



(Established by the Life Insurance Corporation Act. 1956)

PERSONAL STATEMENT REGARDING HEALTH
(Revival of lapsed policies on both Medical / Non-Medical Basis)

Date of receipt

Inward No.

Policy No.

Branch Office:

Divisional Office:

Agent's Name

1. Full name of the Life Assured Present Age
(IN BLOCK LETTERS)

Full address

Occupation Name of Employer Length of service with him

2. Since the date of the your proposal for the above mentioned Policy
- (a) Have you ever suffered from any illness / disease requiring treatment for a week or more for Asthma, TB, BP, Ulcer, Kidney, Prostrate, Urinary System, Diabetes, Hernia, etc.
 - (b) Did you ever have any operation, accident or injury?
 - (c) Did you ever have undergone ECG, X-ray, Screening, Blood, Urine or stool examination?
 - (d) What deaths or illness have been in your family?

Answer
'Yes or No'

If "Yes". Give details of ailment such as nature of illness, date of onset, duration of illness etc.

For Officer Use Only

Age Yrs. NMG / S / M

Wt. Range to KG

DGH in order Revival authorised

HGA / AAO / Sr. / B.M. Date :

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- (i) Withdrawn or dropped?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) If any proposal or an 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. Proposal No
- ii. Policy No

4. Are you at present in sound health?

5. Have you paid any deposit or arrears of premium? If so, give details, Amt. Rs.....
How paid. Date.....

N.B. : For revivals under Non-medical scheme Question Nos. (6 & 7)

6. (i) State your height (without shoes) cms. (ii) Your weight (with thin clothes) Kgs.
 7. State below details of all your Policies issued and / or revived under any of the Non-Medical Schemes of the Corporation.

Name of the Div. Office / Unit Branch Office	Policy Number	Sum Assured	Status of the Policy

For Female lives only :

8. Since the date of your proposal under above mentioned policy :

- (i) Have you been menstruating regularly? (ii) Have you had any miscarriage/s?
 (iii) Are you pregnant now? (iv) State the date of last menstruation
 (v) State the date of last delivery (vi) Have you ever suffered from any
 disease of breast, ovaries or uterus
 (vii) Have you ever consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment?
 (if yes, give details)

DECLARATION

I do hereby declare that the foregoing statements and answers are true and complete in every particulars and agree and declare that these statements and this declaration along with my proposal for insurance under the lapsed policy shall be the basis of the contract of revival of the lapsed policy between me and Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

And I further declare that if between that date of declaration and the date of revival of the policy (i) any change in my occupation or any adverse circumstance connected with the financial position or the general health of myself or that of any member of my family occurs or (ii) a proposal for assurance or any application for revival of Policy on my life made to any Office of the Corporation is pending or has been withdrawn or dropped deferred or declined or accepted at an increased premium or subject to a lien or terms other than as proposed. I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of revival of the Policy. Any commission on my part to do so shall render the revival absolutely null and void and all money which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at on the day of 20

Signature of witness

Occupation & Address

Signature of thumb impression of the Life Assured

If in this form the answers to the question and/or signature of Life Assured are given in vernacular then the life Assured should declare in this own handwriting above his own signature that all questions were explained to him and that his replies were given after fully and properly understanding the same.

(1) This declaration should be made by the person filling in the form.
 Name & Address of the declarant

(1) I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the Life Assured.

Signature

In case the Life Assured is illiterate :

(2) The thumb impression of the Life Assured should be attested established, but unconnected with the Corporation and this declaration should be made by him.

(2) I hereby declare that I have explained the contents of this form to the Life Assured in (language) and that I have read out to the Life Assured the answers to the questions dictated by the Life Assured and that the Life Assured has affixed his thumb impression to this form after fully understanding the contents thereof.

Name & Address of the declarant

Signature