

DECLARATION OF GOOD HEALTH

Policy No.

Name of the Life Assured:

Date of birth:

(If the answer to any of the questions is YES, please give details in the space alongside)

Occupation:

Age: _____

Gender: Male/Female

1) Since the date of issuance of policy:

(If the answer to any of the questions is YES, please give details in the space alongside)

a) Have you suffered from any illness/ disease requiring treatment for a week or more?

Yes/No

If Yes, please submit reports with tracings, if any.

b) Did you ever have any operation, accident or injury?

Yes/No

If Yes, please submit reports with tracings, if any.

c) Did you undergo ECG, X-ray, screening, blood, urine or stool examination?

Yes/No

If Yes, please submit reports with tracings, if any.

2) Has any proposal for insurance / application for revival of a policy on your life been declined / postponed / withdrawn or accepted with extra premium or any restrictive clause or on terms other than proposal?

Yes/No

3) Has there been a substantial weight loss / gain during the last three years. If yes, give New Weight _____ and reason for variation.

Yes/No

4) Are you at present in sound health?

Yes/No

If No, then please provide details

5) Since issuance of your policy have you taken up an occupation involving special hazard. *If Yes give details.*

Yes/No

6) Current country of residence.

(Attach NRI questionnaire for all NRI cases)

7) For Females only:

Since the date of your applying for Life insurance with SBIL:

a) Have you had any miscarriages?

Yes/No

b) Are you pregnant now?

Yes/No

I declare that the above answers to the best of my knowledge are true and that I have not withheld any information that may influence the decision of revival of my policy. I agree that the above information will constitute part of my contract for life assurance.

Signature of Witness

Name of Witness : _____

Address : _____

Place: _____

Date: _____

Signature of the Life Assured

Signature of the policy Holder

(In case of Minor Life Assured)

Date: _____

Declaration to be given when the signature of the Policyholder is in a vernacular language or has affixed thumb impression :

I hereby declare that I have explained the contents of this form to the policy holder in _____ Language, that I have truly and correctly recorded the answers given by the Policy holder and that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof.

Please Find enclosed Cheque/DD for Rs. _____ bearing No _____ drawn on _____ Bank.

I request you to revive the policy.

Signature of the person making the declaration

Name & Address: _____

Date : _____