



For Office use only:
Date of Receipt:
Inward No.:

PERSONAL STATEMENT REGARDING HEALTH
(FOR MINORS UNDER CDA PLAN)

For a policy on another life under C.D.A. Plan with deferment period 10 years or more on the date of proposal or revival of policy

Divl. Office:	Branch Office:	Prop./Policy No	Agent's Name	Agent's Code No.
1. Full name of the Proposer (IN BLOCK LETTERS)				
Full Address	Address1			
	Address2			
	Address3			
Email Address			Phone/Mobile No	
2. Full name of the Life Assured/Life to be Assured (IN BLOCK LETTERS)				
Occupation		Name of Employer	Length of Service with him	
3. Is this application for		If the answer is 'YES' please give the Proposal Number or the Policy Number		
(a) Issue of a new Policy?			Proposal No :	
(b) Revival of lapsed Policy?			Policy No :	
4. Since the date of your above mentioned Proposal/ since the date of proposal for the above mentioned policy :			Answer 'Yes' or 'No'	If 'Yes' give details of ailment, date and duration, doctors consulted
(a) Has he/she suffered from any illness/disease requiring treatment for a week or more?			a)	
(b) Did he/she have any operation, accident or injury?			b)	

(c) Did she undergo ECG, X-Ray, Screening, Blood, Urine Examination ?	c)	
5(a). Has a proposal or an application for revival of a policy on his/her 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(i) Withdrawn or dropped?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:		
5. (b) Is any proposal or any application for revival of a lapsed policy on his/her life under consideration of this or any other Office of the Corporation?	Yes/No.	
If answer is 'Yes' give the following details:	(i) Proposal No.	
	(ii) Policy No.	
6. Is he/she now in sound health?		
7. Is he/she a student? If so in which Standard?.		

DECLARATION BY THE PROPOSER

<p>I, (Name of Proposer) _____</p> <p>do hereby declare that the foregoing statements and answers are true in every particular, and agree and declare that these statements and this declaration along with my Proposal for Insurance shall be the basis of the contract of *assurance/ 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.</p> <p>(* Delete words not applicable)</p> <p>** And I further declare that if between the date of this declaration and the date of revival of the policy (i) any change in the occupation of the life assured or any adverse circumstances connected with the financial position or general health of the life assured or that of any member of his family occurs or (ii) a Proposal for assurance or an application for revival of a policy on the life of the life assured made to any Office of the Corporation has been withdrawn or dropped, deferred or declined or accepted with 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 acceptance . Any omission on my part to do</p>

so shall render this Assurance invalid and all moneys which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

(Not Applicable in case of an application for issue of a new policy.)**

Dated at _____ on the _____ day of _____ 20

Signature of Witness

Name

Occupation & Address

Signature or thumb impression of the Proposer.

If in this form, the answers to the questions and/or signature of the Proposer are given in vernacular, then the Proposer should declare in his 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 Proposer.

Signature

In case, the Proposer is Illiterate:

(2) The thumb impression of the Proposer 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:

Name & Address of the Declarant

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

Signature