

Questionnaire for Addition of Accidental Benefit / Total Permanent Disability	Rider
Policy No:	
Name of the Life Assured:	
(If the answer to any of the following questions is YES, please give details in the space alongside)	
1] Since the date of issuance of policy:	
a) Have you undergone or recommended to undergo hospitalization Yes No operation or any investigation?	
b) Are you suffering from or have you have ever suffered from any ailment Yes No resulting from an accident?	
c) Do you have any physical / mental defect or deformity?	
2] Do you take part in any adventurous hobbies/activities that could be Yes No dangerous in any way such as aviation (other than as a fare paying passenger), mountaineering, diving, any form of race etc?	
3] a) Your current occupation	
b) Nature of duties -	
I hereby declare that the answers given above are to the best of my knowledge, true and that I have not withheld any material information influence the acceptance of addition of accident benefit / total permanent disability rider. I agree that the above information will constitute part of my contract for life assurance.	n that may
Signature of the Life Assured	
Place: Date: D D M M Y	YYY

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai - 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111 | CIN: L99999MH2000PLC129113. | Toll Free No. 1800 267 9090 (customer service timing: 24x7) | Visit: www.sbilife.co.in | E-mail: info@sbilife.co.in

Page 1 of 1 PS-28/Ver. 1.6 05-22