



**भारतीय जीवन बीमा निगम**  
**Life Insurance Corporation of India**

F.No. 680  
Rev . 75

Date of Receipt \_\_\_\_\_

Inward No. \_\_\_\_\_

(Established by the Life Insurance Act, 1956)

**PERSONAL STATEMENT REGARDING HEALTH**  
(Revival of Lapsed Policies both Medical & Nonmedical basis)

Agent's Name \_\_\_\_\_

Mumbai Divisional Office :- \_\_\_\_\_ Branch Office \_\_\_\_\_ Policy No \_\_\_\_\_

1. Full name of the Life  
Assured \_\_\_\_\_

(IN BLOCK LETTERS)

Full Address \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_ Length of Service with  
him \_\_\_\_\_

2. Since the date of your proposal for the above mentioned Policy :-		
(a) Have you ever suffered from or are you suffering from :-	Answer 'Yes' or 'No'	If 'Yes' give details of ailment date & duration doctors consulted.
(i) Asthma, tuberculosis or any other disease of the lungs ?	(a)(i) _____	
(ii) High blood pressure or any disease of the heart?	(ii) _____	
(iii) Peptic ulcer or any disease of the stomach, liver or spleen.	(iii) _____	
(iv) Any disease of kidney, prostate, or urinary system?	(iv) _____	
(v) Diabetes, hernia, hydrocele, cancer or leprosy?	(v) _____	
(vi) Paralysis or epilepsy or any disease of the nervous system?	(vi) _____	
(vii) (a) Any other illness requiring treatment for more than a week ?	(vii)(a) _____	

(b) Did you ever have any operation, accident or injury?	(b) _____	
(c) Have you had a electrocardiogram, X-Ray or Screening, blood urine or stool examination?	(c) _____	
(d) What deaths or illness have there been in your family (parents, husband, wife, brothers, sisters or children) Give age at death and cause of death.	(d) _____	
(e) Do you use or have you used alcoholic drinks, narcotics or any other drugs? If so, what & the quantity consumed per day.	(e) _____	
(f) Has a proposal or an application for revival of a policy on your life made to this or any other Office of the Corporation of any Insurer ever been:	(f) _____	
(i) Withdrawn or dropped?	(i) _____	
(ii) Accepted with an extra premium or lien?	(ii) _____	
(iii) Deferred or declined?	(iii) _____	
(iv) Accepted on terms otherwise than those proposed?	(iv) _____	

If so, give details \_\_\_\_\_

3. 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?		If answer is `Yes' give the following details :-  (i) Proposal No. _____  (ii) Policy No. _____
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4. Are you at present in sound health?

\_\_\_\_\_

5. Have you paid any deposit or arrears of premium? If so, give following details :-

(i) Amount Rs. \_\_\_\_\_ (ii) Date \_\_\_\_\_ (iii) How paid \_\_\_\_\_

**N.B. :- For Revivals under non-medical scheme (Question Nos. 6 & 7)**

6. (I) State your height (without shoes) \_\_\_\_cms. (ii)Your weight (with thin clothes)\_\_\_\_kgs.

7. State below details of all your Policies issued and/or revived under any of the Non-medical scheme of the Corporation

Name of the Divl. Office /Branch	Policy No.	Sum Assured	Status of the Policy

8. For Females only:-

(a) Since the date of your proposal under above mentioned Policy.

(I) Have you been menstruating regularly?\_\_\_\_\_ (ii) Have you had any miscarriages?\_\_\_\_\_

(iii) Have you suffered or are you suffering from any disease of breast, ovaries or uterus?\_\_\_\_\_

(b) State the date of last menstruation\_\_\_\_\_ (c) State the date of last delivery\_\_\_\_\_

(c) Are you pregnant now?\_\_\_\_\_

**DECLARATION**

I \_\_\_\_\_do hereby declare that the foregoing statements and answers are true and complete in every particular, and agree and declare that these statements and this declaration alongwith my Proposal for Insurance under the lapsed Policy shall be the basis of contract of revival of the lapsed Policy between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall absolutely be null and void and all moneys which shall be 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 my occupation or any adverse circumstances connected with my financial position or the general health, of myself or that of any member of my family occurs (ii) a Proposal for assurance or any application for revival of a Policy on my life made to any Office of the Corporation is pending or has been withdrawn or dropped, deferred or declined or accepted at 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 Revival of the Policy. Any omission on my part to do so shall render the Revival absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_ 2000

Signature of Witness \_\_\_\_\_

Occupation & Address \_\_\_\_\_

\_\_\_\_\_  
Signature or Thumb Impression of the Life Assured

?? "If in this form the answer to the questions and/or signature of the Life Assured are given in vernacular then the Life Assured 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."

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1. This declarations should be made by the Person filling in the form

Address  
of the \_\_\_\_\_  
declarant \_\_\_\_\_

“I hereby declare that I have fully explained the above questions to the Life Assured and have truthfully recorded the answers given by the Life Assured.”

In case the life Assured is Illiterate :

\_\_\_\_\_  
Signature

The thumb impression of the Life Assured 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 :

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

Address  
of the \_\_\_\_\_  
declarant \_\_\_\_\_

\_\_\_\_\_  
Signature

Note : In case of dispute in respect of interpretation of terms the English version shall stand valid.

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