



5. If answer to the question No.3 or 4 is 'Yes', please give the following details:

Nature of Ailment / test: \_\_\_\_\_  
 Date of diagnosis / test: \_\_\_\_\_  
 Period of Treatment / findings: \_\_\_\_\_  
 Name of the Doctor / Hospital: \_\_\_\_\_  
 Period of Leave & Dates: \_\_\_\_\_  
 Reason for availing leave(ailment, disease, injury): \_\_\_\_\_

6. Does the Life Assured consume / has consumed any of the following?

Substance Consumed	YES	NO	Consumed as	Quantity / Day	For No. of Years
Tobacco			Cigar/Cigarette/Beedi/Gutkha		
Alcohol			Beer/Wine/Hard Liquor		
Any Narcotic					

7. Has the Life Assured changed his/her occupation/ residence/ avocation from the date of Policy Issuance/ last revival?

YES  NO

If yes, is the occupation (e.g. chemical factory, mines, explosives, radiation, corrosive chemicals, etc.)/ avocation (e.g. aviation, other than as a fare paying passenger, diving, mountaineering, any form of racing, etc.) associated with any specific hazard/ risk. Please give details: \_\_\_\_\_

8. What is the status of other proposal/ revival application (if any), for an insurance policy (ies) on the life of the Life Assured with ICICI Prudential or any other insurance company, after the date of proposal of this policy/ last revival?

Policy or Proposal No.	Company Name	Year of Issue/ application	Medical Policy		Annual Premium (Rs.)	Basic Sum Assured (Rs.)	Basic Plan - decision (Std./ With Extra/ Postponed/ Declined/ Not Completed)	Mention names of Riders and decision (Std./ With Extra/ Postponed/ Declined/ Not Completed)	In Force/ Lapsed (Mention year of Lapse/ Revival Applied For)
			Yes	No					

\* Please attach a separate sheet in case the space is inadequate

## DECLARATION AND AUTHORISATION

I/We declare that I/We have fully understood the questions in the form and the importance of disclosing all material information while answering such questions. I/We further declare that the answers given by me/us to all the questions in the form and the information given to the Medical Examiner of the Company as to the state of health and habits of the Life Assured are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I/We have made no statement to the Insurance Advisor, Medical Examiner, or any other person associated with Bharti AXA Life Insurance Company Limited which in any way modifies the answers and statements in this form. I/We undertake to notify the Company of any change in the state of health of the Life Assured or as to his occupation subsequent to the signing of this form and before the acceptance of the risk by the company for revival/ Addition of Rider/ increase in Life/ Health Sum Assured

I/We hereby authorize Bharti AXA Life Insurance Co Ltd to conduct screening/ confirmation/ reconfirmation of overall status of the Life Assured including the health status through medical examinations which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I/We hereby give my/our consent to undergo HIV 1/2 test by ELISA method. I am/ We are aware that this test is only for screening purpose and not confirmatory for HIV-AIDS. I/We understood that the Company reserves the right to accept, decline or offer alternate terms on this application.

In order to enable the Company to assess the risk under this application and any time thereafter, I/ We hereby, authorize the past and present employers(s)/ business associates/ medical practitioner/ hospital and medical source/ any life and non-life insurance company/or organisation or Life Insurance Association's medical register to release to the Company and the Company to release to any medical source/ any life and non-life insurance company/or Life Insurance Association or medical register, such details and provide the records of employment/business or other details as may be considered relevant. Information about me/ us may be collected and used by Bharti AXA Life Insurance Co Ltd for the purpose of providing/ offering me/ us promotional material relating to any products and services. I/ We hereby agree that a waiting period as stated in the guidelines and applicable as per the product type, shall be applicable after revival of the policy. I/ We also understand that the terms and conditions including the premium and the benefits payable under the Policy are subject to variation in accordance with the applicable laws. This form shall be a part of my/ our Life/ Health insurance policy contract.

\_\_\_\_\_

Signature/ thumb impression of the Life Assured

\_\_\_\_\_

Signature/ thumb impression of the Policyholder  
(if different from the Life Assured)

Date:

Place: \_\_\_\_\_

## DECLARATION

Applicable when the Policyholder is illiterate or suffering from disability due to which his/ her capacity for writing is restricted or where the Policyholder has signed in a vernacular language. Note: The statement below must be witnessed by someone other than the advisor/ employee of the Company.

I/ We verify that the contents of the this form have been read over and clearly explained to me/ us and I/We have fully understood them. I/We further certify that the replies in this form have been recorded as per the information provided by me/ us.

Full name of witness/ person filling the form \_\_\_\_\_ (Relation with Policyholder) \_\_\_\_\_

\_\_\_\_\_

Signature of Witness/ person filling the form

\_\_\_\_\_

Signature/ thumb impression of the Life Assured/  
Policyholder signing in a vernacular language)

Date:

Place: \_\_\_\_\_