



Declaration of Good Health

Policy Number: _____

Name of the life assured: _____

Questions pertaining to the life Assured	Yes	No	Details
1. Are you at present in good health?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you physically handicapped or having any other deformity?	<input type="checkbox"/>	<input type="checkbox"/>	
3. When were you in a hospital last? For how many days? For what illness?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever suffered from any of the following: heart dysfunction, kidney dysfunction, high blood pressure, diabetes, cancer, liver dysfunction, blood abnormality or any other health ailment?	<input type="checkbox"/>	<input type="checkbox"/>	

Declaration: I hereby apply for revival of the above mentioned policy, which under its terms is now lapsed. As a basis for such revival, I hereby declare that each of the above representations and statements made or referred to is true and correct, and that I have fully stated all details of each answer after understanding the same. I understand that in case the company so desires, I may be required to submit further documents / undergo further medical tests, for the revival to be considered. I agree that if any of the statements, answers or declarations made herein are found to be untrue or if any material fact has been found to be suppressed, the Company shall be entitled to cancel the reinstatement of the Policy or repudiate the claim if any, arising out of such reinstatement and such reinstatement shall be treated as null and void and all the monies paid thereof shall stand forfeited to the company. I hereby agree that the company has every right to revive the policy on terms other than the existing terms of the contract or to reject the revival. I hereby agree that, if the Life Assured commits suicide for any reason, while sane or insane, within one year from the date of acceptance of revival of the lapsed policy, the liability of the Company shall be limited to the Surrender Value (or) fund value, if any, that has accrued on the policy. I further agree that any payment made or to be made in connection with this application shall be considered as deposit only and shall not bind the Company until this application is finally approved and communicated by the Company. If this application is not approved, I also agree to accept refund of the above deposit amount made in connection herewith, without interest.

Signature of the life assured _____

Signature of the proposer (if any) _____

Date: _____