

Additional Declaration of Health
To be filled by self if life to be assured is aged 18yrs and above. In case of minor life to be assured, details to be filled by proposer

- Important Guidelines
1. Insurance is a contract of utmost good faith, requiring the Proposer and the Life to be assured to disclose all material facts. If there is any doubt as to whether any fact is material, it should be disclosed. Failure to do so may invalidate the contract based on this form.
 2. ALL INFORMATION TO BE FILLED IN CAPITAL LETTERS (BLACK INK)

Section 1: Personal Details of the Life to be Assured

1. Proposal no. _____
2. First name _____
 Middle Name _____
 Surname _____
3. Exact nature of occupation: _____
4. Country of Current Residence : _____
5. Date of entry to India during current visit: _____
6. Expected date of Leaving India after recent visit: _____
 (Above Q no. 5 & 6 applicable only for NRI, PIO and Mariners)

Section 2 : Personal Health Details of Life to be Assured

1. Height: _____ Ft _____ Inches OR _____ cm. Weight: _____ kg.
2. Have you experienced change in your weight of more than 5 kgs in the last 1 year? Yes No
- If yes please give detail _____
3. Please give the following details

Substance Consumed	Yes/No	If Yes, consumed as	Consumption Quantity Current <input type="checkbox"/> Past <input type="checkbox"/>	No. of years
Tobacco	____	Cigarette/Cigar/Gutkha/Others.	_____ No per day	____
Alcohol	____	Beer/Wine/Spirits	_____ (ml/week)	____
Any Narcotics	____			____

Section 3 : Particulars

Particulars	Yes	No
a) Do you have any physical disability/ deformity / congenital disorder?		
b) Have you ever been hospitalized for general checkup, observation, treatment or surgery?		
c) Did you have any or currently have any ailment/injury requiring treatment for more than a week or are you taking medication of any kind presently?		
d) Have you ever-availed more than 5 days continuous leaves on medical grounds in the last 2 years?		
e) In the last 5 years , have you ever had or been advised to have or are you likely within the next 30 days to have an X-ray / CT-Scan / MRI / Ultrasonography / ECG / Blood Test / any other investigatory or diagnostic tests / surgery for any ailment .		
f) Have you ever been or are you likely within the next 30 days to be tested for Hepatitis, HIV/AIDS or any other sexually transmitted disease		
g) Have you consulted a doctor / visited a clinic in the past 6 months. If yes, please provide the reason with details		

Particulars	Yes	No	Particulars	Yes	No
i. Any ailments relating to heart & circulatory system like high/ low blood pressure, chest pain , palpitation, rheumatic fever, heart murmur, heart attack, shortness of breath or any other heart disorder or stroke etc.			ii. Any ailments related to the brain & nervous system like epilepsy, stroke, multiple sclerosis, numbness, double vision, speech defect, depression , psychiatric disorders etc		
iii. Tumour, cancer, abnormal growth or any other malignancy			iv. Disorders of eye, ear, nose or throat		
v. Asthma, bronchitis, tuberculosis or any other respiratory disorders like difficulty in breathing, persistent cough etc.			vi. Ailment related to liver, gall bladder, stomach and digestive system like ulcer, colitis, stones, abdominal pain, persistent diarrhea etc.		
vii. Anaemia, disorders of blood			viii. Any gland related disorder like diabetes, thyroid etc.		
ix. Any kidney system or urinary bladder disorder like stones, nephritis, prostate disorders etc.			x. Musculoskeletal & joint disorders like gout, rheumatic arthritis, back disorders etc.		
xi. Any other illness not mentioned in i) to x)					

If the answer to any of the questions h(i-x) is yes, you may have to fill up the relevant questionnaires.
 If the answer to any of the questions (a) to (h) is yes, please give the following details.

