

**Annexure IV**

(To be attached with proposal form for a health insurance plan)

Name of the Member to be insured \_\_\_\_\_

Proposal Number \_\_\_\_\_

**A. DETAILS OF EXISTING HEALTH INSURANCE POLICIES (INCLUDING POLICIES SURRENDERED / LAPSED DURING LAST 3 YEARS):**

POLICY NO.	INSURANCE COMPANIES FROM WHERE THE PREVIOUS POLICY/ POLICIES HAVE BEEN PURCHASED WITH ADDRESS (IF PREVIOUS POLICIES ARE FROM LIC OF INDIA, GIVE NAME OF BRANCH/ D.O.)	TABLE AND TERM	SUM ASSURED	YEAR OF ISSUE	WHETHER ACCEPTED AS PROPOSED AT ORDINARY RATES. IF NOT, THE TERM OF ACCEPTANCE	WHETHER INFORCE FOR FULL SUM ASSURED	IF NOT, GIVE DUE DATE OF LAST PREMIUM PAID OR DATE OF SURRENDER

**B. Whether any policy (of life insurance or health insurance) taken by you has been accepted with modified terms or with extra premium? (Yes/ No) \_\_\_\_\_**

If the answer to the above question is 'YES', please give details hereunder:

POLICY NO.	INSURANCE COMPANIES FROM WHERE THE PREVIOUS POLICY/ POLICIES HAVE BEEN PURCHASED WITH ADDRESS (IF PREVIOUS POLICIES ARE FROM LIC OF INDIA, GIVEN NAME OF BRANCH/ D.O.)	TABLE AND TERM	SUM ASSURED	YEAR OF ISSUE	TERM OF ACCEPTANCE	WHETHER INFORCE FOR FULL SUM ASSURED	IF NOT, GIVE DUE DATE OF LAST PREMIUM PAID OR DATE OF SURRENDER

NOTE: The above information is required in respect of each of the member to be insured under this proposal.

\_\_\_\_\_

Signature of Principal Insured

\_\_\_\_\_

Signature of the other Member to be Insured,  
proposed for insurance by the PI