Declaration of Good Health Form

Policy Details

Details of the Life Insured

Name:

Date of Birth: D D M M Y Y Y Y Policy Number: -

Gender: Male ☐ Female ☐ Transgender ☐

Current Residential Status:
Resident Indian ☐ Non-Resident Indian (NRI) ☐ Person of Indian Origin (PIO) ☐ Overseas Citizen of India (OCI) ☐ Foreign National ☐
Name of the Country of current residence: ____

Address:

City State Pincode

Contact Number: 0 Alternate Contact Number: 0

Email ID:

Are you a Politically Exposed person (PEP)*: Yes ☐ No ☐ If yes, please specify details_________________________________

Name of the Plan:

Are you a US Citizen or US tax resident? Yes ☐ No ☐ If yes, please provide Taxpayer Identification Number (TIN): ______________

Proposer Details

Name of the Proposer:

Date of Birth: D D M M Y Y Y Y Gender: Male ☐ Female ☐ Transgender ☐

Current Residential Status:
Resident Indian ☐ Non-Resident Indian (NRI) ☐ Person of Indian Origin (PIO) ☐ Overseas Citizen of India (OCI) ☐ Foreign National ☐
Name of the Country of current residence: ____

Address:

City State Pincode

Contact Number: 0 Alternate Contact Number: 0

Email ID:

Are you a Politically Exposed person (PEP)*: Yes ☐ No ☐ If yes, please specify details_________________________________

I hereby agree that the statements below shall form part of my proposal for insurance and I declare that such statements together with the said proposal and declaration shall be the basis of the Policy between Bharti AXA Life Insurance Company Limited “the Company” and life insured “myself”. All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc.

(*PEPs are Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important political party officials OR Family members /close associates who are related or have business relationships with PEPs)

Q. No.	Health details		Details of Life Insured please tick any one	Details of Proposer [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy] please tick any one
1	Are you currently in good health? If “NO”, please elaborate in “details” section on page 4 along with copies of all investigations done by you.		Yes ☐ No ☐	Yes ☐ No ☐
	Details of Life Insured	**Details of Proposer** [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy]		
2	Height: ______ feet and inches /__________Cm Weight: ____________Kgs	Height: ______ feet and inches /__________Cm Weight: ____________Kgs	-	-
3	Has there been any variation in your weight in last 6 months? If yes, please tick the right option weight gained☐ / weight lost☐ Please specify Kgs: __________________ Please specify the reason of change in the weight: ____________________________	Has there been any variation in your weight in last 6 months? If yes, please tick the right option weight gained☐ / weight lost☐ Please specify Kgs: __________________ Please specify the reason of change in the weight: ____________________________	Yes ☐ No ☐	Yes ☐ No ☐