Nature of Problem/illness	Date of Diagnosis	Fully recovered Yes/No	Still on treatment Yes/No	Name and address of Doctor/Hospital/Clinic

1. Please submit Previous Medical Reports (if any) as receipt of these reports helps us in faster and better assessment of the health of the life to be assured. Reports attached and submitted Yes No

Section 4: To be filled if the Life to be assured is a female

1. Are you pregnant at present? Yes No If yes, duration in weeks:
2. Have you ever had an abortion, miscarriage, medical termination of pregnancy or caesarian Section? Yes No
If yes, please give details (with date) _____
3. Have you ever suffered from or at present suffering from any gynecological related problems? Yes No
If yes, please provide details with medical reports with duly filled relevant medical questionnaire

Section 5: Declaration

This additional health declaration is being submitted by me to Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited ('the Company') to clarify inconsistency if any, in information provided in the proposal form and other documents/information originally provided by me/us, or in case of a time lag in submission/consideration of my proposal for insurance as there could have been changes to my personal health during such period which information is critical for the Company to underwrite the risk on my life. I/We do hereby acknowledge that the information provided herein supersedes information provided by me in respect of these areas in the proposal form and related documents and I have been explained the nature of questions and importance of disclosing all material information. I/We declare that the answers and statements made by me/us in this Additional Health Declaration are true as on the date of signing this declaration and have been made by me/us after understanding the questions and the said answers and statements are true, accurate and complete in every particular and that I/we have not withheld any information. I /We do hereby agree and declare that these statements and the answers and this declaration along with supporting documents thereto shall be the basis of this Contract of Assurance between the policyholder and the Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd, and that if any of the statements and answers and declarations made are found to be untrue, the said contract shall be absolutely null and void and all monies which have been paid in respect of the proposal or contract shall stand forfeited in favour of the Company (subject to section 45 of the Insurance Act,1938). The plan details and riders, if any, have been explained to me/us and I /we have opted for the same after understanding the same. I /We agree and declare that I /we will notify the Company in writing, any change occurring in the occupation, financial position or general health of the life to be assured or in any of the statements made in the proposal form and this Additional Declaration of Health subsequent to submission of the proposal and this declaration to the Company but before the commencement of risk of risk or issuance of policy, whichever is earlier. I/we also declare that I/we will notify the Company in writing, if any other proposal for Life Insurance with any company is submitted or any request for revival has been made withdrawn, declined or accepted with increased premium or lien or on terms other than proposed subsequent to submission of the proposal to the Company but before the commencement of risk or issuance of policy whichever is earlier. I /we also hereby agree that any failure on my/our part to notify the company of the above shall render the contract based on this proposal void and all premiums that have been paid in respect of the proposal shall stand forfeited in favour of the Company. I agree that the risk under the Policy will not commence till the Company accepts the Proposal, underwrites the risk and communicates to me the acceptance of the risk on my Proposal by issuing a policy. In case this form is completed by a person other than the proposer /life assured, I /we hereby declare that the contents of the form and document have been fully explained to me/us and I /we have fully understood the significance of the same on the proposed contract .For Unit Linked Insurance products, in case the birthday of the life to be assured falls while the proposal for the insurance is being processed, the Company shall be entitled to levy charges applicable to such increased age.

Date: / /
Place _____

Date: / /
Place _____

In case of Thumb Impression, Left Thumb Impression (LTI) for Males, and Right Thumb Impression (RTI) for Females

Section 6: Declaration for signing in Vernacular Language/ Thumb Impression/ Proposal Form is not filled in by the prospect

I _____ Son/ Daughter of _____, adult and residing at _____ do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of this Additional Declaration of Health and all other documents incidental to availing the insurance policy from Canara HSBC Oriental Bank Of Commerce Life Insurance Company to Mr./ Mrs./ Ms. _____ and he/she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Proposer/Life to be Assured and that the proposer/Life to be Assured has affixed the signature/thumb impression above after fully understanding the contents thereof.

Solemnly affirmed at _____ on this / / (dd/mm/yyyy)

(Signature of Witness)