SBI Life INSURANCE
With Us, You're Sure

DECLARATION OF GOOD HEALTH

Policy No: | Gender: Male ☐ Female ☐

Name of Life Assured: | Occupation:

Date of Birth: D D M M Y Y Y Y | Age: | Contact no.:

Note: prefix STD code in case of landline number

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

1) Are you at present in sound health? ☐ Yes ☐ No
   If No, then please provide details.
2) Since the Date of Proposal of above mentioned policy:
   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 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.)
3) Has any proposal for insurance / application for revival of a policy on your life been declined / postponed / withdrawn or accepted with extra premium or any restrictive clause or on terms other than as proposed either by SBI Life or by any other Insurer. ☐ Yes ☐ No
   (If Yes, please provide details thereof)
4) Has there been a loss/gain in weight of 5 kgs or more during the last one year? ☐ Yes ☐ No
   If Yes, give reason for variation and your current weight.
   Current Weight:.....(kgs)
   Reason for Variation :_____
5) Since the Date of Proposal of the policy, have you taken up any hazardous occupation? ☐ Yes ☐ No
   (If Yes, give details)
6) Current country of residence._____ ☐ Yes ☐ No
   (Attach NRI questionnaire in case of NRI)
7) For Females Only: Since the date of your applying for Life Insurance with SBI Life:
   a) Have you had any miscarriages? (If Yes, please provide full details) ☐ Yes ☐ No
   b) Are you pregnant now? ☐ Yes ☐ No

I, hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true, accurate and complete in every manner and that I have not withheld or omitted to give any information. I have not provided any false information in reply to any question. I understand and agree that the statements in this Declaration of Good Health constitute warranties. I do hereby agree and declare that these statements and this Declarations shall be the basis for the Revival of the policy by SBI Life Insurance Co. Ltd., and that if there is any mis-statement or suppression of material information or if any untrue statement be contain therein the said revival and the entire contract of insurance shall be absolutely null and void and all monies which shall have been paid in respect thereof shall be forfeited to the Company.

Signature of Witness

Name of Witness:

Address:

Date: D D M M Y Y Y Y

Thumb impression/Signature of Life Assured/Policy Holder (In case of Minor Life Assured, Thumb impression/Signature of proposer is required)

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 and 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.

Date: D D M M Y Y Y Y

Name :

Address:

Signature of the Person making the Declaration

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Acknowledgement Slip

Toll Free No.: 1800 22 9090 (Between 9.00 am to 9.00 pm)
Visit: www.sbilife.co.in • E-mail: info@sbilife.co.in

Received a request for_____ against Policy No.:

on D D M M Y Y Y Y at_____am/pm.

Employee's Name & Sign: _____

Inward No.: _____

Branch Stamp / Seal