Declaration of Good Health (DGH) Form

Application/Policy no: | | | | | | | | |

Full Name of Life to be insured/ assured: _____

Height (cm): _____ Weight (Kgs): _____ Weight Gain or Loss by 5 kgs in the past year. Yes / No,

If yes (details): _____

Occupation: _____ Nationality: Indian ☐ NRI ☐ If Yes, Country of Residence _____

Contact Number: _____ Age: _____ Annual Income: _____ Marital Status: _____

Email Address: _____

Photograph

Please answer with 'YES' or 'NO' as applicable	YES	NO
1. Is there any policy which has been declined/postponed/Null & Void/agreed with special terms or a health claim admitted or rejected in any insurance company in India or abroad	☐	☐
2. Are you currently taking any medication or drugs, other than for minor conditions, (e.g. colds and flu), either prescribed or not prescribed by a doctor	☐	☐
3. Have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialized examination (including chest x-rays, gynaecological investigations, pap smear, CT Scan, 2D echo, MRI, Biopsy, USG or blood tests), consultation, hospitalization or surgery?	☐	☐
4. Have you ever suffered from, or do you now suffer from or been advised treatment for:		
a) Diseases of the circulatory system (e.g. heart trouble,rheumatic fever, high blood pressure, diseases of the arteries and veins etc)?	☐	☐
b) Diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia)?	☐	☐
c) Diseases of the Genito-urinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?	☐	☐
d) Diseases of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal, ulcer, hepatitis B or other disorders of the liver, disorders of the gall bladder)?	☐	☐
e) Diseases of the nervous system or mental disorders (e.g. epilepsy fits or fainting attacks, frequent headaches, nervous breakdown, strokes, paralysis)?	☐	☐
f) Diabetes, cancer or any diseases of the blood, glands, spleen, ears, eyes or skin?	☐	☐
g) Unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhoea, unexplained infections or swollen glands, HIV/AIDS or related complications?	☐	☐
h) Any Physical impairments or deformities?	☐	☐
i) Any other diseases or ailments not mentioned above?	☐	☐
5. Is any surgery planned or are you currently aware or have been advised, that you may need to seek medical advice within the near future?	☐	☐
6. Have you ever been or currently being investigated, chargesheeted, prosecuted or convicted or acquitted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? If Yes, give details	☐	☐
7. Whether the Life to be Insured/Proposer/Nominee(s)/Appointee(s) is/are Politically Exposed Person(s)*? If Yes, give details	☐	☐
8. Were you ever hospitalized for Covid-19 infection or its complication or do you have any ongoing complications related to Covid-19 Infection? If Yes, then whether you were hospitalized or its complication to Covid-19 Infection	☐	☐
If Any of the above questions are answered as Yes then provide detail		

Place: _____

Date: D D M M Y Y Y Y

Signature of Life to be Insured/Assured	Name of the Witness	Address of the Witness	Signature of the Witness

CIN: U66010MH2001PLC167089

Mktg/CS/DGH/Version 10/August 2023

I confirm that I am presently in Good health & hereby declare that the foregoing statements and answers are full complete and true. I agree that they shall be the basis of revival of my above contract of assurance and the Reliance Nippon Life Insurance Company shall not be liable for any claim on account of illness injury or death the cause of which was known prior to approval of my request for revival of the contract of assurance and withheld or concealed in the above statements. I authorize any physician nurse hospital official or employee to disclose to the Reliance Nippon Life Insurance Company any and all information regarding my medical history.

If signature is in vernacular, please complete the following declaration: I have explained the contents of this form to the life to be insured and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought in the form and I have read the responses back and confirmed that they are correct.

Name of the Declarant	Address of the Declarant	Signature of the Declarant

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 9 am to 6 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com 3. Email us at: rnlife.customerservice@relianceada.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS: IRDAI clarifies to public that: 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

Customer Acknowledgement

We acknowledge the receipt of Declaration of Good Health for your Reliance Nippon Life Insurance Policy No. | | | | | | | | |

on: D D M M Y Y Y Y Your Service Request Number is | | | | | | | | | |

Signature	Branch Stamp

Name of the CCE: | | F | I | R | S | T | | | | | | M | I | D | D | L | E | | | | | | | | | | | | | L | A | S | T | |

Kindly note that you can check the status of your Service request any time at https://customer reliancenipponlife.com/customer/ or call our toll free number 1800-102-1010 between 9 am to 6 pm, Monday to Saturday

CIN: U66010MH2001PLC167089

Mktg/CS/DGH/Version 10/August 2023