

## **Declaration of State of Health Form**

lame of Life to be i	nsured:			
Contract Number:_		Present Occupation:		
leight:	Weight:	Gain or Loss in past year:		
Personal Physician: Name and Address	;)			
Please answer with 'YES' or 'NO' as applicable			YES	NO
I. Are you now in good health and entirely free from any mental or physical impairments or deformities?				
2. Have you ever su	ffered or do you now s	suffer from:		
a) diseases of the ci arteries and vein		heart trouble, rheumatic fever, high blood pressure, diseases of the		
diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia)?				
) diseases of the genito-urinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?				
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)?				
diabetes, cancer, or any diseases of the blood, glands, spleen, ears, eyes or skin?				
g) unexplained nigh infections or swo		of weight, persistent fever, chronic or recurrent diarrhoea, unexplained		
n) any other disease	es or ailments not men	ntioned above?		
3. Have you had or been advised to undergo hospital treatment or surgery in the last one year?				
4. Have you had or been advised to have a blood test for AIDS or an AIDS-related condition or have you ever been refused as a blood donor in the last one year?				
	ed a physician for any od transfusions within	reason, including routine examinations and blood tests, or have you the last one year?		
	" to any of the above que ans) on the back of this for	stions, please give complete details (including dates, duration and treatment, name rm with your signature.)	es and	
6. Has any proposal for life assurance been declined or postponed or been accepted with an extra premium in the last one year?				
Reliance Nippon Life In: or revival of the contro	surance Company shall no act of assurance and withl	nd answers are full, complete and true. I agree that they shall be the basis of revival of rot be liable for any claim on account of illness, injury, or death, the cause of which was held or concealed in the above statements. I authorize any physician, nurse, hospitad all information regarding my medical history.	known prior to approval of i	my request
Place:	Date: DD MM YYYY Signature		nature of Life to be insure	ed
Name of	witness	Address of witness	Signature of Witness	
		following declaration: I have explained the contents of this form to the life to be insularitely recorded the responses to the information sought in the form and I have read t	red and endeavored to ensu	

Nippon Life Insurance Company Limited under license.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.