



Aviva Life Insurance Company India Ltd

DECLARATION OF GOOD HEALTH FOR REINSTATEMENT OF THE POLICY

Policy Number		Name of life insured	
Proposal Number		Date of birth (DD-MM-YY)	
Contact number		Name of second life insured (If applicable)	
Email		Date of birth of second life insured (DD-MM-YY)	
Request Type (please tick below whichever is applicable)			
Reinstatement of policy (Fill Section-A only)		For Health/CI products Reinstatement & Rider/s (Fill Section A +B)	

Section A: MANDATORY SECTION FOR ALL Please provide following information: (If answer to any question is 'Yes', please provide details in the space provided below).	First Life		Second Life/ Life Insured	
	Yes	No	Yes	No
i. Any change in occupation or Do you plan to travel long or reside abroad (other than on a holiday for less than 3-4 weeks)? If yes, pls give details- Occupation details, Country Name, purpose and duration of stay.				
ii. Has any proposal/reinstatement for on your life or health ever been withdrawn, deferred or declined, offered with an extra premium or lien or modified by Aviva or any other Company? Give details below (Reason, company Name and Year)				
iii. Are you, proposer or your nominee Politically Exposed*whether currently or in the past? If yes, please provide details.				
iv. Has there ever been any criminal charges or proceedings pending against you currently or in the past and/or were you ever convicted in any criminal proceedings and/or are on bail/probation/ suspended/ sentenced?				
v. Have you ever been off work or observed restriction of your normal daily activities due to any illness or injury for a Continuous period of more than 5 days?				
vi. Have you ever been or since the time of proposal suffered, diagnosed with or investigated or awaiting investigations, surgery or received treatment, surgery or consulted any doctor for any disability or medical condition other than minor impairment such as common cold?				
vii. Have you in the past (2 years) or do you consume tobacco/nicotine products like cigarettes, Flavored pan masala, cigars, bidis, narcotics, etc.? If yes, please state the quantity and duration per day				
viii. Height and Weight Information				
Height	__ Ft __ Inch		__ Ft __ Inch	
	or		or	
	__ Mtr __ Cms		__ Mtr __ Cm	
Weight	__ Kg		__ Kg	
ix. Have you experienced any changes in weight of more than 5 kgs in the past 1 year? If yes, how many kgs.	Yes	No	Yes	No
	__ kgs/Reason __		__ kgs/Reason	
For Female lives only:	YES	NO	YES	NO
i. Are you pregnant? If yes, no. of weeks pregnant				
ii. Any complications of pregnancy at present or in past or have you ever suffered/are suffering from any disorders of, uterus, cervix, ovaries, breast, etc?				
Section B: Health Questions- TO BE FILLED For Health/CI products Reinstatement & Rider/s				
Have you ever been investigated, treated or diagnosed with any of the following conditions. (If answer to any question is 'Yes', please provide details in the space provided below):	First Life		Second Life/ Life Insured	
	Yes	No	Yes	No
i. High blood pressure, heaviness or pain or discomfort in chest, angina, heart attack, stroke or any other disorder of heart or blood circulation or heart surgery?				



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ii. Any form of cancer, tumor, lump or growth (Benign or malignant)?				
iii. Diabetes, high blood sugar or thyroid problem?				
iv. Liver disorders like Cirrhosis, hepatitis, jaundice; Disorders of the stomach, gall bladder or intestines, ulcer, gall stones, colitis, chronic diarrhea, indigestion?				
v. Kidney or urinary bladder, stones, prostate disorder or genitourinary disorder				
vi. Multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, paralysis, Mental or nervous illness (including depression)				
vii. Asthma, bronchitis, pneumonia, TB or any other respiratory or lung disorder?				
Viii. Birth disorders, Anemia, leukemia, disorder of lymph glands or other blood disorder?				
ix. Disorder of skin, back, muscle, joints, arthritis, gout, bodily deformity, amputation, bone fracture or any other disorder?				
x. Were you or your spouse ever diagnosed to have hepatitis B or C, HIV/AIDS or any other sexually transmitted disease?				
xi. Any other illness, surgery, injury, treatment pertaining to condition not listed above ? E.g. persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.				
xii. Have you undergone or have been advised to undergo any surgery or investigations in the last two years like ECG, Ultrasound(USG), color Doppler, chest x-ray, endoscopy, MRI scan, CT angiogram, 2D Echo, TMT, cytology, cardiac markers, PET scan, etc. excluding normal results of insurance medicals/regular/routine/executive health checkups and other than accidental reasons?				

Details:

Declaration: I/We do hereby agree & declare that the above statements and answers shall be the basis of the reinstatement of the lapsed policy and/or rider contract to be issued or revived between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant, and have not withheld any information that may be relevant to enable the Company to make an informed decision about the acceptability of the risk. I fully understand that the revival of my policy/issuance of the rider shall be subject to company underwriting the risk afresh, life to be Insured undergoing medical tests (whenever required), realization of applicable charges for revival and confirming the revival/issuance of rider details in writing to the policyholder. Further I fully understand that the company reserves the right to impose any extra premium as results of underwriting. I fully understand that the revival of my policy/issuance of the rider shall be subject to the sole discretion of the Company. I fully understand that the revival of a Lapsed Policy/issuance of rider is also subject to payment of revival fee/rider premium in favour of the Company. I am also aware that at the time of revival, the cost of medical examination and special tests, if any, will be borne by the Policyholder. Units, if any, shall be allocated at the reinstatement date. I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the declaration of good health form subsequent to the signing of this declaration of good health and prior to acceptance of risk and revival of the policy/issuance of the rider by the Company.

Date & Place

Signature of Life Insured

Signature of joint Life Insured

Signature of Proposer (if different from Life Insured)

In case of Policyholder is illiterate/Thumb impression/Understands language other than English: I hereby declare that I have explained the contents of this form to the Policyholder/Life Insured in _____ Language and that the Policyholder/Life Insured has affixed the thumb impression(s) above after fully understanding the contents.

Signature of the Declarant _____

Date: _____

* **Politically Exposed Persons (PEP)** Person (Individuals who are or have been entrusted with prominent public funds, for example heads/ministers of central/state government, senior politicians, senior government/judicial/military officers, senior executive of state owned corporations and important party officials & immediate family members of above persons spouse, children, parents, and siblings in laws.)