

DECLARATION OF GOOD HEALTH

Annexure I

(To be filled by LIC in -service employees/retired employees opting for inclusion under Group Mediclaim Policy as one time option in policy year 2011-12)

1. Name of the Employee _____
2. SR No. _____
3. Name of Office /
Pension disbursing office _____
4. DETAILS OF PERSONS TO BE INSURED:

Sr. No.	Name of the persons	Date of Birth	Age	Sex (M/F)	Relation with the proposer	Sum Insured selected (Rs.)	History of (Please Tick)	
							Diabetes	Hypertension
1								
2								
3								
4								
5								
6								

5. MEDICAL HISTORY: Please give full details in respect of all the persons to be insured.

Are all the members proposed for insurance in good health and free from physical and mental disease or infirmity? If any, give details of the illnesses/diseases for each member. *Select illness/conditions from the table given below:*

Sr. No.	Name of the Person	Nature of illness/pre-existing diseases (*)

***Table for selecting Pre-existing Disease**

Ischaemic Heart Disease	Hypertension	Diabetes Mellitus
Spinal or Vertebral Disorders	Cataract	Breathing Disorders
Uterine Bleeding	Arthritis and Joint disorders	Gastritis and Duodenitis
Kidney disorders	Headache Syndromes	Hernia
Stroke and T.I.A.	Thyroid and Other Hormonal Disorders	E.N.T. Disorders
Cholelithiasis	Any Malignancy	Hemorrhoids
Enlargement of Prostate (BPH, enlargement of prostate)	Any Other (Please specify)	

6. Has any of the person proposed for insurance has suffered from any illness/disease or had an accident in the past 2 years? If so, give details as under:

Name of the person	Nature of illness/disease /injury & treatment received	Date on which the first treatment was taken	First treatment completed/ is continuing	Name of attending medical practitioner /surgeon with his address & tel. Nos.

I declare that the above information/statement in respect of myself and my family members are true & complete.

Signature: _____

Date: _____

Place: _____