Q. No.	Health details		Details of Life Insured please tick any one	Details of Proposer [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy] please tick any one
4	Do you smoke or consume tobacco more than 10 Cigarettes per day / 2 sachets per day in any form e.g. (paan, tobacco, gutka, Cigarettes, Cigar, Bidi) or have done so in the past twelve months? If yes, specify quantity consumed per day ______ For _____No. of years	Do you smoke or consume tobacco more than 10 Cigarettes per day / 2 sachets per day in any form e.g. (paan, tobacco, gutka, Cigarettes, Cigar, Bidi) or have done so in the past twelve months? If yes, specify quantity consumed per day ______ For _____No. of years	Yes ☐ No ☐	Yes ☐ No ☐
5	Do you consume more than 60 ml of Alcohol per day?		Yes ☐ No ☐	Yes ☐ No ☐
6	Have you in the past used or do you use any habit forming drugs or narcotics or received any drug abstinence treatment?		Yes ☐ No ☐	Yes ☐ No ☐
7	Do you have two or more members of your family [father/mother/brother(s)/sisters(s)] who have suffered from or are suffering from cancer, heart disease, kidney failure, stroke, diabetes, or any hereditary disease?		Yes ☐ No ☐	Yes ☐ No ☐
8	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 4 along with copies of all investigations done by you.		Yes ☐ No ☐	Yes ☐ No ☐
9	Have you consulted a doctor or specialist after the date of signing the proposal form? If "YES", please elaborate in "details" section on page 4 along with copies of all investigations done by you.		Yes ☐ No ☐	Yes ☐ No ☐
10	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……		Yes ☐ No ☐	Yes ☐ No ☐
	b) Heart disease……		Yes ☐ No ☐	Yes ☐ No ☐
	c) Diabetes or sugar in the urine……		Yes ☐ No ☐	Yes ☐ No ☐
	d) Any respiratory or lung disorder, e.g., asthma, bronchitis, tuberculosis, etc……		Yes ☐ No ☐	Yes ☐ No ☐
	e) Disease or disorder of kidneys, bladder or reproductive organs……		Yes ☐ No ☐	Yes ☐ No ☐
	f) Any disorder of the digestive system, gall bladder or liver……		Yes ☐ No ☐	Yes ☐ No ☐
	g) Any nervous disorder or mental condition, depression or psychiatric disorder……		Yes ☐ No ☐	Yes ☐ No ☐
	h) Paralysis, multiple sclerosis, epilepsy or stroke……		Yes ☐ No ☐	Yes ☐ No ☐
	i) Cancer, tumour, enlarged glands or enlarged lymph nodes……		Yes ☐ No ☐	Yes ☐ No ☐
	j) Anaemia, bleeding or blood disorders……		Yes ☐ No ☐	Yes ☐ No ☐
	k) Disorder or disease of muscles, bones, joints, limbs, spine, rheumatic arthritis or any other congenital diseases……		Yes ☐ No ☐	Yes ☐ No ☐
	l) Urine, kidney, bladder, reproductive organ or prostrate disorders……		Yes ☐ No ☐	Yes ☐ No ☐
	m) Thyroid problems including goitre, hyperthyroidism or thyroiditis……		Yes ☐ No ☐	Yes ☐ No ☐
	n) Deformity or disability……		Yes ☐ No ☐	Yes ☐ No ☐
	o) Counselling or treatment or testing in connection with AIDS/HIV/other STDs……		Yes ☐ No ☐	Yes ☐ No ☐
	p) Ear, eye, nose or throat disorder……		Yes ☐ No ☐	Yes ☐ No ☐
	q) Accident or injury. ……		Yes ☐ No ☐	Yes ☐ No ☐
11	Are you currently:			
	a) Taking any medication or prescription drugs not mentioned earlier ?		Yes ☐ No ☐	Yes ☐ No ☐
	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 4 along with copies of all investigations done by you.		Yes ☐ No ☐	Yes ☐ No ☐
12	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 4 along with copies of all investigations done by you.		Yes ☐ No ☐	Yes ☐ No ☐
13	Has any proposal or application for revival of Policy on your life made to the Company or any other life insurer ever been declined, postponed or accepted with an extra premium? If "YES", please provide details on page 4.		Yes ☐ No ☐	Yes ☐ No ☐
14	Have you travelled outside India in last one year or are you planning to travel outside India in next one year?		Yes ☐ No ☐	Yes ☐ No ☐

Details of Life Insured	Details of Proposer [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy]
If yes, please specify the details – i. Reason of travel abroad: Vacation☐ Business☐ Job purpose☐ Education☐ Others☐, if others, please specify ________________________________	If yes, please specify the details – i. Reason of travel abroad: Vacation☐ Business☐ Job purpose☐ Education☐ Others☐, if others, please specify ________________________________

