FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

GOOD HEALTH DECLARATION

(To be completed by Life Assured / Proposer)

Policy Number | | | | | | | | | | | | | | | | Date: D D M M Y Y Y Y

SECTION 1: INSURED IDENTIFICATION

Name of the Life Assured

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

Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Occupation ☐ Self Employed ☐ Employed ☐ Army ☐ Others

Name of Employer / Business Owned

Annual Income

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:

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

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 D D M M Y Y Y Y

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 D D M M Y Y Y Y Place _____

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

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 / Thumb impression of Policyholder

Date D D M M Y Y Y Y

Place _____

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