

Joint Life Questionnaire

- 1) Name of the Spouse: (Joint Life Name): _____
- 2) Joint Life Maiden Name (Only if Joint Life is Female): _____ 3) Gender: Male Female
- 4) Date of Birth: 5) Nature of Age Proof: _____
- 6) Nationality: Indian Non-Resident Indian Person of Indian Origin Foreign National _____ (Country Name)
(If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National questionnaire)
- 7) Educational Qualification: Post Graduate & above Graduate Diploma 12th Pass 10th Pass Below 10th Pass
 Illiterate Others (Specify) _____
- 8) Occupation: S- Service (Private Sector Public Sector Government Sector Others)
 O- Others (Professional Self Employed Retired Housewife Student) B- Business X- Not Categorised
- 9)
- | Name & Address of the Organization/Business | Nature of Business | Exact Nature of Duties | Designation | Years of Service/Business | Annual Gross Income (in Rs.) |
|---|--------------------|------------------------|-------------|---|--|
| | | | | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
- 10) Sum Assured of Joint Life: Rs. _____ 11) Income Proof: _____
- 12) Health Details of Spouse:
- a) Height in cms _____ or Ft. _____ Inches _____ Weight in Kgs _____ or Pounds _____
- b) Has your Spouse consulted any doctor for surgical operations or have been hospitalized for any disorder or been advised to undergo any medical investigations/treatment for any medical condition other than for minor cough, cold or flu during the last 5 years? Yes No
- c) Has your spouse currently taking or in the past have taken any treatment or medications for any condition for a continuous period of more than 14 days? (except for minor cough, cold, flu, appendix, typhoid) Yes No
- d) Has your Spouse's proposal for life or health insurance, ever been declined, postponed, withdrawn or accepted at extra premium or reduced cover? Yes No
- e) Does your Spouse consume more than 20 cigarettes, bidis per day, or chew more than 5 pouches of tobacco per day? Yes No
- f) Does your Spouse consume more than 3 pegs of alcohol per day in any form? Yes No
- g) Has your spouse ever suffered from or have been advised that you have any of the following conditions (If yes, please tick the relevant boxes)
- i. Hypertension/high blood pressure Yes No
 - ii. Chest Pain/Heart Attack Yes No
 - iii. Any other heart disease/problems Yes No
 - iv. HIV infection/AIDS or positive test to HIV Yes No
 - v. Diabetes/ high blood sugar/sugar in urine Yes No
 - vi. Blood disorder (eg Haemophilia, Thalassemia) Yes No
 - vii. Stroke/paralysis/Multiple Sclerosis Yes No
 - viii. Tuberculosis, or any other lung disorder Yes No
 - ix. Liver problems/ jaundice/Hepatitis B or C Yes No
 - x. Kidney problems or disease of reproductive organs Yes No
 - xi. Cancer/tumour or growth, cyst of any kind Yes No
 - xii. Gynaecological Disorders (Female Life Only) Yes No

h) Has your spouse been suffering or is your spouse suffering from any other illness, injury, disease condition or has undergone medical examination not mentioned in the above questions due to which your spouse has abstained from work for more than 7 days? If Yes, please provide details of the illness and the treatment/medication taken or being taken. Yes No

i) For each 'Yes' in point 10 (b to g), please identify the question and provide full details, conditions, dates, duration and results. Kindly provide the full name and address of Doctor/Hospital/Clinic etc.

Question No.	Details

j) Does your Spouse take part in or have any prospect or intention of taking part in any hazardous occupation, sports, hobbies or pursuits? (eg. in aviation other than as a fare paying passenger, diving, mountaineering, racing, mining, oil & natural gas etc) Yes No

Signature of Primary life

Signature of Joint life (Second Life)