

Milkar life aage badhaein

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. CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in 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 HEALTH (Valid for 3 months from the signature date)						
Important Instructions: 1. The form needs to be filled with single Ink. 2. In case of any corrections or overwriting, fresh form needs to be filled.						
Policy Number 1: Policy Number 2: Policy Number 2: Policy Number 3: Policy Number 3: Full Name of Life Insured: (If Different from Policy Owner)						
I wish to reinstate my above mentioned policy with PNB MetLife India Insurance Co. Ltd.						
Marital Status: Married Unmarried Others (Specify) Contact No.:						
Email ID: *Only last 4 digits of Aadhaar No. to be mentioned						
1. <u>ALL QUESTIONS TO BE ANSWERED WITH REFERENCE TO LIFE INSURED</u>						
1. Education Qualification: 🗆 Post Graduate and above 🗆 Graduate 🗆 Diploma 🗀 12th Pass 🗀 10th Pass 🗀 Illiterate 🗀 Others (Specify)						
2. Has your Occupation changed from that at the time of issue of the Policy?						
3. What is your present Occupation? Is the occupation associated with any specific hazards Yes No (e.g., Mines, Explosives, Corrosive Chemicals, HTV Drivers, Security Guard, Armed Services, etc.). Current Occupation If yes, please provide details (Please complete the appropriate questionnaire in consultation with your Insurance Agent)						
4. Nationality: Indian Non-Resident Indian Person of Indian Origin Foreign National Country Name (If Non-Resident Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National questionnaire)						
2. PERSONAL DETAILS Height in Cms / or Ft // Inches	es		V	/eight in Kgs/ or Pounds		
3. MEDICAL DETAILS						
High blood pressure, chest pain, angina, heart attack or any other disease of the heart or circulatory system? If Yes, please specify the details		No	2	Seizures, stroke, paralysis, epilepsy, Parkinson's, multiple sclerosis, other disorder of the brain or nervous system? If Yes, please specify the details	Yes No	
3 Tuberculosis, Asthma, Avian Flu, Bronchitis, Shortness of breath, or any other respiratory disorder? If Yes, please specify the details			4	Cancer, tumor, cyst, leukemia, growth, lump or other malignancy? If Yes, please specify the details		
5 Any kidney, bladder disorder or prostate disease, blood/protein in urine? If Yes, please specify the details			6	Ulcers or any stomach or intestinal disorder/Any disorder related to ear, nose and throat? If Yes, please specify the details		
7 Diabetes, thyroid or any other gland related disorders? If Yes, please specify the details			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		
9 Any medical advice/counseling/treatment taken for HIV/AIDS or Hepatitis B/C or any Sexually Transmitted Disease? If Yes, please specify the details			10	Have you consulted any doctor for any health concern for more than 4 days Undergone ECG, X-rays, Blood test or other tests or have been admitted/advised to be admitted to any hospital/clinic? If Yes, please specify the details		
Do you have any physical/mental deformity / defect/Any Back, Arthritis, Joint or Bone Disorders or Skin Lesion? If Yes, please specify the details			12	Has there been drastic weight loss or weight gain (> =5 kgs) in the past year? If Yes, please specify the details		
Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?			14	Have you abstained from work for more than 7 days due to any illness, injury, disease or medical examination not specifically covered above? Please give details of the illness treatment /medication taken or being taken? If Yes, please specify the details		
QUESTION (15-17) TO BE ANSWERED BY FEMALE LIVES ONLY						
Are you pregnant now? (If yes, mention the duration of pregnancy and complications, if any, relating to pregnancy)					Yes No	
Have you undergone caesarian section, had any abortion or miscarriage? For each "Yes" provide details.						
Have you suffered from any disorder of the breast or reproductive organs? If yes, please provide details						
For each "Yes" answer in Section 3 please identify the question and give full details, conditions, dates, duration and results. Give full names and addresses of Doctor/Hospital/clinic etc. (Do use an additional sheet, if required)						
Question no . Details						
4. GENERAL DETAILS						
Has any proposal or application for reinstatement of a policy on your life made to any other Insurance Company ever been withdrawn or dropped, accepted with extra premium or lien, deferred or declined or accepted on terms other than proposed? If Yes, please give details						
Any change in nationality from the time you took the policy? If yes, please mention the following details: Country You Reside in						
A.3 Do you consume any of the following substances-Tobacco/Alcohol/Narcotics/I Quantity per day, Consuming from when Number stoppage DDDMMYYYYY				please mention the following details : Substance consumed Months If stopped consuming, date month & year of		
1.4 Any legal or criminal case pending/convicted? If yes, please give details						
.5 Do you engage in professional sports (Automobile or Motor–Cycle Racing, Skin or Scuba Diving, Skydiving) If yes, please give details						

REASON FOR NON-PAYMENT OF PREMIUM (Please tick only one)					
I, the Policy Owner of the above mentioned Policy could not pay premium within the time period provided in the policy,						
due to below mentioned reason:						
☐ Non receipt of communication from the Company due to out of country/ remote place of residence/ change of contact details ☐ Any other reason (Please specify)						
DECLARATION BY THE LIFE INSURED / P	OLICY OWNER					
I, do hereby solemnly affirm and state that, all the answers given above are true & complete to the best of my knowledge and belief. I further affirm that, I would duly intimate PNB MetLife any material change in any of the critical factor impacting reinstatement of the policy on happening of such material change. I also understand and agree that, the risk under the lapsed policy does not commence till such time the application for reinstatement is accepted by PNB MetLife India by issuing a Renewal Premium Receipt.						
Signature/ Left Thumb Impression of the Person Insured	Signature/ Left Thumb Impression of the Policy Owner					
Name of Person Insured:	Name of Policy Owner:					
Date: DDMMYYYY	Date: DMMYYYY					
Place:	Place:					
TO BE FILLED IN BY PNB METLIFE SERVICE PERSONNEL: Have the Signatures of Life Assured / PO been verified with the signatures in application form?						
I hereby declare that I have fully explained the contents of this declaration form to the Life Insured/Policy						
understood by him/her and the replies have been recorded as per the information provided by the Life Ins by and confirmed by the Life Insured/Policy Owner.						
Declarant's Name: Addi	ess:Pincode:					
Signature of the Declarant In case the Life Insured/Policy Owner* is illiterate, a person of standing, unconnected with MetLife, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Life Insured/Policy Onwer* I hereby declare that I have explained the contents of this declaration inlanguage to the Life Insured/Policy Owner. The same have been fully understood by him/her and replies have been recorded as per the information provided by the Life Insured/Policy Owner and the answers have been read out to and fully understood by and confirmed by the Applicant. The Life Insured/Policy Owner has affixed his/her left thumb impression in my presence.						
Left Thumb Impression of the Life Insured /Owner (Where the Life Insured is minor, the Legal Guardian should	Left Thumb Impression of the Policy Owner (If different from Life Insured)					
attach this form)	· · · · · · · · · · · · · · · · · · ·					
Name of Declarant:Address:	Pincode:					