

Health Certificate

Ap	oplication for:	Rei	Reinstatement of lapsed policy Surrender Reversal request Addition of Riders																																			
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2.	a) Have you been infected with HIV (Human Immunodeficiency Virus), been diagnosed as having HIV antibodies or suffered from an AIDS related condition?		Yes		No		Yes	No
	b) Have you or your spouse received medical advice, testing or treatment in connection with sexually transmitted disease or HIV infection or suffered from prolonged weight loss, diarrhea, enlarged glands or unusual skin lesion or been advised to abstain from donating blood?		Yes] No		Yes	No
3	Have you had any other illness, injury, operation or abnormality not mentioned under any question above which is recurrent or has symptoms persisting for more than 7 days?		Yes		No		Yes	No
4.	Do you have any symptoms or condition for which you intend to attend a doctor in the future?	П	Yes		No		Yes	No
5.	In the last 5 years, have you attended doctor or any other medical facility for investigation or diagnostic tests (such as blood or urine, X-ray, ultrasound, CT scan, biopsy, ECG, Angioplasty, Bypass Surgery, Brain Surgery, Heart Valve Surgery, Aorta Surgery or Organ Transplant or any treatment for Cancerous growth, of any kind etc.)? If yes, please provide details:		Yes		No		Yes	No
	Reasons of Tests done & Date of Diagnosis:							
	Tests Recommended by consulting doctor:							
	Tests completed & Date of Tests:							
	Current Condition as per Family/ Consulting doctor:							
	Please attach complete personal reports copy to reinstate your policy (Applicable for all treatments done in last 5 years)							
6.	Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder or depression, tuberculosis or polycystic kidney or other hereditary disease before the age of 65? If 'Yes', please provide details (type of cancer if applicable):		Yes		No		Yes	No
7.	Female Life Questions:		Yes		No		Yes	No
	a) Are you now pregnant? If 'yes', please state expected delivery date DD/MM/YYYY							
	b) Have you undergone any gynecological investigations for illness, internal checkups, breast checks such as mammogram or biopsy?							
	c) Have you ever consulted a doctor because of an irregularity at the breast, vagina, uterus, ovary, fallopian tubes, menstruation, complications during pregnancy or child delivery or a sexually transmitted disease?							
	d) Have you suffered from any other disorder of the breast or reproductive organs, abnormal smear test(s) and irregular menses?							
A	Iditional Medical Declaration: SECTION D: (*The following to be answered if Life Assured has opted for Health Products/ Critical Illness benefits/ surgical benefits)		Insu	ıred		Poli	cyhol	der
1.	Do you have any physical defects, impairment, deformities and/or any condition affecting mobility, sight and/or hearing?		Yes		No		Yes	No
2.	In the past 10 years have you been diagnosed, treated or sought treatment or advice for cancer (including skin cancer or ulcerated moles), tumor or leukemia?	ī	Yes	Ī	No		Yes	No
3.	In the past 5 years have you had any diagnostic tests e.g. Mammogram, X-ray, ultrasound, CT scan, biopsy, blood or urine test for any lump, cyst, tumor, chronic lesions or growths		Yes		No		Yes	No
	of any kind?				_			
4.	If "Yes" to question 3, did the results warrant further testing, treatment, referral to another doctor or specialist, follow up with your own doctor or future follow-up recommended?	ıL	Yes		No		Yes	No
	Have 2 or more immediate family members (natural parents & siblings) ever been diagnosed below age 60 with cancer, tumor or leukemia?	ıL	Yes		No		Yes	No
6.	a) Male Applicant: Has your father been diagnosed with bowel or colon cancer, below age 60?	ıL	Yes	L	No		Yes	No
	b) Female Applicant: Has your mother been diagnosed with breast cancer, below age 60?	ட	Yes		No		Yes	No
	IPORTANT NOTE case of policy on the life of Juvenile, where Waiver of Premium Plus rider is attached, it is mandatory to fill the details of policyholder							
	tase of policy of the life of sureline, where waiter of reclinal radiations is attached, it is mandatory to fin the declars of policyholder							
