

Member Application No.:		

## PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. Insurance Regulatory and Development Authority of India Registration number 117. Cl No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: <a href="www.pnbmetlife.com">www.pnbmetlife.com</a>, Email: <a href="mailto:indiaservice@pnbmetlife.co.in">indiaservice@pnbmetlife.co.in</a> or write to us at 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

		DECLARATION OF GOOD HEA	ALTH	(Vali	d fo	r 3 months from the signature date)		
Impor	tant Instructions: 1.	The form needs to be filled with single Ink. 2. In case of	of any cor	rections	or ove	rwriting, fresh form needs to be filled.		
Policy	Number 1:	Policy Numb	er 2:		$\prod$	Policy Number 3:	Ш	
Full Na	ame of Life Insured:	(If Different from Policy Owner)						
П	$\Box$		ТТ	ТТ	$\top$		П	П
I wish	to reinstate my abov	ve mentioned policy with PNB MetLife India Insurance	Co. Ltd.					
Marita	al Status:   Mari	ied □ Unmarried □ Others (Specify)				Contact No.:		
iviarite	31 Status. — 141a11	led Z offinance Z officia (Specify)						
Email	ID:		Aadh	aar No*	.: [	*Only last 4 digits of Aadhaar No. to be	mentione	ed
1 AII	L OUESTIONS TO	BE ANSWERED WITH REFERENCE TO LIFE INSUR	FD					
1. Edu	ıcation Qualification	: ☐ Postgraduate and above ☐ Graduate	☐ Diplo	ma	□ 12th	Pass ☐ 10th Pass ☐ Illiterate ☐ Others (Specify)		
2. Has	your Occupation ch	anged from that at the time of issue of the Policy?	Yes 🗆	l No	0 🗆	(If yes, please mention the following details):		
	•	ciated with any specific hazards (E.g. Mines, Explosives	, Corrosiv	e Chemi	cals an	d HTV Drivers, etc.). 🗆 Yes 🗎 No If Yes, please complete the respective Occu	upation	
Que	estionnaire.							
4. Nat	tionality: 🗆 Ind	ian 🗆 Non-Resident Indian 🗆 Person of I	ndian Or	igin		Foreign National Country Name		
(If Nor	n-Resident Indian or	People of Indian Origin or Foreign National, please mer	ntion the	country	you res	side in the space provided above and complete NRI / PIO / Foreign National qu	uestionna	ire)
5. Are	you employed in Ar	med, Paramilitary or Police Force?	'es, pleas	e comple	ete Arm	ned Services Questionnaire)		
2. PEI	RSONAL DETAILS	Height in Cms / or Ft		/ Inch	nes	Weight in Kgs / or Pounds		
	NOTAL DETAILS	/ UTT		, 11101		To rounds		
3. <u>M</u> E	DICAL DETAILS							
		, chest pain, angina, heart attack or any other	Yes	No	2	Seizures, stroke, paralysis, epilepsy, Parkinson's, multiple sclerosis, other	Yes	No
	ailment of the heart details	or circulatory system? If Yes, please specify the				disorder of the brain or nervous system? If Yes, please specify the details		
3	Tuberculosis, Asthm	a, Avian Flu, Bronchitis, Shortness of breath, or any			4	(a) Cancer, tumor, cyst, leukemia, growth, lump or other malignancy? If	+-	+-
	other respiratory dis	order? If Yes, please specify the details				Yes, please specify the details		
						(b) Do you have Anemia, Leukemia, or any other blood related disorders?		
						If Yes, please specify the details		
		adder disorder or prostate disease, blood/protein in			6	Ulcers or any stomach or intestinal disorder/Any disorder related to ear,		
	urine? If Yes, please	specify the details				nose and throat? If Yes, please specify the details		
7	Diabatas thuraid ar	any other gland valeted discorders? If Ver places			0	Daysesian stress anxiety attempt to suiside as any other psychological	+	
	specify the details	any other gland related disorders? If Yes, please			8	Depression, stress, anxiety, attempt to suicide or any other psychological or emotional disorder or nervous breakdown or Mental illness or		
						symptoms of the same? If Yes, please specify the details		
		ouse ever been tested of or received any medical r treatment in connection with HIV/AIDS or Hepatitis			10	During the past five years		
	B/C or any Sexually details	Fransmitted Diseases? If Yes, please specify the				(a) Have you consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or		
						cough?		
						(b) Have you Undergone ECG, x-rays, blood test or other tests?		
						(c) Have been admitted/advised to be admitted to any hospital or any		
						other medical facility? If Yes, please specify the details		
		ysical/mental deformity/defect or any congenital , Arthritis, Joint or Bone Disorders or Skin Lesion? If			12	Has there been drastic weight loss or weight gain (> =5 kgs) in the past year? If Yes, please specify the details		
	Yes, please specify t							
13	Have you undergone	e or been advised to undergo surgery of any kind or			14	Have you been or are you suffering from any other illness, injury, disease		
	any major organ tra	nsplant? If Yes, please specify the details				condition or have undergone medical examination not mentioned in the above questions due to which you have abstained from work for more		
		<del></del>				than 7 days? If yes, please provide details of the illness and the treatment		
						/medication taken or being taken		
_		O BE ANSWERED BY FEMALE LIVES ONLY		- '6				
15	Are you pregnant no	wr (ii yes, mention the duration of pregnancy and con	iplication	ıs, ıt any,	, relatin	ng to pregnancy)	Yes	No
16	Have you undergone	e caesarian section, had any abortion or miscarriage? F	or each "	Yes" pro	vide de	tails.		
	☐ In the last 3 mont							
17	Have you suffered fr	om any disorder of the breast or reproductive organs?	If yes, pl	ease pro	vide de	etails		
For eac	ch "Yes" answer in S	Section 3 please identify the question and give full de	tails, con	ditions,	dates,	duration and results. Give full names and addresses of Doctor/Hospital/clini	ic etc. (Do	use an
additio	nal sheet, if required	1)						
Que	estion no.					Details		
	NERAL DETAILS							
4.1		or application for reinstatement of a policy on your li eferred or declined or accepted on terms other than p				nsurance Company ever been withdrawn or dropped, accepted with extra	Yes	No —
	premium of fiell, t	in a comment of accepted off terms other than p	. oposcu!	103,	cust g			
4.2	Any change in nat	onality from the time you took the policy? If yes, pleas	e mentio	n the fol	lowing	details:		
	Country You Resid	ein					. 🗆	

