



FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS

GOOD HEALTH DECLARATION

(To be completed by Life Assured / Proposer)

Policy Number

Date:

SECTION 1: INSURED IDENTIFICATION

Name of the Life Assured

Gender Male Female Date of Birth

Marital Status Married Single Divorced Widowed

Occupation Self Employed Employed Army Others

Name of Employer / Business Owned

Annual Income PAN No.

Briefly describe normal duties

Nationality Indian Non Resident Indian (NRI) PIO Foreign National
if not Indian, state the country of residence

Email ID

Contact No. Mobile

SECTION 2: HEALTH STATUS

Health Record of Life Assured

Height: Cms Weight: Kgs

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

Visible identification mark if any

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 the details below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hypertension / High Blood Pressure | <input type="checkbox"/> Chest Pain / Heart Attack | <input type="checkbox"/> Any other heart disease / problems |
| <input type="checkbox"/> HIV Infection / AIDS | <input type="checkbox"/> Diabetes / High Blood Sugar | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Anxiety Disorders/Stress | <input type="checkbox"/> Disease of reproductive organs | <input type="checkbox"/> Kidney / Renal Problems |
| <input type="checkbox"/> Stroke / Paralysis | <input type="checkbox"/> Disorder of any glands (e.g. Thyroid) | <input type="checkbox"/> Musculoskeletal or Joint disorders |
| <input type="checkbox"/> Digestive disorders (e.g. ulcer, colitis) | <input type="checkbox"/> Skin disorder | <input type="checkbox"/> Ailment / injury |
| <input type="checkbox"/> Eyes / Ear / Nose / Throat disorder | <input type="checkbox"/> Absence from work for more than 7 days | |
| <input type="checkbox"/> Asthma / Tuberculosis or an other lung disorder | <input type="checkbox"/> Jaundice / Hepatitis B or C or other liver problems | <input type="checkbox"/> Cyst of any kind / Tumour Growth/Cancer |
| <input type="checkbox"/> Any blood disorder (e.g. Anemia / Thalassemia) | <input type="checkbox"/> Any other <input type="text"/> | |

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.

General questions

- 1. Do you have intention to travel abroad. Yes No
- 2. Has any proposal for insurance on your life ever being declined / postponed / accepted with modified terms. Yes No
- 3. Are you a politically exposed person? Yes No
 If Yes, please provide details _____

Life Style

- i. 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)
- ii. Do you smoke cigarette or consume tobacco in any form? If yes, indicate quantity consumed per day Yes No
 Cigarettes _____ (no) Tobacco _____ (mg)
- iii. Do you consume narcotics or any other drug not prescribed by a physician? Yes No
 If yes, Name _____ Since when _____
- iv. 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, eg. Rock Climbing, Car Racing, Bungee Jumping, Para Gliding etc? Yes No
 If yes, fill relevant questionnaire _____

For Female Life Assured only

- i. Are you pregnant at present? Yes No
 If Yes, duration, in weeks _____
- ii. Date of last delivery
- iii. Any complications, miscarriage, or Caesarian section Yes No
 If yes, give details _____
- iv. Have you had or have any gynecological problem or been advised to have mammogram, biopsy or operation of the breasts, pelvis or any other gynecological tests? Yes No
 If yes, give details _____
- v. Maiden Name of Life to be Assured (if married) _____

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 Place _____

Life Assured's Signature _____ Date Place _____

DECLARATION FOR POLICYHOLDER SIGNING IN VERNACULAR LANGUAGE / THUMB IMPRESSION

Name of Witness _____ Contact no. _____
 Witness Address _____

Signature of Witness _____
 Date
 Place _____

Signature / Thumb impression of Policyholder
 Date
 Place _____

ACKNOWLEDGEMENT

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

Policy No

CLS ID

Date

FG Stamp