	claration And Authorization: You have to disclose in this application ALL material facts which shall form the basis of our contract, otherwise the policy issued may be void or voidable. It close it.	you a	ire in do	oubt	vhethe	r a fact i	s mate	rial, please
rea Corg my dia un- acc cha the the ma thi the	claration & Authorization: I/We hereby declare and agree that (a) I/We have read the application or the same was interpreted to me/us, and the answers entered in the application are ove answers is full, complete and true and I/We understand that Tata AIA Life Insurance Co. Ltd. (hereafter called "the Company") believing them to be such, will rely and act on them, (c) the son of any money paid, or settlement made in payment of or on account of any premium, until this application is received by the Company the life time of the Insured 'Policyhol panny; (d) if my/our application be accepted by the Company, the Incontestability and Suicide Provision thereof shall have effect from the approval date of my/our application. Fu panization, institution, or individual that has any record of knowledge of my/the Insured's health or medical history or financial history or other personal information; to disclose to the Company institution, or individual that has any record of knowledge of my/the Insured's health or incapacity in so far as legally possible; and (b) the Company or any of its approved medical discal assessment and test to underwrite and evaluate my/the Insured's health status in relation to this application and any claim arising there from. These tests may include, but are not limit betes, liver or kidney disorders, Acquired Immuno Deficiency Syndrome (AIDS), infection by any Human Immunodeficiency Virus (HIV), immune disorder or the presence of medications, didertake that a) if there is any material change in my circumstances, including but not limited to, changes in my/insured's health, employment, financial circumstances, arrest or betated that a) if there is any material change in my circumstances, including but not limited to, changes in my/insured's health, employment, financial circumstances, arrest or betate or rejection of a life insurance application, prior to the acceptance of the Company of this application for insurance, I will immediately notify the Company's discretion, render this policy void and	policy der ar rtherr rany su exami ted to rugs, n ng cha and b contin policy nay ex Act an assal (a a mat it was	y shall r nd is ap more, I cuch ince, I cuch ince tests f dicotine arged w the Co enefit s accept tend to d no pc pplicat material m materi	not be prove here here here here here here here he	consided by an object of the consideration of the c	ered as a author ocably s author to perfor and rel abolites al offen ake into ole under except sid rupees surance or oressed f. Provide.	reinsta ized of author rization orm the lated b lated b i I also ce, non accou r this p of any uch reb i effecto in any facts w ed that	ted only by fficer of the ize (a) any n shall bind e necessary lood lipids, o agree and n-standard nt any such solicy. kind of risk pate as may ed after the report of a chich it was cothing in
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	Signature/Thumb Impression of Insured Signature/Thumb Impression of Policyholder Date of sign on HC			Sign	ature c	of Agen	t	
	CASE ANSWERS TO THE QUESTIONS ARE FILLED IN BY A PERSON OTHER THAN THE POLICYHOLDER OR WHERE THE ANSWERS/SIGNATURE OF THE POLICYHOLDER/LIFE ASSURED ARE IN VERNACU							
ſħ	e thumb impression or signature of the Policyholder/Life Assured should be attested by a person of standing whose identity can easily be established and this declarat				•			
l_ the								
	rroncynolder/Life Assured inlanguage and that Have lead out to the Policyholder/Life Assured the answers to the questions dictated by the Policyholder/Life Assured and that the Policyholder/Life Assured has affixed his/her signature/thumb impression on this fo							
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Wi	tness Details: Name: ID ProofType:	roof N	umber	:				
Foi	more details please contact our insurance advisor or visit our Tata AIA Life's nearest branch office or call our helpline numbers 1800 267 9966 (toll free) or 1860 266 9966 (local charges apply	y) or e	mail us	at cu	stomer	:are@ta	taaia.d	com or SMS
	FE" to 5.8888 or visit us at www tataaia com							