

### Request for Revival of Policy & Declaration of Good Health

Policy / Form Number										
Name of the Insured										
Date of Birth					Gender		Male <input type="radio"/>	Female <input type="radio"/>	Third Gender <input type="radio"/>	
Age (Years)		Occupation								
Residential Status		<input type="radio"/> Resident Indian	<input type="radio"/> NRI	<input type="radio"/> Person of Indian Origin (PIO)	<input type="radio"/> Foreign National					
Current Country of Residence :										
Mobile Number		+						Weight (in Kgs)		
Email ID								Height (in Cms)		
Bank Account No. (Policy Holder)										
IFS Code										
1)	Are you at present in GOOD health? If No, Please provide full details in the space below								<input type="radio"/> Yes	<input type="radio"/> No
2)	During the last one year, has there been any increase/decrease in your weight over 5 Kilograms. <i>If yes, please provide full details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No
3)	Since the Date of Proposal of this policy a. Have you suffered from any illness / disease requiring treatment for 3 or more days? <i>If yes, please provide full details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No
	b. Do you plan or have been advised to undergo any surgery or hospitalization or visit to doctor or practitioner for any physical, mental or emotional condition, injury, or sickness in near future. <i>If yes, please provide details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No
	c. In the last 5 year, apart from minor ailments like cough/cold etc, have you received any treatment under doctor's consultation and /or undergone any major surgery and/or been hospitalized and/or undergone major investigations like CT/MRI scan, Angiogram, Endoscopy, Biopsy etc? <i>If yes, please provide full details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No
4)	Do you suffer from or have ever suffered from: Raised Blood sugar, Diabetes mellitus, high blood pressure, Disease of heart, lung, kidney, Liver, thyroid, brain/nervous system, bone/joint/spine, Genitourinary tract, any part of the body or blood disorder, digestive disorder, Gynaecological disorder, Psychiatric disorder, HIV/AIDS and/or cancer/tumour of any part of the body. <i>If yes, please provide full details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No
5)	Has any of your proposals for life insurance, critical illness or health insurance, ever been denied, declined, rejected, postponed or accepted with extra premium due to health or lifestyle reason <i>If yes, please provide full details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No
6)	Are you exposed to any special hazard associated with your occupation (e.g. chemical factory, mines, explosives, corrosives, combative duties, oil exploration, high sea voyage etc.) which may render you susceptible to injuries or illnesses? <i>If Yes, please provide details in the occupation questionnaire and submit along with this declaration.</i>								<input type="radio"/> Yes	<input type="radio"/> No
7)	Are you a "Politically Exposed Person" (PEP) or a close relative of PEP?  PEPs are individuals who are or have been entrusted with prominent public functions, i.e. heads / ministers of central / state govt., senior politicians, senior govt, judicial or military officials, senior executives of govt. companies, important political party officials, immediate family member of above persons (would include spouse, parents, siblings, children, spouses parents or siblings and close associates of PEPs) <i>If yes, please provide full details in the space below. If No, in case of change in your PEP status in future, you shall inform SBI Life of such change</i>								<input type="radio"/> Yes	<input type="radio"/> No
8)	History of criminal proceedings, FIR or conviction. a. Has any FIR or Criminal Complaint ever been registered or lodged against you? <i>If yes, please provide full details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No
	b. Have there been any Criminal proceedings initiated against you either in the past or in the present? <i>If yes, please provide full details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No
	c. Do you have any history of conviction under any criminal proceedings in India or abroad? <i>If yes, please provide full details in the space below</i>								<input type="radio"/> Yes	<input type="radio"/> No

9)	Do you take part in or have you any intention of taking part in any hazardous sports, hobbies, activities or pursuits, for example mountaineering, Diving, racing or aviation other than as a fare paying passenger that could be dangerous in any way? If yes, please provide full details in the space below				<input type="radio"/> Yes	<input type="radio"/> No	
10)	(a) Do you consume any of the following?						
	Substance consumed	Yes/no	If YES, please give below details			Since When (Years)	
			Quantity				
	Tobacco (cigs, cigar, gutkha, etc)	<input type="radio"/> Yes	<input type="radio"/> No	____ Sticks/packets Per day			
	Alcohol	<input type="radio"/> Yes	<input type="radio"/> No	Kind of alcohol _____ i.e whisky, beer, etc			
				Quantity per week _____ ml			
	Any Narcotics	<input type="radio"/> Yes	<input type="radio"/> No	Type of Drug _____			
	(b). If you have quit any of the above in the last 1 year, please provide full details in the space below						
11)	<b>For Female Lives Only:</b>					<input type="radio"/> Yes	<input type="radio"/> No
	a. Are you presently pregnant? If Yes, which month of pregnancy: _____ month					<input type="radio"/> Yes	<input type="radio"/> No
	b. Have you ever suffered from or have undergone any investigations or treatment for any gynecological problems related to cervix, uterus, ovaries, breast, breast lump/cyst etc or undergone surgical procedure like hysterectomy. If yes, please provide full details in the space below					<input type="radio"/> Yes	<input type="radio"/> No
12)	Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis. And also details of subsequent tests.					<input type="radio"/> Yes	<input type="radio"/> No
	a. If yes, then whether you were hospitalized (if yes, please provide all hospitalization report and discharge summary)					<input type="radio"/> Yes	<input type="radio"/> No
	b. If yes, then whether you suffered Covid-19 related Complications? Please select relevant option.					<input type="radio"/> Yes	<input type="radio"/> No

**Please provide relevant details, clarifications and reports if any of question is answered as "Yes".**

**Space for providing details pertaining to the above questions. If required, please use an additional sheet of paper and attach**

Q No	Details for questions answered as Yes above or any other information as required

I hereby declare that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge. I understand that the information provided by me will form the basis for the revival of the insurance policy and that the statements in this declaration constitute warranties. If there is any mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as per the provisions of section 45 of the Insurance Act, 1938, as amended from time to time. For complete details of the section and the definition of 'date of policy', please refer to section 45 of the Insurance Act, 1938, as amended from time to time.

I understand that, the REVIVAL WILL NOT BE CONSIDERED UNTIL THE FULL PREMIUM INCLUDING TAXES AND LATE FEE, IF ANY, IS PAID BY ME. I agree that the amount held in policy deposit shall not earn any interest except as may be provided in the relevant regulations.

I understand and agree that risk cover and other benefits will not recommence until a written acceptance of this revival request is issued by the company and THAT THE BENEFITS UNDER THE POLICY shall be strictly as per the terms and conditions of the policy.

I understand that the insurance contract will be governed by the provisions of all the applicable Statutes, as amended from time to time.

I undertake to undergo all medical tests as may be required by the Company for the revival of the policy at my cost.

\_\_\_\_\_  
Signature of Witness

Name & Address of Witness

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

Place: \_\_\_\_\_ 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 read out and explained the contents of this form to the policyholder/member insured in \_\_\_\_\_ Language, truly and correctly recorded the answers and that the policyholder/member insured has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof and that if there is any misstatement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as per the provisions of Sec 45 of the Insurance Act 1938 as amended from time to time

Name & Address of Declarant: \_\_\_\_\_

Signature of Declarant