			IIIIasaid	etc.)			,	Yes 🗆	last 5 years? (*Tobacc No 🗆			•			
	2) Please gi	ve the follo	wing de	ails:											
	Substance Consume d	Yes	No			Consume d As			Quant	ty	For No. of months	If stopped	consuming, s you sto		ince when
	Tobacco			□ Pipe	□ Cigar	□ Cigarette	s E	□ Beedi	No. of sticks/day				Years		Months
	Tobacco					Gutkha			No. of Packets/day				Years		Months
	Alcohol			□ Beer		□ Wine		□  uor	Pin / ml per week				Years		Months
	Narcotics / Drugs			□ Marijuan	ıa	☐ Cocaine		□ ve Drugs					Years		Months
4.4	Any legal or	criminal ca	se pendi	ng/convicte	d? If yes,	, please give o	details		•					Ye	
4.5	Do you e nga	ge in profe	ssional s	ports (Autor	nobile or	r Motor–Cycl	e Racing, S	Skin or Sc	uba Diving, Skydiving) I	f yes, please give	details			Ye	
						REASON FO	OR NON-	PAYME	NT OF PREMIUM (P	ease tick only	one)				
l,									-mentioned Policy cou			period provid	ed in the p	olicy, due	to below
	oned reason: n receipt of com	nmunicatio	n from t	ne Company	due to c	out of country	v/remote	place of i	residence/ change of co	ontact details					
	other reason (			,			,,								
									E LIFE INSURED / PC		- 6				
					_				to the best of my know ing of such material cha	-					•
									by issuing a Renewal Pr		Ü		·	. ,	
-	ure/ Left Thum								Signature/	Left Thumb Impr	ession of the Policy O	wner			
	of Person Insur														
		YY								,					
	D D M M Y Y								Date:	MMYYYY					
Place:		NB METLIF	E SERVIC	E PERSONNI	EL: Have	the Signature	es of Life A	ssured /	Date:	MMYYYY			□ Y€	es 🗆	] No
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