ns)			
Addition of Rider (allowed for select plans)														
Please add the following Riders to my policy:														
Rider Name	Term (yea	ars)		Sum	Assu	red ((Rs.)			Pre	miun	nium (Rs.)		
Please provide the following information:			_											
	Life Assured			_ kgs.										
												YES		NO
2. Is the Life Assured in good health?														
If No, please give details:										_				
3. Health Questions:														
a) Do you have any physical deformity/ handicap/ congenita	al defect/ abn	ormality?												
b) Have 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	•		invest	igatio	ns or	sur	gery	or be	en					
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 hospital for any investigation or treatment?											d			
d) Did you have any Ailment/ Injury/ Accident requiring Trea			more	than a	a wee	ek?						H		H
e) Have you ever availed leave on medical grounds in the la														
f) Has the Life Assured ("you") suffered or is suffering from		lowing?												
(i) Diabetes/ High Blood Sugar/ High/Low BP (Blood Press						,								Щ
(ii) Disorders of Eye, Ear, Nose, Throat including defective (iii) Ailments relating to Liver, Reproductive System	e signt or spe	ecn or ne	arıng a	ina ai	scnai	rge t	rom	ears				H		H
(iv) Loss of Weight of 10 kgs or more in the last six month	hs											H		H
(v) Symptoms/ ailments relating to Brain, Mental / Psychi	atric ailment,	Parkinsor	ism, N	/lultip	le Scl	leros	sis, N	lervo	us sy	'sten	n,			
Stroke, Paralysis or Epilepsy														
(vi) Asthma, Bronchitis, Blood Spitting, Tuberculosis or of	•	•												
(vii) Anemia, Blood or Blood related disorders, musculos		ers such	as Arth	ıritis, ı	recur	rent	bac	k pain	, slip	ped				
disc or any other disorder of Spine, Joints or Limbs o (viii) Were you or your spouse ever tested for Hepatitis B		S or any	other S	Sevua	ıllı/ Tr	aner	mitte	d Die	ease	7				
(ix) Chest pain, Palpitation, Rheumatic fever, heart murmu												Ш		Ш
disorder														
(x) Symptoms/ ailments relating to kidney, prostate, hydr		•												
(xi) Gastritis, Stomach or Duodenal Ulcer, Hernia, Liver di	isease, Jaund	ice, Hepa	titis, Fi	stula,	Piles	or a	any c	ther	lisea	se o	r			
disorders of the Gastro-Intestinal System. (xii) Thyroid disorder or any other disease or disorder of	the Endocrine	a evetem	High (holes	sterol	/ H v	narli	niden	nia					Н
(xiii) Have you undergone/ have been recommended to u		-	-							v, Br	ain			
surgery, Heart valve surgery, Aorta surgery or organ			_	-										
g) Any other illness or impairment not mentioned above														
A Fallandian Occasiona mandata ha amanandii isha kiisa Aanana		F												
4. Following Questions need to be answered if the Life Assured a) Have you ever suffered / Are you suffering from Gynaeco														
b) i) Are you pregnant at present? If Yes, duration in weeks		01110 .												
ii) Any complications, miscarriage, medical Termination of		or Caesar	ian, if a	applic	able									
c) Have you ever undergone any investigation or treatment						-			or					
i) Any disease or disorder if the cervix, uterus, ovary(ies) or vagina, abnormal bleeding, cancer or growth? ii) Any disease or disorder of the breast(s) such breast lump, cyst, fibrocystic disease, nipple change or discharge, cancer														
ii) Any disease or disorder of the breast(s) such breast lui or growth?	mp, cyst, fibro	ocystic di	sease,	nıppl	e cna	inge	or d	iscna	ge,	Janc	er			
iii) Have you undergone any mammogram or Papsmear?	•													Н

Nature of Ailm	-			nlasca	aive the	e following det	aile:			
	nent / test:			•	•	•				
Date of diagno										
Period of Trea	tment / findin	ıgs:								
	•									
neason for av	alling leave(a	iiiieiit, o	iisease, i	njury).						
. Does the Life	Assured cons		nas consi	umed a	ny of th	e following?				
Substance Cor Tobacco	nsumed	YES	NO	Ciar	or/Cigar	Cons ette/Beedi/Gutk	sumed as		Quantity / Day	For No. of Years
Alcohol						ard Liquor	IIa			
Any Narcotic										
If yes, is the od	ccupation (e.g	g. chemi passeng	cal facto er, divinç	ry, mino g, moui	es, explo ntaineeri	osives, radiation ng, any form o	n, corrosive ch	of Policy Issuance emicals, etc.)/ avoc ssociated with any	ation (e.g. aviatio	
								y (ies) on the life o		d
Policy or	Company Name	ny Year of Issue/			al	Annual Premium (Rs.)	Basic Sum Assured (Rs.)	Basic Plan - decision (Std./ With Extra/ Postponed/ Declined/ Not Completed)	Mention names of Riders and decision (Std./ With Extra/ Postponed/ Declined/ Not Completed)	In Force/ Lapsed (Mention year of Lapse/ Revival Applied For)
								Completed	Completou	/ ipplied i or/
Please attach a si										
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