Q. No.	Health details	Details of Life Insured please tick any one	Details of Proposer [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy] please tick any one
	Details of Life Insured ii. Duration of travel/stay in abroad: ____________ iii. Name of the Country: ____________ iv. Current Residential Status: Resident Indian☐ Non-Resident Indian (NRI)☐ Person of Indian Origin (PIO)☐ Overseas Citizen of India (OCI) ☐ Foreign National☐ **Details of Proposer** [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy] ii. Duration of travel/stay in abroad: ____________ iii. Name of the Country: ____________ iv. Current Residential Status: Resident Indian☐ Non-Resident Indian (NRI)☐ Person of Indian Origin (PIO)☐ Overseas Citizen of India (OCI) ☐ Foreign National☐	- - -	- - -
15	Details of Life Insured/Proposer providing comprehensive break-up of existing, Revival (pending) and simultaneously applied insurance cover from other company & with Bharti Axa to include Sum assured, cover type, annualised premium, Pay term and status of each policy i.e. whether Inforced, Surrendered, Withdrawn, Declined, Postponed or Sub-standard along with exact reason for Life Insured/Proposer. If "YES", please provide details on page 4 (Company name, product applied for with Sum Assured).	Yes ☐ No ☐	Yes ☐ No ☐
16	Since the date of signing of proposal, has there been any change in your occupation, financial position or annual income, vocation/hobbies? **Details of Life Insured** If yes, please specify the details – i. Annual Income: ____________/ NA ☐ ii. Occupation: ____________ / NA ☐ iii. Vocation/Hobbies: ____________ / NA ☐ iv. Education: Professional☐ Post Graduate☐ Graduate☐ Diploma ☐ 12th Pass☐ 10th Pass☐ Below 10th☐ illiterate☐ **Details of Proposer** [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy] If yes, please specify the details – i. Annual Income: ____________/ NA ☐ ii. Occupation: ____________ / NA ☐ iii. Vocation/Hobbies: ____________ / NA ☐ iv. Education: Professional☐ Post Graduate☐ Graduate☐ Diploma ☐ 12th Pass☐ 10th Pass☐ Below 10th☐ illiterate☐	Yes ☐ No ☐ - - - -	Yes ☐ No ☐ - - - -
	For Female Lives Only		
17	Do you OR have you ever had any disorder of the female organs (breasts, ovaries, uterus), or any abnormality related to pregnancy or confinement, e.g., Caesarean section or miscarriage, high blood pressure, gestational diabetes, etc.? If "YES", please elaborate in "details" section below, along with copies of all investigations done by you.	Yes ☐ No ☐	Yes ☐ No ☐
18	Are you pregnant now? If "YES", how many months? Months ☐☐	Yes ☐ No ☐	Yes ☐ No ☐
19	When was your last baby born?	D D M M	Y Y Y Y
20	Have you ever had abnormal PAP (papanicolaou test) smear test or CIN (cervical intraepithelial neoplasia)?	Yes ☐ No ☐	Yes ☐ No ☐
	COVID Details		
21	**Details of Life Insured** Were you ever hospitalised for Covid infection or its complications*? *Complications related to cardiovascular, renal/kidney, hepatic/ gastro intestinal, respiratory and cerebrovascular system If yes, please answer the below questions i,ii,iii i. Date of admission: ____________ Date of discharge after recovery: ____________ ii. Did you require ICU (Intensive Care Unit) admission and care? If yes, please provide details ____________ **Details of Proposer** [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy] Were you ever hospitalised for Covid infection or its complications*? *Complications related to cardiovascular, renal/kidney, hepatic/ gastro intestinal, respiratory and cerebrovascular system If yes, please answer the below questions i,ii,iii i. Date of admission: ____________ Date of discharge after recovery: ____________ ii. Did you require ICU (Intensive Care Unit) admission and care? If yes, please provide details ____________	Yes ☐ No ☐ - Yes ☐ No ☐	Yes ☐ No ☐ - Yes ☐ No ☐

Q. No.	Health details		Details of Life Insured please tick any one	Details of Proposer [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy] please tick any one
	Details of Life Insured	**Details of Proposer** [details to be provided in case Premium Waiver Rider (PWR) is opted-in for the policy]		
22	iii. Did you suffer from prolonged complications lasting more than 4 weeks? If yes, please specify: ______________________________	iii. Did you suffer from prolonged complications lasting more than 4 weeks? If yes, please specify: ______________________________	Yes ☐ No ☐	Yes ☐ No ☐
	Do you have any ongoing complications related to Covid Infection? If yes, please specify:__________________________	Do you have any ongoing complications related to Covid Infection? If yes, please specify:__________________________	Yes ☐ No ☐	Yes ☐ No ☐

Additional Information

23	Any other information material for the evaluation of risk, kindly provide details -

If any of the above questions have been answered as "Yes", kindly provide details (Please mention question number while providing details).

Q.No.	Details

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 agree and undertake that a) if there is any material change in my circumstances, including but not limited to, changes in my/insured's health, employment, financial circumstances or being charged with a criminal offence, prior to the acceptance of the Company of this application for insurance, I will immediately notify the Company of such change in writing, and b) the Company will take into account any such change in circumstances in deciding whether to reject or accept this application, and c) failure to notify the Company in this manner shall, at the Company's discretion, render this policy void and no benefit shall be payable under this policy.
- 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

Date: | D | D | M | M | Y | Y | Y | Y |　　Place:____

Signature/Thumb impression of Life Insured_________________________ **Signature/Thumb impression of Proposer** _________________________

Vernacular Declaration

DECLARATION IN CASE THIS DGH FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER OR SIGNED IN VERNACULAR LANGUAGE:

Declaration by Proposer: I hereby declare that the contents in this form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb impression/Signature of the Proposer____

Declaration by person filling the form:

I have explained the contents of this form to the Proposer in ___________________ language and I have correctly recorded the answer provided to me. I further declare that the Proposer has signed/affixed his/her thumb impression in my presence.

Declarant's Name: ______________________________

Declarant's Address: ______________________________

City ____________ State ____________ Pincode ____________

Date: | D | D | M | M | Y | Y | Y | Y | Place:_________________ Declarant's Signature:_________________________________

Note: The person giving this declaration can be any person other than Introducing Advisor or Manager of Agency (MOA) or Manager of Manager (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-July-2023-6054

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