

Life Insurance Corporation of India

Form No.680

CHENNAI DIVISION I

(Established by the Life Insurance Corporation Act. 1956)
PERSONAL STATEMENT REGARDING HEALTH

Date of receipt:
Inward No.:

(Revival of lapsed Policies on both Medical/Non-Medical basis)

Policy No.: Br Office: Agent's Name: Code No.:

1. Full Name of the Life Assured:

Full Address:

Occupation: Name of employer: Length of Service . . .

2. Since the date of your proposal for the above mentioned Policy: If Yes, give details of ailment such as nature of illness, date of onset, duration of illness, etc.

a) Have you ever suffered from any illness/disease Yes/No
Requiring treatment for a week or more?

b) Did you ever have any operation, accident or injury? Yes/No

c) Did you ever have undergone ECG, X-Ray, Yes/No
Screening, Blood, Urine or Stool examination?

3. a) Has a proposal or an application for revival of a policy on your life made to this or any other office of the Corporation or any insurer ever been:

- 1) Withdrawn or dropped? Yes/No
- 2) Accepted with an extra premium or lien? Yes/No
- 3) Deferred or declined? Yes/No
- 4) Accepted on terms otherwise than those proposed? Yes/No

If yes, give details

b) Is any proposal or an application for revival of a lapsed Policy on your life under consideration of this or any other office of the Corporation? Yes/No

If yes, : Proposal No. Policy No. Branch & Division

4. Are you at present in sound health?

5. For revival under Non-Medical Scheme: Your Height: Cms. Your Weight: Kgs.

6. State below details of all your Policies issued and or revived under any of the Non-medical Schemes:

Name of the Divl. Office/Br. Office	Policy Number	Sum Assured	Status of the Policy

7. Since the date of your proposal under above mentioned Policy (for Female Lives Only)

a) Have you been menstruating regularly? Yes/No

b) Have you had any miscarriage/s? Yes/No

c) Are you pregnant now? Yes/No

d) State the date of last menstruation? :

e) State the date of last delivery? :

DECLARATION

I, do hereby declare that the forgoing statements and answers are true in every particular, and agree and declare that these statements and this declaration along with my proposal for insurance shall be the basis of the contract of *assurance/ revival of the lapsed policy, between me and the Life Insurance Corporation Of India and that if any untrue averment be contained there in the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

**And I further declare that if between the date of this declaration and the date of revival of the policy (I) any change in the occupation of the life assured or any adverse circumstances concocted with the financial position or general health of the life assured or that of any member of his/her family occurs or (ii) a proposal for assurance or an application for revival of a policy on the life of the life assured with an increased premium or subject to a lien or on terms other than as proposed. I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance. Any omission on my part to do so shall render this assurance invalid and all moneys, which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

* Delete words not applicable

** Not applicable in case of application for new policy.

Dated at on the day of 200

Signature of witness:

Signature or thumb impression of the proposer.

Occupation & address:

1) If in this form the answers to the questions and/or signature of proposer are given in vernacular then the proposer should declare in his own handwriting above his own signature that all questions were explained to him and that his replies were given after fully and properly understanding the same. And this declaration should be made by the person filling in the form.

Name:
Address of the:
declarant:

I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by proposer

Signature:

2) In case the proposer is Illiterate the thumb impression of the proposer should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him:

Name:
Address of the declarant

I hereby declare that I have explained the contents of this form to the proposer in (language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Signature: