FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

GOOD HEALTH DECLARATION

(To be completed by Life Assured / Proposer)

Policy No.

Date: D D M M Y Y Y Y

1. INSURED IDENTIFICATION

1.1 Name of the Life Assured

1.2 Gender ☐ Male ☐ Female Date of Birth D D M M Y Y Y Y

1.3 Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed

1.4 Occupation ☐ Self Employed ☐ Employed ☐ Army ☐ Others

1.5 Name of Employer / Business Owned

1.6 Annual Income

1.7 Nature of Duties

1.8 Nationality ☐ Indian ☐ Non Resident Indian (NRI) ☐ PIO ☐ Foreign National

1.9 If Not Indian, State the Country of Residence

1.10 Email ID

1.11 Contact No. Mobile No.

2.1 Health Record of Life Assured

2.1.1 Height Cms Weight Kgs

2.1.2 In the past 6 months, has your body weight changed by more than 5 Kg? ☐ Yes ☐ No
If 'Yes', please state cause of a change in weight

2.1.3 Have you ever suffered from or have been diagnosed with any of the following conditions? ☐ Yes ☐ No
If 'Yes', please tick the relevant box below, attach a relevant questionnaire, and fill in the following details:

- ☐ Hypertension / High Blood Pressure
- ☐ Chest Pain / Heart Attack
- ☐ Any Other Heart Diseases/ Problems
- ☐ HIV Infection / AIDS
- ☐ Diabetes / High Blood Sugar
- ☐ High Cholesterol
- ☐ Anxiety Disorders Stress
- ☐ Disease of Reproductive Organs
- ☐ Kidney / Renal Problems
- ☐ Stroke / Paralysis
- ☐ Disorder of Any Glands (e.g. Thyroid)
- ☐ Musculoskeletal or Joint Disorders
- ☐ Digestive Disorders (e.g. ulcer, colitis)
- ☐ Skin Disorders
- ☐ Ailment / Injury
- ☐ Eyes / Ear / Nose / Throat disorders
- ☐ Cyst of Any Kind / Tumour Growth/Cancer
- ☐ Asthma / Tuberculosis or any other lung disorder
- ☐ Jaundice / Hepatitis B or C or Other Liver Problems
- ☐ Absence from work for more than 7 days
- ☐ Any Blood Disorder (e.g. Anemia / Thalassemia)
- ☐ Any Other Diseases / Conditions

Illness, Injury, or Tests	Date Commenced	Type of Treatment	Duration of Illness/ Injury	Date of Last Symptoms	Current Condition	Full Name and Address of Doctor or Hospital (if any)

In case of major sickness/operation, the special questionnaire, hospital, doctor's report has to be submitted.

2.2 General Questions

2.2. 1 Do you have intention to travel abroad? ☐ Yes ☐ No

2.2. 2 Has any proposal for insurance on your life ever being declined / postponed / accepted with modified terms? ☐ Yes ☐ No

2.2. 3 Are you a politically exposed person? ☐ Yes ☐ No

If Yes, please provide details

2.3 Life Style

2.3.1 Do you consume any alcoholic drink? If yes, indicate quantity consumed (Glass/Peg) per week ☐ Yes ☐ No

☐ Beer (Glass/Peg) ☐ Wine (Glass/Peg) ☐ Hard Liquor (Glass/Peg)

2.3.2 Do you smoke cigarette or consume tobacco in any form? If yes, indicate quantity consumed per day ☐ **Yes** ☐ **No**

☐ Cigarettes (nos.) ☐ Tobacco (mg)

2.3.3 Do you consume narcotics or any other drug not prescribed by a physician? ☐ Yes ☐ No

If 'Yes', Name Since when?

2.3.4 Do you engage or have you any prospect or intention of engaging in aviation other than as a passenger on a regular airline or any other hazardous occupation, sports, hobbies, or pursuits, e.g., Rock Climbing, Car Racing, Bungee Jumping, Para Gliding, etc.? ☐ Yes ☐ No

If 'Yes', fill relevant questionnaire

2.4 For Female Life Assured Only

2.4.1 Date of last delivery D D M M Y Y Y Y

2.4.2 If pregnant, enter approximation due date of delivery D D M M Y Y Y Y

2.5 Covid Questions

2.5.1 Were you ever hospitalised for Covid infection or its complications* or do you have any ongoing complications related to Covid Infection? ☐ Yes ☐ No

(*Complications related to cardiovascular, renal/kidney, hepatic/ gastrointestinal, respiratory and cerebrovascular system)

If yes, Please mention the Date of admission and Discharge after recovery

(I) Date of Admission D D M M Y Y Y Y

(ii) Discharge date after recover D D M M Y Y Y Y

2.5.2 Did you require ICU (Intensive Care Unit) admission and care? ☐ Yes ☐ No

2.5.3 Did you suffer from prolonged complications lasting more than 4 weeks ☐ Yes ☐ No

If yes, share details

3. AGREEMENT

I / We hereby declare and agree that the above disclosures along with the statements and the declaration made under the proposal will be the basis of the contract of assurance between me/us and Future Generali India Life Insurance Company Limited, if any statement is found to be untrue or inaccurate or if any fact that might influence the terms of acceptance of this proposal is not disclosed, the contract shall be treated as null and void and all premiums paid till such time the policy is declared void by the Company shall stand forfeited by the company.

Proposer's Signature Date D D M M Y Y Y Y Place

Life Assured's Signature Date D D M M Y Y Y Y Place

4. DECLARATION FOR POLICYHOLDER SIGNING IN VERNACULAR LANGUAGE / THUMB IMPRESSION

Name of Witness Contact No.

Witness Address

Signature of Witness

Date D D M M Y Y Y Y

Place

Signature / Thumbimpression of Policyholder

Date D D M M Y Y Y Y

Place

5. ACKNOWLEDGEMENT

This is to acknowledge the receipt of application for Revival of policy.

Policy No

CLS ID

Date D D M M Y Y Y Y

FG Stamp