

## Health Questionnaire for Group Life Insurance

**NOTE:** kindly answer all questions.

**Details of the Life to be insured (Member):**

Name of the employer:		
Name of the life assured (Mr./Mrs./Ms./Dr) :		
Emp Id:	Designation:	Nature of duties:
Date of birth (dd/mm/yyyy): __/__/____	Marital Status:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Status : Indian <input type="checkbox"/> OR NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National <input type="checkbox"/>		
Specify Country in case NRI/PIO/ Foreign National or Currently Posted Outside India _____		

**HEALTH DETAILS OF PROPOSED INSURED (Please use  in boxes to indicate choice)**

Height: _____ Cms			Weight: _____ Kgs.		
1. Have you 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 <input type="checkbox"/> No <input type="checkbox"/>
2. Are you currently taking or in the past have taken any treatment or medications or special diet for any condition for a continuous period of more than 14 days? (except for minor cough, cold, flu, appendix, typhoid )					Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever suffered from or have been advised that you have any of the following conditions (If yes, please tick the relevant and please complete the details in table 1)					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Hypertension/high blood pressure	<input type="checkbox"/> Chest Pain/Heart Attack	<input type="checkbox"/> Any other heart disease/problems			
<input type="checkbox"/> HIV infection/AIDS or positive test to HIV	<input type="checkbox"/> Diabetes/ high blood sugar/sugar in urine	<input type="checkbox"/> High cholesterol			
<input type="checkbox"/> Fits, blackouts or nervous disorders?	<input type="checkbox"/> Asthma, Tuberculosis, or any other lung disorder	<input type="checkbox"/> Liver problems/ jaundice/Hepatitis B or C			
<input type="checkbox"/> Kidney problems or disease of reproductive organs	<input type="checkbox"/> Cancer/tumor or growth, cyst of any kind	<input type="checkbox"/> Stroke/paralysis			
<input type="checkbox"/> Blood disorder( eg anemia, thalassemia)	<input type="checkbox"/> Disorder of glands (eg thyroid)	<input type="checkbox"/> Psychiatric or mental disorder			
<input type="checkbox"/> musculoskeletal or joint disorders	<input type="checkbox"/> Digestive Disorder (eg. Ulcer, Colitis etc)	<input type="checkbox"/> Any other			
4. Have you had or have been advised to undergo any of the following test or investigations. (If yes please provide details in the table 1)					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Ultra sonography <input type="checkbox"/> CT Scan/MRI Biopsy <input type="checkbox"/> Coronary Angiography.					
5. a) Do you consume more than 10 cigarettes / bidis per day? Or chew more than 5 pouches Tobacco per day?					Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Do you consume more than 2 pegs of alcohol per day in any form? If yes, please provide the type of alcohol and daily quantity consumed.					Yes <input type="checkbox"/> No <input type="checkbox"/>
Type : _____ Quantity consumed: _____					
c) Do you use or have you used any narcotics /any other drugs?					Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Has your proposal for life insurance, ever been declined, postponed, withdrawn or accepted at extra premium or reduced cover?					Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does your work involve working in mines, rig, high sea, underground or on heights or exposure to harmful chemical or gases etc					Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you take part in or have you any prospect or intention of taking part in any other hazardous sports, hobbies or pursuits? (eg. In aviation other than as a fare paying passenger, diving, mountaineering, racing etc )					Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>9.FEMALE LIVES ONLY</b>					Yes <input type="checkbox"/> No <input type="checkbox"/>
a. Are you pregnant? If Yes Please state how many months pregnant. ( _____ months)					
b. Have you suffered from any gynecological problems or illness related to breasts, uterus or ovary?					Yes <input type="checkbox"/> No <input type="checkbox"/>

If answers to any of the questions (1) to (7) are “ Yes” please give full particulars below with detail s such as medical history, diagnosis, date of diagnosis, treatment taken, names of medications, tests done, results of tests as under Table 1

**TABLE 1: Additional disclosures**

Exact diagnosis	Details of treating Doctor / Surgeon (Name, Qualification, Contact No.)	Date of first diagnosis	Date of Last consultation	Details of current symptoms	List of medication being consumed currently	Details and date of hospitalizations and surgery done?	Provide details of any further consultation / surgery planned?

**DECLARATION OF THE PROPOSED LIFE ASSURED:**

I would like to become a member of the “\_\_\_\_\_” offered by SBI Life Insurance Company Ltd. (SBI Life) and I have fully understood and agree to all the terms and conditions of the scheme and agree that the Master policyholder shall act as the Group Administrator.

I undertake to furnish any other details that may be required with regard to my proposed insurance cover. I hereby permit the master policyholder to convey the above particulars regarding my admission into the SBI Life- \_\_\_\_\_. I also permit SBI Life to approach me directly for any clarification/other purposes. I hereby understand and agree that no insurance cover will commence until the risk is accepted and requisite premium has been remitted to SBI Life by the Master policy Holder and SBI Life conveys its written acceptance of this application for insurance cover. I further understand and agree that insurance cover provided to me shall be governed by the Master Policy Contract issued in favour of the Group Master Policyholder.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy, I, my heirs, executors, administrators or any other person or persons having interest of any kind whatsoever in the insurance cover provided to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company.

I hereby understand and agree that the total benefits payable under this product shall not exceed the maximum applicable for this product irrespective of the number of Memberships forms signed. I hereby declare and agree that the foregoing declaration has been given after fully understanding the same and is true and complete to the best of my knowledge and that I have not withheld any information that may influence my admission into the Group Insurance Scheme of SBI Life Insurance Co. Ltd. I hereby agree that this form including the declaration shall form the basis of my admission into the Group Insurance Scheme and if any untrue statement be contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Scheme. I also agree that the Company shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for assurance or withheld or concealed in the above statements.

\_\_\_\_\_  
Signature / thumb impression of the Member  
Date:

\_\_\_\_\_  
Signature /Thumb Impression of the Witness

Name and address of the Witness: \_\_\_\_\_

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Place**

\_\_\_\_\_  
**Date**

**Declaration to be given if Proposal has signed in vernacular or if the life to be assured is illiterate.**

I have explained the contents of this form to the life to be assured and ensured that the contents have been fully understood by him/her. I have accurately recorded his/her responses to the information sought in the proposal form and I have read out the responses to the life to be assured and he / she has confirmed that they are correct.

\_\_\_\_\_  
Signature of the person making the declaration  
Name of the declarant  
Address

\_\_\_\_\_  
Signature/Thumb Impression of life to be assured

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**Extract of Section 45 of the Insurance Act 1938, as amended from time to time**

No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.