AVIVA Version 1.2

Declaration of Good Health of the life to be insured (if applicable)

Policy number		Name of Life Insured	
Proposal number		Date of birth	___/___/___ Gender ☐ ☐ DD MM YY Male Female
Contact number		Name of Second Life Insured	
Email		Date of Birth Second Life Insured	___/___/___ Gender ☐ ☐ DD MM YY Male Female

Do you wish to change your current communication address? ☐ Yes ☐ No
If yes, please mention the current address below (TO BE FILLED IN CAPITAL LETTER ONLY).

SECTION A **** APPLICABLE FOR NNU/TEMPLATED PRODUCTS***

(***Product Code example:*** TSB, ELP, SPT, MBT, IBT, AWT, WPT, YST, ANT, ANG, ELI, LBG, LBI, CBG, EPI, PPG, TAS, TSA, TPG, SVG, NSG,SPI, SPG, NPI, NPG, NLG, NLI, REG, LPG, RBG, RSG, LFG, RPG, RTG, OPG,WTG, OPI, RBI, WTI,RPI, REI, JSG, ASG, CBI, EPG, PPI, TPI, APG, SPP, LLD, FLD, LSD, LBD, AEL, ASV, TGS, SCG, APE)

1. Since the date of the Proposal as mentioned above	First Life	
a) Are you in good health?	Yes ☐	No ☐
b) Have you ever had a heart condition, a stroke, hypertension, paralysis, cancer, diabetes, kidney failure, liver failure, mental illness, HIV infection or AIDS?	Yes ☐	No ☐
c) Do you currently have, or are you receiving treatment for any symptoms, medical conditions or disabilities?	Yes ☐	No ☐
d) Have you been absent from work due to illness or injury for a continuous period of more than 10 days during the last one year?	Yes ☐	No ☐
e) Have you undergone or been advised to undergo a medical examination/ medical tests or any investigations?	Yes ☐	No ☐
f) Has there been any change in your mode of habits (smoking, alcohol use) occupation or country of residence?	Yes ☐	No ☐
g) Has a proposal on your life or an application for revival of policy on your life made to this or any other insurer ever been withdrawn or dropped, deferred or declined, accepted with an extra premium or lien or terms other than those proposed?	Yes ☐	No ☐
For Female Lives only:		
i. Are you pregnant?	Yes ☐	No ☐
ii. Have you had, or do you have any complications of pregnancy at present or in the past?	Yes ☐	No ☐
iii. Have you had, or do you have any gynecological problem?" to the female lives questions	Yes ☐	No ☐

If answer to the above questions is 'Yes' except for Q1A, Please provide full details in box below and provide related documents "

SECTION B ****APPLICABLE ONLY FOR NUP/UNDERWRITING PRODUCTS***

(***Product Code example:*** LSP, LBF, ALL, LSS, AWP, AWN, AYS, LSG, LSI, LLG, LLI, CLG, CSG, TSL, TLS, YAG, LFB, LBP, FLG, RFG, TIB, RLG, WLG, WSG, RYG, WLI, WSI, RYI, CLI, CSI, YAI, LMG, ALB, ALP, ALN, ASP, LSV, LSU, TMB, AIB, ASS, AFL, ALS, ALM, TSP, TDV, AHP)

Since the date of the Proposal as mentioned above	First Life		Second Life	
A. Are you currently receiving any medical treatment or are you awaiting medical or surgical consultation, test or investigation? (You need not disclose matters relating to uncomplicated pregnancy, common colds, influenza, hay-fever or any minor ailment requiring a single consultation)	Yes ☐	No ☐	Yes ☐	No ☐
B. Have you ever had any medical or surgical treatment, including investigations, tests, scans or X-Ray for any of the following illnesses or medical conditions:	Yes ☐	No ☐	Yes ☐	No ☐
i. High blood pressure, angina, heart attack, stroke or any other disorder of heart or circulation?	Yes ☐	No ☐	Yes ☐	No ☐
ii. Any form of cancer, tumor or growth?	Yes ☐	No ☐	Yes ☐	No ☐
iii. Disorder of skin or lymph glands?	Yes ☐	No ☐	Yes ☐	No ☐
iv. Diabetes, kidney or liver problem?	Yes ☐	No ☐	Yes ☐	No ☐

v.	Colitis or any other stomach, bowel or bladder problem?	Yes ☐	No ☐	Yes ☐	No ☐
vi.	Multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness?	Yes ☐	No ☐	Yes ☐	No ☐
vii.	Mental or nervous illness (including depression) lasting for more than 3 months and/or requiring more than 10 consecutive days off work?	Yes ☐	No ☐	Yes ☐	No ☐
viii.	Asthma, bronchitis, pneumonia, TB or any other respiratory or lung disorder?	Yes ☐	No ☐	Yes ☐	No ☐
ix.	Ulcer, chronic diarrhoea, hepatitis or jaundice?	Yes ☐	No ☐	Yes ☐	No ☐
x.	Congenital disorder, anemia, bleeding or blood disorder?	Yes ☐	No ☐	Yes ☐	No ☐
xi.	Reproductive organ or prostrate disorder?	Yes ☐	No ☐	Yes ☐	No ☐
xii.	Arthritis, gout or joint pain, muscle, bone fracture or disorder?	Yes ☐	No ☐	Yes ☐	No ☐
xiii.	AIDS or AIDS related complex or test indicating presence of HIV?	Yes ☐	No ☐	Yes ☐	No ☐
xiv.	Any other illness, surgery or injury?	Yes ☐	No ☐	Yes ☐	No ☐
xv.	Do you have any bodily deformities?	Yes ☐	No ☐	Yes ☐	No ☐
xvi.	Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received? eg: persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.?	Yes ☐	No ☐	Yes ☐	No ☐
C. Has there been any death or illness in your immediate family (Parents, wife/husband, brothers, sisters or children?		Yes ☐	No ☐	Yes ☐	No ☐
D. Has a proposal on your life or an application for revival of policy on your life made to this or any other insurer ever been withdrawn or dropped, deferred or declined, accepted with an extra premium or lien or terms other than those proposed?		Yes ☐	No ☐	Yes ☐	No ☐
E. Has there been any change in your mode of life/habits and occupation?		Yes ☐	No ☐	Yes ☐	No ☐
F. Do you have inforced policies wherein the Sum Assured is greater than 25 lacs?		Yes ☐	No ☐	Yes ☐	No ☐
G. For Female Lives only:					
iii.	Are you pregnant?	Yes ☐	No ☐	Yes ☐	No ☐
iv.	Have you had, or do you have any complications of pregnancy at present or in the past?	Yes ☐	No ☐	Yes ☐	No ☐
v.	Have you had, or do you have any gynecological problem?	Yes ☐	No ☐	Yes ☐	No ☐

If answer to the any of the above questions is 'Yes', please provide full details below along with related Documents

I/We _____ do hereby declare that the above statements and answers are true in all particulars and agree & declare that these statements& declaration along with any proposal for insurance under the lapsed policy, shall be the contract of revival of the lapsed policy, between me and Aviva Life Insurance and that if any untrue avement be contain therein, the said contract shall be absolutely null and void and all money which shall have paid in respect thereof shall stand forfeited to Aviva Life Insurance.

_____

Date & Place

Signature of the Life Insured

Signature of the Joint Life insured

Signature of the proposer (If different from Life Assured)

Declaration by the person filling in the form (in case of signature in vernacular language, thumb impression and/or in case the proposal has not been filled in by the proposer).

Signature of declarant*

Date & Place

Name & address of declarant