F. NO. 680
(Rev.2022)

Date of Receipt _____

Inward No. _____

PERSONAL STATEMENT REGARDING HEALTH

(Revival of Lapsed Policies on both Medical & Non-Medical basis)

Agent's Name : **Agent's Code:**

Division Office:	**Branch office:**	**Policy No**		
1. Full name of the Life Assured Mr./Mrs./Ms./Mx.				
2. Gender:		Male	Female	Transgender
Full Address	Address1			
	Address2			
	Address3			
Email Address		Phone / Mobile No._____		
Present Occupation				
Name of Employer		Length of Service with employer	.....years	
3. **Personal History:**		Answer 'Yes' or 'No'	If 'Yes" please give full details	
(a) During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?				
(b) Have you ever been admitted to any hospital or nursing home for general check- up, observation, treatment or operation?				
(c) Have you remained absent from place of work on grounds of health during the last 5 years?				
(d) Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs , Kidney, Brain or Nervous System?				
(e) Are you suffering from or have ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease?				
(f) Did you ever have any bodily defect or deformity?				
(g) Did you ever have any accident or injury?				
(h) Have you ever required or at present availing/undergoing medical advice, treatment or tests in connection with hepatitis B or AIDS related condition.				
(i) Do you use or have you ever used-		Yes /No	if yes, please specify quantity and duration of consumption	
Alcoholic drinks				
Narcotics				
Any other drugs				
Tobacco in any form				
(j) What has been your usual state of health?		Good / Not Good		
(k) Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of the Corporation or to any other Insurer? If yes give details.		YES/NO	If YES ,give details 1.Policy /Proposal No. 2.Branch 3.Year	
(l) Has a proposal (or an application for revival of a policy) on your life made to any office of the Corporation or to any other Insurer ever been:-		YES/NO	If YES, give details 1.Policy /Proposal No. 2.Branch 3.Year	
(i) Withdrawn or Dropped?				
(ii) Accepted with an extra premium or lien?				
(iii) Deferred or declined?				
(iv) Accepted on terms otherwise than those proposed?				
4. In non-medical cases, please state exact height in cms and weight in kgs (Without shoes)		Height (Cms)	Weight (kgs)	

5. Please give details of your insurance policies under proposal/revival from LIC as well as from other insurers:

Name of the Divisional Office/Unit Branch Office	Policy No	Plan & Term	Sum Assured	Status of Policy / Last Premium Paid on

For Female Proponents only:			
Are you pregnant now?		Date of last Delivery (yyyy-mm-dd):	
Have you had any abortion or miscarriage or caesarian section? if so give details			
Have you ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)			

DECLARATION BY THE LIFE ASSURED

I _____ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act,1938 as amended from time to time.

Not-withstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance, financial etc. on the grounds of privacy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation, and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and/or claim settlement. And I further agree that if after the date of submission of the health declaration but before revival any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other then as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

Dated at …… on the ……day of 20

Signature of Witness …… Signature or Thumb Impression of the Life Assured.

Address and Contact Number ……..

In case the proposer is illiterate his/her thumb impression 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.

I hereby declare that I have fully explained the above questions and contents of this form to the proposer in …… language and that the proposer has affixed the thumb impression above after fully understanding the contents thereof .

Name and Address of the Declarant :

……

……

SIGNATURE