



Life Insurance Corporation of India
Chennai Division – I

Branch Code:
Proposal No.:

**ADDENDUM TO PROPOSAL FORM IN CASE OF
PAST HISTORY OF CEASAREAN SECTION OPERATION**

1. Full Name of the Life to be Assured : Age: yrs.
2. Name and Address of Family Physician :
.....
.....
3. Has the life to be assured in the past consulted a specialist for: If specialist has been consulted give his/her name, address:
.....

a) Heart ailment?	Yes/No
b) Hypertension?	Yes/No
c) Diabetes?	Yes/No

Date:

Signature of consulting/family physician.

Place:

Name: Qualification: Reg. No.

DECLARATION

I hereby authorise Dr. to give to L.I.C. of India any and all information she / he may have regarding my condition when under examination or observation and treatment by him / her including history obtained and diagnosis.

I hereby declare that the statements and answers to Questions given above in this report are true d complete and I do hereby agree and declare that these will form part of the proposal dated given by me to L.I.C. Of India.

Signature of the Life to be Assured.