Version 1.2

Personal Statement of Health for Revival of Policy



	Sar utha ke jiyo,						
Policy Number: Branch: Branch:							
Name of the Life Assured: F R S T N A M E M I D D							
Name of the Proposer: (if different from the Policyholder)							
	dow/Widower						
Address:							
Mobile no.*: Telephone no.(R)*:							
Email ID*:							
*Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with him / her on							
the contact details provided herein. Reason for Lapse:							
Present Occupation: Gross Annual Income in ₹:							
(From all	I sources) (figures in digits)						
Name and address of the present employer OR business premises if self-employed:							
Please provide the information required below pertaining to the Life Assured from the	e date of policy application till date.						
A . Personal health details:							
1. Have you suffered from any of the following conditions mentioned below?	Yes No Mention details, as applicable						
a) Cardiovascular disorders such as chest pain, heart attack, arrhythmia, palpitations, giddiness, anxiety, Cardiomyopathy, Hypertension/High Blood pressure, Coronary artery bypass grafting (CABG), Angioplasty (PTCA) or any other heart related conditions.							
b) Respiratory disorders such as bronchitis, asthma, wheezing, pneumonia, tuberculosis, any other disease of chest and lungs.							
c) Gastrointestinal system disorders- Gastritis, ulcer, hernia, disease of liver, pancreas, spleen, stomach, disease of short and long intestine, Jaundice, etc.							
d) Urinary system disorders such as disorder related to kidney, urinary bladder, ureter, prostate, hydrocele, etc.							
e) Nervous system disorders such as paresis, transient ischaemic attack, paralysis, Stroke, Alzheimer, Parkinson's, meningitis, multiple sclerosis, epilepsy, blackouts, migraine or any other disorder or tumor of brain, spinal cord or nerves. Mental disorders such as major or minor depression, Obsessive Complusive Disorder, addictions, uncured insomnia, anxiety or nervous breakdowns.							
f) Ear, Nose, Throat, Mouth system disorders such as ear discharge, nose bleeding, deafness, blindness, hearing loss, etc. Skin disorders such as varicose veins, psoriasis, eczema, moles or dermatitis. Musculoskeletal disorder such as Arthritis, gout, rheumatism, disc prolapse, fracture history, Osteoporosis, back pain, disorders of bones or any other conditions.							
g) Diabetes/ elevated blood sugar/sugar, ketone, proteinuria or diabetes related complications such as diabetic coma or any other hormonal diseases related to Thyroid gland or any other hormonal imbalance.							
h) Cancer or tumour or benign tumour or cyst, lump, enlargement of lymph nodes or any other growth.							
i) Blood disorders such as anemia, haemophilia, thalassaemia, leukaemia or any other blood disorder or suffered from dengue, swine flu or encephalitis.							
2. Have you undergone any lab test including HIV & HBsAg, radiological test or any special investigation test such as ECG, MRI, CTMT, etc. or suffered from any accidents, injury, major burns or advised hospitalisation?							
3. Do you have any recurrent medical condition, physical disability, deformity, any illness or injury that has kept you away from work?							
4. Have you or your spouse been tested positive for HIV / AIDS or Hepatitis B or C or have been tested / treated for other sexually transmitted diseases OR are you awaiting the results of such a test?							
5. Are you currently in good health?							

6. Female Specific health disorders 🎄			Yes	No	Mention details, as applicable			
a) Have you had any disease of uterus, breast, cervix, ovaries or have undergone hysterectomy?								
b) Have you undergone PAP smear, mammogram or USG pelvis?								
c) Are you currently pregnant? If yes, how many weeks?								
B. Family medical history:								
Has any death or illness occurred in your family (parents or siblings)? If yes, then mention the age at death and cause of death / nature of illness.								
C. Other personal details:				by ticking ant box No	Mention details, as applicable *Please attach a separate sheet in case the space is inadequate			
1. Do you have any current active insurance cover or has any of your life insurance / health insurance / rider been accepted with extra premium, accepted on other special terms, postponed, declined or not taken up by you?					Reason:			
2. Have you submitted any simultaneous applications for insurance to any of our offices or another insurance company which is still pending OR are you likely to revive any lapsed policies?					Proposal / Policy No.: Sum assured: Company Name:			
3 . Have you ever made any claims for hospitalisation or surgery or critical illness benefit under this policy or any other health insurance policy from any other company?					Company Name.			
4. Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.)?								
5. Have you ever resided overseas for more than 6 months or do you intend to travel overseas in the next 6 months and reside for more than 2 months?					Past Travel: Future Travel:			
7. a. Height- Feet inches OR Centimeters b. Weight - (Kgs)								
8. Please give the habits details as follows:								
Substance consumed	Do you consume?	If yes, please prov	ide detail	ls	Quantity			
Alcohol *(1 unit = 330 ml of beer / 30 ml of spirits / 125 ml of wine)	Yes No	Beer Wine Spirit	Others	;	Units*/Week			
Tobacco *(1 unit equivalent to 1 cigar / 1 cigarette / 1 bidi. If chewing tobacco, please specify how many grams per day .)	Yes No	Cigars Cigarette Chewing Tobacco C	Bidi [Units * /Day				
Addictive or intoxicating drugs (example Ganja, Hashish, Heroin, Cocaine, Marijuana, Charas, etc.)					Yes No			
Declaration from the Life Assured:								
I hereby declare that all the information given by me/on my behalf is true and I have not withheld any material fact within my knowledge. I agree that the information provided in this declaration along with my proposal for insurance shall be the basis of contract of revival of the lapsed policy. I also agree and understand that the application for revival of the policy will be considered by the Company at its sole discretion. I declare that, I do not have any history of conviction under any criminal proceedings in India or abroad.								
Date:DD/MM/YYYY								
Place :	Place: Signature of the Life Assured (To be signed by the Policyholder if the Life Assured is a minor)							
Declaration from the Policyholder (If Policyholder is different from the Life Assured):								
information provided in this declaration understand that the application for rev	n along with my proposal vival of the policy will be o	for insurance shall be the ba considered by the Company a	sis of cont	tract of rev	ct within my knowledge. I agree that the vival of the lapsed policy. I also agree and I declare that, the Life Assured does not SIGN HERE			
Date:DD/MM/YYYY								
Place : Signature of the Policyholder								
Declaration made by third party where the Policyholder has affixed his/ her thumb impression/ has signed in vernacular:								
The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.								
Name:		Date:DD/M	IM/YYYY	Place	SIGN HERE			
Address:								
HDEC Standard Life Incurance Company Lim	itad In month anchin with Ctondon	d Life Die CINTIONOOMIJOOODI (7120245 ID	DAI Pagi	etration No. 101			