

Declaration of Good Health Form

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Q.No.	Details											Please tick any one																							
1	Are you currer						ails"	sec	tion	on	กลศ	e 2	alor	ng w	ith d	coni	es o	f all	inve	stig	atior	ns do	one h	v v	οu.					Yes	3/ [No)		
2	If "NO", please elaborate in "details" section on page 2 along with copies of all investigations done by you. Since the date of signing of the proposal, have you undergone any of the following? a) Hospitalisation b) Operation/Surgery c) Pathological examinations like blood test, X- ray, ECG, etc. If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.												☐Yes/ ☐ No																						
3	Have you consulted a doctor or specialist after the date of signing the proposal form? If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.											☐ Yes/ ☐ No																							
4	Do you OR have you ever had, any of the following? If "YES", state full details of each instance: a) High blood pressure or raised cholesterol, triglycerides. b) Heart disease. c) Diabetes or sugar in the urine. d) Any respiratory or lung disorder, e.g., asthma, bronchitis, tuberculosis, etc. e) Disease or disorder of kidneys, bladder or reproductive organs. f) Any disorder of the digestive system, gall bladder or liver. g) Any nervous disorder or mental condition, depression or psychiatric disorder. h) Paralysis, multiple sclerosis, epilepsy or stroke. i) Cancer, tumour, enlarged glands or enlarged lymph nodes. j) Anaemia, bleeding or blood disorders. k) Disorder or disease of muscles, bones, joints, limbs, spine. l) Urine, kidney, bladder, reproductive organ or prostrate disorders. m) Thyroid problems including goitre, hyperthyroidism or thyroiditis. n) Deformity or disability. o) Counselling or treatment or testing in connection with AIDS/HIV/other STDs. p) Ear, eye, nose or throat disorder. q) Accident or injury.												Yes	;;/ [No)																			
5	Are you currently: a) Taking any medication or prescription drugs not mentioned earlier? b) Suffering from any physical disability, deformity, illness or injury that has kept you from working? If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.											Yes/ No No No																							
6	Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received? e.g., persistent fever, unexplained weight loss, loss of appetite, pain, swelling, etc. If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you. Has any proposal or application for revival of Policy on your life made to the Company or any other											☐Yes/ ☐ No																							
7	Has any propo life insurer eve If "YES", plea	er b	een	decl	line	d, po	ostp	one	d or										npan	y or	any	othe	er							Yes	ŝ/	No)		
8	Have you trave	elled	d out	tside	e Ind	dia d	or ar	e yo	u pl	anni	ng t	o tr	avel	out	side	e Inc	dia?													Yes	3/ [No)		

Q.No.		Please tick any one									
9	Is any proposal, or any other life If "YES", please	□Yes/ □ No									
10	Since the date of or annual incom	☐Yes/ ☐ No									
For Female Life Insured only											
11	Do you OR have or any abnormal miscarriage, hig If "YES", please	☐Yes/ ☐ No									
12	Are you pregnan	nt now? If "YES", how many months? months	Yes/ No								
13	When was your	last baby born?	D D M M Y Y								
14	Have you ever h	□Yes/ □ No									
Additional Information											
15	Any other information material for the evaluation of risk, kindly provide details -										
If any of	the above question	ons have been answered as "Yes", kindly provide details (Please mention question number while	providing details).								
Q. No.	Details	one have seen anomore at 100 ; timely provide actuals (1 10000 mention queetion number white)	providing docume,								
Since the date of my last proposal to Bharti AXA Life Insurance Company Limited, there has been no change in my health. I declare that the above answers are correct to the best of my knowledge and belief. I declare that the answers/declarations given above shall be the basis of the insurance contract between Bharti AXA Life Insurance Company Limited and myself. If the answers/declarations contained herein are untrue, the said insurance contract shall be treated as null and void											
 I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services Signature/Thumb impression of Life insured Policyholder 											
Place: _		Date D	DMMYYYYY								
		Vernacular Declaration									
Declar I herek as per	ration by Policyho by declare that the the information p	e contents in this form have been fully explained to me and I declare that whatever is stated herein									
Decla	ration by person fi	illing the form:									
I have	explained the con	ntents of this form to the Policyholder in language and I have correctly reco that the Policyholder has signed/affixed his/her thumb impression in my presence.	orded the answer provided								
	rant's Name:										
		First Name Middle Name Last Name									
Declar	rant's Address:										
Date o	of Birth:		Pin Code								
Declar	rant's Signature:	Date: D	M M X X Y Y								
*"The	person giving this	declaration can be any person other than Introducing Advisor or MOA or MOM"									
Bharti AXA Life Insurance Company Ltd. IRDAI Regd. No. 130 dated 14/07/2006 [Life Insurance Business] Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road											

Behind MCA Ground, Bandra East, Mumbai - 400051, Maharashtra. CIN No.: U66010MH2005PLC157108 | Toll free No.: 1800-102-4444 | Website: www.bhartiaxa.com | Comp-Nov-2024-7091

BEWARE OF SPURIOUS/FRAUD PHONE CALLS and FICTITIOUS/FRAUDULENT OFFERS!
IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are