



Life Insurance Corporation of India,

(Personal Statement regarding health for **Minor Insured** under Health Plus policies-
to be completed by the Principal Insured)

Divisional Office _____ Branch Office _____ Policy Number _____

1	Full Name of the Principal Insured		
	Full Address		
1(a)	Name of the Insured member (minor)		
	Date of birth of the Insured member (minor)		
2	Since the date of the commencement of the health cover on the policy	Answer 'Yes' or 'No'	If 'yes', give details of ailment, date & duration, doctor consulted, etc.
	a) Is the insured(minor) currently taking any medication or drugs, either prescribed or not prescribed by a doctor, or has the insured(minor) suffered any illness, disorder, disability or injury which has required any form of medical or specialized examination, consultation, hospitalization or surgery?		
	b) Did the insured(minor) undergo any ECG, X-ray or screening, blood, Urine or stool examination?		
	c) Does the insured(minor) has any proposal for life, medical, health, accident, disability cover, critical illness or any other health related insurance that has been postponed, declined or accepted on special terms?		
	d) Is any proposal or an application for revival of a lapsed policy on the life of the insured(minor) under consideration at this or any other office of the Corporation?		
3	Is the insured (minor) at present in sound health?		
4	(For Child aged 5 years & above only) State height (without shoes): _____ cm and weight _____ kgs		
5	For Female Lives only Since the date of commencement of health cover under this policy		
	a) Has the Insured has periodical cycles regularly?		
	b) Has the Insured had any miscarriage?		
	c) Is the Insured pregnant now?		
	Date of Last menstruation →		Date of last delivery →

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 along with my earlier policy for insurance/proposal for insurance shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all the moneys which have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 20_____

Signature of the witness: _____

Occupation & Address: _____

Signature or Thumb Impression of the Principal Insured

In case form is filled up/signed in a language different from that of the health declaration form:

Declaration by the person filling in the form:

I hereby declare that I have fully explained the above questions to the insured in _____ language and I have truthfully recorded the answers given by the insured.

Name and Address _____
of the Declarant : _____

Signature or the Declarant

*** In case the Insured is Illiterate**

(The thumb impression 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 Principal Insured in(language) and that I have read out to the Insured and the answers to the questions are dictated by the Insured and that the insured has affixed his/her thumb impression to the form after fully understanding the contents there of.

Address of the declarant.

Signature of the declarant.