EXIDE LIFE INSURANCE COMPANY LIMITED
Registered Office: 3rd Floor, JP Techno Park, No 3/1, Millers Road, Bengaluru – 560 001

Application Form cum Declaration of Good Health (LFQ)

Policy No: ……..………………

Group Policy Holder Name: **Agreement/ Loan Application No.**

Loan A/c No.

(USE BLOCK LETTERS)
Customer Name (First/Middle/Last)

Gender Male ☐ Female ☐ **Date of Birth** (DD/MM/YYYY)

Borrower ☐ ***Co-Borrowers** ☐ **Premium financed by Bank:** YES ☐ NO ☐

Period of Insurance (In Years) **Period Of Loan** (In Years) **Rate of Interest (%)** .

Loan Amount (Rs.) **Premium (Rs.)** **Sum Assured (Rs.)**

Designation & Exact nature of work/business: ………..

Full Name of Employer/Business: ………………………………………………………………………………………..……………………………………….

Communication Address
Landmark
City **State** **Pin Code**
Mobile No. **Landline No.**
Email ID

Nationality Indian ☐ NRI ☐ Others ☐ If others, please specify place of residence ____________________________

Have you applied for the same scheme earlier? If yes, please provide the Loan Application No.

To be answered by Life to be assured

1	**Height & Weight Information.** Height (in cms): Weight (in kgs):

2. Do you smoke cigarettes / bidis or consume any products using tobacco ☐Yes ☐No Please mention the quantity _________

3. Do you consume alcohol ☐Yes ☐No Please mention the quantity ________________________________

4.Have you ever been involved or planning to be involved in an occupation, sport or hobby of a dangerous or hazardous nature such as mining, diving, mountaineering, parachuting, private aviation, racing etc. ? ☐Yes ☐No, If 'Yes' Details ---

5. Are you suffering from or have you ever suffered from any accident, illness, disease or ailment which required ☐Yes ☐No hospitalization, nursing-care or surgery or which led to residual disability of any sort?

6. Have you ever suffered from or been diagnosed as suffering from or have you ever been treated for any of the following:

- High blood pressure, heart attack, any heart disease, chest pain or any other heart disease ☐Yes ☐No
- Diabetes or raised blood sugar or sugar in the urine ☐Yes ☐No
- Cancer or any tumour or lump or cyst of any kind ☐Yes ☐No
- Stroke, paralysis, transient ischemic attack or any cerebrovascular disease ☐Yes ☐No
- Liver disease (e.g. including Hepatitis B or C or a history of jaundice) ,gall bladder disease ☐Yes ☐No
- Kidney and urinary tract disease ☐Yes ☐No
- Blood disorders (including anaemia) ☐Yes ☐No
- Any digestive and bowel disorder, thyroid or any other endocrine disorder ☐Yes ☐No
- Any disorder of the bones, spine or muscle, arthritis or deformities or problem of stones in any organ in the body ☐Yes ☐No

- Sexually transmitted disease or HIV or AIDS Yes No
- Do you have any congenital /birth defects? Yes No
- Asthma or any other respiratory disease Yes No
- Mental or any neurological disease or disorder Yes No
- Any other medical condition not stated above Yes No

7. Have any of your applications, including applications for life, critical illness, health, accident or any other riders including simultaneous/renewals/revivals ever been declined, deferred, withdrawn or accepted at extra premium or reduced cover or offered any special terms or you ever received or do you now receive any disability or critical illness benefits by Exide Life Insurance company or any other insurance company in India or overseas?
 Yes No

8. Have you consulted any doctor for treatment or are under treatment or medication for any ailment other than common cough or cold or undergone any surgical operation at a hospital or clinic or undergone any investigations with other than normal or negative results (Including X rays, ECG, echocardiogram, angiography, MRI/CT scan, blood tests, biopsies etc.) or have you been absent from work due to any illness or injury for a continuous period of more than 7 days during the last five years or is any surgery planned or are you currently aware that you may need to seek medical advice in the near future ? Yes No

9. Have any of your parents or brother(s) or sister(s) died before age 60 or suffered/suffering from Diabetes, high blood pressure, hypertension, multiple sclerosis, Alzheimer disease, parkinson disease, cancer, heart disease, raised cholesterol, kidney failure or stroke or any hereditary diseases? Yes No

10. *Questions to be answered by female applicants only:*
Are you pregnant? Yes No If yes, please state how many months? -------------------------

11. Have you ever suffered from or been diagnosed as suffering from or have you ever been treated for any Pregnancy related complications or gynecological disorders Yes No

If you answered "YES" to any of the above questions, please give complete details (including dates, duration and treatment, names and addresses of physicians)

Declaration:

I hereby declare that I fully understand the meaning and scope of the health declaration form and the questions contained above and am submitting the completed health declaration of my own volition. I further agree and declare that the statements and declaration herein shall be the basis of the insurance cover being extended on my life and that I have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant. I have not withheld or suppressed any information or facts that may be relevant and material to enable the company to make on informed decision about the acceptability of the risk on my life. Should any statement/s be incomplete, false, wrong or inaccurate or misleading or should there be any omission/s or suppression on my part in disclosing the relevant information, the company shall have the right to cancel the insurance cover on my life, if issued and forfeit any payments received. I fully understand that the issuance of the policy shall be subject to my undergoing medical tests as per the company norms. I undertake to notify the company forthwith in writing, of any change in any of the statements made herein above subsequent to the signing of this health declaration form and prior to acceptance of risk by the company.

As per Sec 45 of the Insurance Act, 1938 I understand and agree that the answers and statements made on this Health Declaration are full, complete and true in every particular and will form the basis of the contract, which may arise. All material facts, being facts, which may influence the assessment of this risk, have been disclosed in this Health Declaration, it being understood by me that failure to make such disclosure renders the contract voidable. I consent to Exide Life Life Insurance Company seeking medical information from any doctor in respect of any matter relating to my physical or mental health and I authorise and consent to him/any hospital giving such information to Exide Life Life Insurance Company and/or to the claims administrator or medical advisors.

Signature or Thumb Impression of Life Assured: ________________________________ **Date:** _______________ **Place:** ____________________________

Name of Beneficiary:
Relationship with the Assured:

Vernacular Declaration (to be signed by Declarant only if the applicant has signed in any other language except English)
I hereby declare that I have fully explained the contents of Health Declaration Form to the life to be insured and I have truthfully recorded the answers given by the life to be insured.

Declarant's Signature: ________________________________ **Date:** ______________________

Name & Address