



LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Act, 1956)

PERSONAL STATEMENT REGARDING HEALTH

(Revival of Lapsed Policies both Medical & Nonmedical basis)

F.No. 680 / 683(Rev .75)

Date of Receipt

Inward No. _____

Agent's Name _____

Pune Divisional Office :- _____ Branch Office _____ Policy No _____

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

Full Address _____

Occupation _____ Name of Employer _____ Length of Service with him _____

2. Since the date of your proposal for the above mentioned Policy :-	Answer Yes or No	If 'Yes' give details of ailment date & duration doctors consulted.
(a) Have you ever suffered from any illness / disease requiring treatment for a week or more ?		
(b) Did you ever have any operation, accident or injury?		
(c) Have you had a electrocardiogram, X-Ray or Screening, blood urine or stool examination?		

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 of any Insurer ever been: a) _____

(i) Withdrawn or dropped? (i) _____

(ii) Accepted with an extra premium or lien? (ii) _____

(iii) Deferred or declined? (iii) _____

(iv) Accepted on terms otherwise than those proposed? (iv) _____

If so, give details

b) Is any proposal or an application for revival of a 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? _____

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

5. (I) State your height (without shoes) _____ cms. (ii) Your weight (with thin clothes) _____ kgs.

6.. State below of all your Policies issued and / or revived under any of the scheme of the Corporation

Name of the Bra. Office	Policy No Prop. No.	Sum Assured	Year of issue of Policy	P & T	Med. / Non Med	Status

7. For Females only:-

(a) Since the date of your proposal under above mentioned Policy.

(I) Have you been menstruating regularly? _____ (ii) Have you had any miscarriages? _____

(iii) Have you suffered or are you suffering from any disease of breast, ovaries or uterus? _____

(b) State the date of last menstruation _____ (c) State the date of last delivery _____

(c) Are you pregnant now? _____

DECLARATION

I _____ do hereby declare that the foregoing statements and answers are true and complete in every particular, 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 contract of revival of the lapsed Policy between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall absolutely be 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 the date of this declaration and the date of revival of the Policy (I) any change in my occupation or any adverse circumstances connected with my financial position or the general health, of myself or that of any member of my family occurs (ii) a Proposal for assurance or any application for revival of a 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 on 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 omission on my part to do so shall render the Revival absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Addendum to the Form of Declaration of Good Health Declaration after revival of a policy under Non- Medical Scheme

Re: Policy No. _____ Name _____

I hereby declare that at present I have not proposed for any fresh insurance to the Life Insurance Corporation of India and further declare that in case of I propose for a new Non-Medical Scheme, I shall state in that this Policy Number _____ was revived by the Corporation on the strength of Declaration of Good Health only only and hence it is to be treated as a policy issued under non-medical scheme. I hereby agree to abide by the rules of the corporation with respect to their Non-Medical Scheme.

Dated at _____ On the _____ day of _____ 20

Witness Signature _____

Full Name _____

Occupation & Address _____ Signature or Thumb Impression of the Life Assured

Dated at _____ On the _____ day of _____ 20

Signature of Witness _____

Occupation & Address _____ Signature or Thumb Impression of the Life Assured

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

1) This declarations should be made by the Person filling in the form

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

1) Name & _____
Address _____
of the _____
declarant _____

Signature

In case the life Assured is Illiterate

The thumb impression of the Life Assured 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

"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 and that the Life Assured has affixed his/ her thumb impression to this form after fully understanding the contents thereof."

2) Name & _____
Address _____
of the _____
declarant _____

Signature

Note : In case of dispute in respect of interpretation of terms the English version shall stand valid.