

REQUEST FOR RIDER APPLICATION & QUESTIONNAIRE FORM

Details of Primary Life to be filled in Life Insured and Secondary Life to be filled in the Policyholders column where Primary Life & Secondary Life are 2 different individuals

Policy Number:	02026531			
Name of				
	Mr/Ms/Title	Surname	First Name	Middle Name
Life Insured	Mr. Gawade Gurudas			
Policy Holder (if different from life insured)				
Nationality	Life Insured Indian		Policy holder (if diff. from Life insured)	
2) Occupation Details - Life Insured / Proposer (please tick whichever is applicable):-				
a) Life Insured:	Professional			
b) Proposer:				
c) If Housewife, please specify source of income				
3) Education Details - Life Insured / Proposer (please tick whichever is applicable):-				
a) Life Insured:	PostGraduate			
b) Proposer:				
4) Name & Address of the Present Employer/Business:				
Life Insured:				
ABC ltd Powai, Andheri				
Policy holder (if diff. from Life insured):				
a) Designation:				
Assistant				
b) Nature of work:				
IT				
c) Annual Income:				

1000000

5) Rider Details:

Sr. No.	Rider Name	Rider Term	Rider PPT	Premium	Sum Assured
1	Critical Illness Rider		26 26	Rs 349.0	Rs 88700.0

6) To be answered compulsorily:

	Life Insured:		Policy holder (if diff. from Life insured):	
a) Is the occupation of the life insured/proposer associated with any specific hazards (which would render him/her susceptible to any injury or illness)?		No		
b) Do you have any history of conviction under any criminal proceedings in India or abroad?		No		
c) Are you a Politically Exposed Person ? (These are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt., Senior Politicians, Senior Govt. Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials and immediate family members of above persons)		No		

If the answer to any of the above questions is YES, kindly give details below:

if yes details

7) Personal Statement regarding health of Life Insured / Policyholder:

	Life Insured:		Policy holder (if diff. from Life insured):	
a) Height(cms)	180.34 cms			
b) Weight(kgs)	65 Kgs			
c) Any history of weight loss or weight gain in last 1 year ? <u>Any history of weight loss</u> <u>Details</u>		No		

8) Since the date of signing the original application, have you:

	Life Insured:		Policy holder (if diff. from Life insured):	
a) Consulted a Medical Practitioner for any ailment /injury requiring treatment for more than 7 days or remained absent from your place of work for more than 7 days, on health grounds or claimed against your health insurance policies?		No		

b) Undergone any cardiological / pathological or radiological tests?	No		
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9) Since the date of signing the original application, have you suffered from / are suffering from::	Life Insured:		Policy holder (if diff. from Life insured):	
a) High or low blood pressure, rheumatic fever, chest pain, myocardial infarction or any other disease or disorder of the heart or arteries?		No		
b) Jaundice, anaemia, piles, ulcers, hernia, hydrocele, goiter, diabetes mellitus or any other disease of the stomach, liver, spleen, gall bladder or pancreas?		No		
c) Asthma, bronchitis, pleurisy, tuberculosis or any other disease or disorder of lungs?		No		
d) Paralysis, epilepsy, fits or any kind of nervous breakdown or any other disease related to the brain or the nervous system or arthritic, skeletal or joint disorders?		No		
e) Any disease or disorder of ear, nose, eyes or throat, including defective sight or hearing or discharge from ears?		No		
f) Cancer, leprosy, rheumatism, gout, enlarged glands or tumors?		No		
g) Any disease or disorder of kidney, prostate, urinary system or reproductive system?		No		
h) Does the life insured have any physical defect / deformity illness /impairment / disability not mentioned above?		No		
i) Is the life insured or partner HIV positive or suffering from AIDS, hepatitis, gonorrhoea, syphilis or any other venereal disease? Has the life insured or partner ever been tested for HIV/hepatitis?		No		
j) Has the life insured ever had any accident requiring hospitalization or undergone any treatment or operation for any ailment not mentioned above?		No		
k) Is the life insured pregnant now or has the life insured had any abortion or miscarriage or caesarean section after the date of the proposal?				
(For female lives only)				

If the answer to any of the above questions contained in 8 and 9 above is YES, kindly give details below:

Sl no	Nature of ailment / disease / condition etc	Date of Diagnosis	Fully recovered / still under treatment	Name, Address and Phone No. of the treating doctor

10) Existing/Proposed Insurance Details:	Life Insured:		Policy holder (if diff. from Life insured):	
	a) Has any proposal on your life/ application for reinstatement been postponed, declined or accepted with extra premium or at modified terms by this company or any other insurance company?		No	
b) Are there any existing policies, applications for revival of lapsed Policy or fresh proposals on your life, under consideration of this Company or any other Insurer?		No		

Policy/Proposal no.	Sum Assured				Acceptance Terms (Standard/Rated up/ Deferred/Declined/ Under Consideration)	Inforce/Proposal/ Lapse (Mention year of lapse/ Revival applied for)
	On Death	ADB	PDB	CIB		

Usage of the following	Life Insured (Answer as 'Ye	Proposer (Answer as 'Ye	Average usage per day (past/ present)		Reasons for giving up (if applicable)	
			Life Insured	Proposer	Life Insured	Proposer
Alcohol	No					
Tobacco	No					
Any Narcotics	No					