

Memher	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.									
Ро	Policy Number: Date: DD MMYYYYY								
Fu	ll Name of Life Insured: (If Different from Policy Owner)				Succ. [=,=,m,m,=, +, +, +, +, +, +, +, +, +, +, +, +, +,				
I wish to reinstate my above mentioned policy with PNB MetLife India Insurance Co. Ltd.									
Ma	arital Status: Married Unmarried Others(Specify)Contact	t No.	:		Email ID:Aadhaar No.:				
1.	ALL QUESTIONS TO BE ANSWERED WITH REFERENCE TO LIFE INSUR	RED							
1.	Education Qualification: Post Graduate and above Graduate Dip	oloma	a [J 12	2th Pass □ 10th Pass □ Illiterate □ Others (Specify)		.		
2.	Has your Occupation changed from that at the time of issue of the Policy?	□ Ye	!S		No (If yes, please mention the following details):				
	What is your present Occupation? Is the occupation associated with any specific harmed Services, etc.).Current Occupation	azaro	ls	□ Y	Yes □ No (e.g. Mines, Explosives, Corrosive Chemicals, HTV Drivers, Security Gures, please provide details (Please complete the appropriate questionnaire in	ard,			
	onsultation with your Financial Advisor).			ı, y	es, pieuse provide details (rieuse complete the appropriate questionnaire in				
	Nationality: Indian Indian Person of Indian Origin			_	,				
	Non-Resident Indian or People of Indian Origin or Foreign National, please mentic ational questionnaire)	on the	coui	ntry	you reside in the space provided above and complete NRI/PIO/Foreign				
2.	PERSONAL DETAILS 1. Height in Cms/ or Ft/Inch	nes			2. Weight in Kgs/ or Pounds				
3.	Please confirm if you had any symptoms/undergone treatment or about to ge	et tre	atme	ent/	investigation for any medical disorder/disease		_		
1	High blood pressure, chest pain, angina, heart attack or any other disease of the heart or circulatory system? If Yes, please specify the details	1	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?			8	Depression, stress, anxiety, attempt to suicide or any other psychological or		_		
	If Yes, please specify the details				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			10	Have you consulted any doctor for any health concern for more than 4 days				
	or any Sexually Transmitted Disease? If Yes, please specify the details				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		1		
							_		
11	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]		
13	Have you undergone or been advised to undergo surgery of any kind or any			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				
	major organ transplant?				details of the illness treatment /medication taken or being taken? If Yes, please specify the details]		
Q	UESTION (15-17) TO BE ANSWERED BY FEMALE LIVES ONLY								
15	Are you pregnant now? (If yes, mention the duration of pregnancy and compli	catio	ns, if	any	relating to pregnancy)	Yes No			
	Have you undergone caesarian section, had any abortion or miscarriage? For each						7		
	☐ In the last 3 months ☐ 3 to 6 months ☐ More than 6 months]		
	7 Have you suffered from any disorder of the breast or reproductive organs? If yes, please provide details								
	r each "Yes" answer in Section 3 please identify the question and give full detail c. (Do use an additional sheet, if required)	ls, co	nditio	ons,	dates, duration and results. Give full names and addresses of Doctor/Hospital/	clinic			
	Question no . Details								
3.	GENERAL DETAILS								
3.1	1.1 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								
3.2	Any change in nationality from the time you took the policy? If yes, please me	ntion	the	follo	owing details :		_		
2.5	Country You Reside in	D#:-	-2 1¢		places mention the following details: Collections:		_		
3.3	Do you consume any of the following substances-Tobacco/Alcohol/Narcotics/I Quantity per day, Consuming from whenNuml				please mention the following details : Substance consumed Months If stopped consuming, date month & year of]		
	stoppage DDMMYYYY					<u> </u>	_		
	Any legal or criminal case pending/convicted? If yes, please give details				to Club to Mr. and an add to the transfer of t]		
3.5	Do you engage in professional sports (Automobile or Motor–Cycle Racing, Skir	n or S	cuba	אוט	ving, Skydiving) it yes, please give details	ПГ	1		

REASON FOR NON-PATIMENT OF I	*KEINTOIN [Please tick only one]						
l, 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 our laws incapacitated or was ill (Please provide details of illness) □ Could not operate and respond due to illness in immediate family □ No Communication received due to change of contact or otherwise □ Tragedy in immediate family	residence 						
	SURED / POLICY OWNER						
I, do hereby solemnly affirm and state that, all the answers given above are true & complete MetLife any material change in any of the critical factor impacting reinstatement of the policy the lapsed policy does not commence till such time the application for reinstatement is accept	to the best of my knowledge and belief. I further affirm that, I would duly intimate PNB on happening of such material change. I also understand and agree that, the risk under						
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: DDMMYYYY						
Place:	Place:						
Name of the Witness: Addre	ess of Witness :						
Signature of the Witness (Witness should not be related to the Insured/Owner) Da	te: DDMMYYYY						
TO BE FILLED IN BY PNB METLIFE SERVICE PERSONNEL: Have the Signatures of Life Assured /	PO been verified with the signatures in application form?						
Note - Policy Owner Signature verification is required in case Life Assured is a minor.							
Declaration by the person filling in the form (In case the form is filled up / signed in a	language different from that of the form / where thumb impression is affixed)						
I hereby declare that I have fully explained the contents of this declaration form to the Life II understood by him/her and the replies have been recorded as per the information provided by and confirmed by the Life Insured/Policy Owner.							
Declarant's Name:	Address:						
	Pincode:						
	Signature of the Declarant						
In case the Life Insured/Policy Owner * is illiterate, a person of standing, unconnected with Ma after attesting left thumb impression of the Life Insured/Policy Onwer*	<u> </u>						
I hereby declare that I have explained the contents of this declaration inla her and replies have been recorded as per the information provided by the Life Insured/Policiby the Applicant. The Life Insured/Policy Owner has affixed his/her left thumb impression in n	y Owner and the answers have been read out to and fully understood by and confirmed						
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 :						