Annexure VI

Additional Questionnaire for Critical Illness – (SAHI PLAN)

Unit: - _____ Proposal Number : - _____

Name of Proposer: - _____

HEALTH DETAILS AND MEDICAL INFORMATION

Kindly answer all questions

DETAILS	Principal Insured
1. Does the life to be insured consume alcohol/cigarettes/bidis or tobacco in any form?	☐ Yes ☐ No
2. Is the life to be insured currently taking any medication or drug?	☐ Yes ☐ No
3. During the past five years, has the life to be insured ever suffered from any illness, disorder, disability or injury which has required any form of medical or specialized examination (including X-ray, blood tests, ECG, USG, CT/MRI, gynecological investigations), Consultation, hospitalization or surgery?	☐ Yes ☐ No
4. Has the life to be insured been absent from work/school/college for more than seven continuous days in the last five years due to health reasons?	☐ Yes ☐ No
5. Does the life to be insured have a parent, brother or sister who was or has been diagnosed with heart disease, stroke, diabetes, cancer, neurological/mental disorders or any hereditary disorder under the age of 65? If yes, please provide name of condition, age at diagnosis and relationship with the life to be insured.	☐ Yes ☐ No
6. Has the life to be insured planned for a surgery or is currently aware of any medical condition that might require medical Advice/surgery in near future?	☐ Yes ☐ No
7. Has the life to be insured ever suffered or is suffering from	☐ Yes ☐ No
i) Hypertension/high blood pressure	☐ Yes ☐ No
ii) Diabetes or raised blood sugar	☐ Yes ☐ No

iii) Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain	☐ Yes ☐ No
Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones or genital organ disorder	☐ Yes ☐ No
v) Cancer of any type or a cyst or growth of any kind	☐ Yes ☐ No
vi) Mental Disorder e. g Depression, anxiety, schizophrenia or any other mental or nervous disorder	☐ Yes ☐ No
vii) Endocrine diseases e.g.: Thyroid or any other hormonal disorder	☐ Yes ☐ No
viii) Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract	☐ Yes ☐ No
ix) Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.	☐ Yes ☐ No
x) Musculoskeletal diseases e.g.: Osteoporosis, prolapsed disc, back or neck complaint, any physical disability or other disorder of the bones, joints, arthritis, gout etc.	☐ Yes ☐ No
xi) Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, any other disease or disorder of the brain, spinal cord or nerves	☐ Yes ☐ No
xii) Congenital Disorders	☐ Yes ☐ No
xiii) Blood disorder e.g. Anemia, hemophilia, thalassemia	☐ Yes ☐ No
xiv) Eye, Ear, Nose, Throat or Skin disorders	☐ Yes ☐ No
8. Has the life to be insured ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?	☐ Yes ☐ No
9. Does the life to be insured wear glasses? If so, power of glasses	☐ Yes ☐ No R..... L.....
10. Is the life to be insured currently covered under any health insurance policy with LIC or any other company?	☐ Yes ☐ No
11. Has any proposal/ application for revival for life, medical, health, accident, disability or critical illness cover been postponed, declined or accepted on special terms? (If yes, Give details)	☐ Yes ☐ No
12) Has the life to be insured lost more than 5 Kgs. of weight in the last 12 months except due to exercise or weight loss programs? If yes, please state the	☐ Yes ☐ No

reason for the weight loss.	
13) is any proposal for life or health insurance on the life to be insured pending in any of LIC offices?	☐ Yes ☐ No
14) Has the life to be insured ever been involved or is planning to pursue any dangerous sport or hobby e.g., Diving, Mountaineering, Parachuting, private aviation and racing	☐ Yes ☐ No

I _____

(Name of the proposer), do hereby declare that the answers all questions above have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and do hereby agree and declare that these answers shall be basis of the contract of assurance between me and Life Insurance Corporation (International) B.S.C.(C) (referred as "the Company" hereinafter). I agree that they shall form a part of any Policy contract that may be issued on the strength thereof. I am also fully aware and agreeing that if any untrue information be contained therein, the said contract shall be absolutely Null and Void and moneys which shall have been paid in respect thereof shall stand forfeited to the Company.

Date: -

Place:-

Signature of Witness

Name of Witness: _____

Address of Witness: _____

_____

Signature of Proposer

Name of Proposer - _____