

Product Code **2** **C****Application No**

Product Name : SBI Life - Smart Women Advantage (UIN: 111N106V01)

Plan Option: APC &amp; CA Option

**ADDENDUM FOR ADDITIONAL PREGNANCY COMPLICATION & CONGENITAL ANOMALIES (APC&CA) OPTION**Registered & Corporate Office: Natraj, M. V. Road, & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. IRDAI Registration No. 111  
Toll Free: 1800 22 9090 (Between 9:00 AM & 9:00 PM) | Email: info@sbilife.co.in | Website: www.sbilife.co.in | CIN: L99999MH2000PLC129113

Name of Life Assured: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation: \_\_\_\_\_

NOTE: Medical questionnaire to be answered by the female life to be assured. Please tick (✓) the appropriate answer to all of the questions below.

No.	Questions	YES	NO
1.	Are you presently pregnant	YES	NO
	a) How many months	YES	NO
*2.	Did you have pregnancy / pregnancies in the past?	YES	NO
	a) Number of pregnancies		
3.	During previous pregnancies, did you develop or suffer from any complications	YES	NO
	a) Bleeding from various sites in the body	YES	NO
	b) Ectopic pregnancy	YES	NO
	c) Abortions/miscarriages	YES	NO
	d) Molar pregnancy	YES	NO
	e) Excessive bleeding following delivery	YES	NO
	f) Pregnancy induced hypertension(high BP)	YES	NO
	g) Pregnancy induced diabetes mellitus	YES	NO
	h) Pregnancy induced fits	YES	NO
	i) Swelling over Legs or entire body	YES	NO
	j) Any other condition not listed above	YES	NO
4.	Were you hospitalized during your pregnancy for any pregnancy related or other ailments? If yes, please provide the necessary evidence.	YES	NO
5.	If there is a history of giving birth to a child with Down's syndrome or having an abortion due to prenatal diagnosis of Down's syndrome?	YES	NO
6.	Has any of earlier children suffered from birth defect of Spine problem like Spina Bifida Aperta, birth defect of heart like Tetralogy of fallot, Atrial Septal Defect or Ventricular Septal Defect or Any other birth defects?	YES	NO
7.	Have you ever had an abortion or miscarriage or caesarean section? Please provide the relevant documents stating indication for abortion or miscarriage or caesarean section including discharge card and investigation (including but not limited to Sonography, Nuchal scan, Triple biomarkers, Amniocentesis report etc.)	YES	NO
8.	Have you ever had any disease of uterus, cervix, or ovaries?	YES	NO
9.	Have you ever been diagnosed of polycystic ovarian disease/syndrome?	YES	NO
10.	Are you on treatment for infertility?	YES	NO
11.	Do you or your spouse suffer from or have a family history of any congenital, genetic, hereditary or chromosomal abnormality?	YES	NO

**For any of the above question(s) ticked YES** please share the copy of discharge summary, Histopathology Examination Report (HPE report), consultation notes of doctor, all investigations reports ,medication details. Question with \* mark reports not required.

Question No.	Write here the details/ additional information for above questions Ticked YES by you.
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<b>Life assureds' Signature:</b>  <b>Date:</b>  <b>Place:</b>	<b>Witness Name &amp; Signature</b>  <b>Date:</b>  <b>Place:</b>
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