

MAX NEWYORK LIFE INSURANCE Company Limited
Regd. Office .Max House, 1 Dr Jha Marg, Okhla, New Delhi -110 020

Head Office: 11th & 12th Floor, DLF Square, Jacaranda, Marg, DLF City Phase II, 122 002, Haryana
HEALTH DECLARATION FORM

| Policy Num | nber: | | | | | | | | | | | | | | Ager | t Code | | | | | | | | | _ |
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| | vival of policy; | | | | | | mple | ete s | ectio | n A | | | | | | | | | | | | | | | |
| Fo | r Addition of ri | der –Co | mplete | e sectio | on A + | В | | | | | | | | | | | | | | | | | | | |
| SECTION | Α | | | | | | | | | | | | | | | | | | Policyholder | | | ' | Life Insured | | |
| | n of life insured | | | | | | | | | | | | | | | | | | Yes | No Yes | | No | | | |
| , | u been off work / | school/ro | utine a | ctivities | due to | illnes | s or i | injury | for a | contin | uous p | eriod | of m | ore th | nan 10 | days i | n | | | | | | | _ | |
| last1year | <u>r?</u> st 5 years have y | ou ouffor | ad from | ony illr | 2000 or | 0000 | ultad | on. | madia | al proc | titiono | r for a | 201/ | ondit | ion oth | 0.00 | | | | | | | _ | | _ |
| | or impairments s | | | | | | | | | | uuone | 1 101 6 | ally (| COHUIL | ion ou | lei | | | " | | _ | | _ | | |
| | proposal/revival | | | | | | | | | | postp | oned | or o | ffered | | | | | | | | 1 | | | ī |
| with extr | ra premium by ar | ny other o | compar | ıy. Give | details | belov | w (rea | ason, | , mont | h, Yea | r and I | Name | of t | he co | mpany | /) | | | | | | | | | |
| 4. Have you | u ever been conv | icted or | are you | under i | investig | ation | for a | ny cr | ime pı | unisha | ble by | 3 or ı | more | year | s of im | prison | ment? | | | | | | | | |
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| SECTION | B - Medical info | ormation | of life | insured | d/policy | hold | er (F | olic | | der co olicy h | | sho | uld | also | be an | swere | d if p | | ' rider fe Insu | | rese | nt) | | | |
| 1 Height a | and Weight Info | mation | | He | eight | | Ff | t | | h or | | Mtr | | Cm | S | | Ft | | nch o | | | Mtr | (| Cms | - |
| i. Holgin a | ina weight inio | mation | | | eight | _ | | Kg | | 11 01 | | | | _ 0111 | <u>. </u> | | K | | 11011 | <u> </u> | | IVICI | | 21110 | - |
| | listory: Has any | | | | | | | | | | | ns su | ich a | s Dia | betes, | Hyper | tensio | 1, Ca | ncer, F | lear | t atta | | | disease | _ |
| ` | stones), Multiple | Sclerosi | s or any | other h | neredita | ry dis | sorde | er? If ' | "Yes' (| give de | etails. | | | | | | | | | | | | Yes | | |
| No | amily details | | | | Policy | , hal | dor | | | | | | | | | | Life In | cure | d | | | | | | |
| | amily Member | | Age a | t diagno | | y HOI | | Condi | tion | | | | | Age a | t diag | | Liie iii | Suit | u I | | (| Cond | ition | | |
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| 3. Have yo | u ever been inv | estigate | d, treat | ed or d | liagnos | ed w | ith a | ny of | the f | ollowi | ng cor | nditio | ns: | | | | | | Policy holder Life Insured | | | | | | |
| • | | | | | | | | | | | | | | | | | | | Yes No Yes No | | | | No | | |
| i. Chest Pain, stroke, heart attack, murmur, Hypertension or high blood pressure or any other heart condition | | | | | | | | | | | | | Yes | | No | | 163 | 10 | | | | | | | |
| 0.1000 | i airi, stroke, rica | rt attack, | murmu | ır, Hype | ertensior | n or h | nigh b | olood | press | ure or | any ot | her h | eart | condi | tion | | | | Yes | | No | | | | |
| ii Diabete | es | | | • | | | Ť | | • | | · | | | | | | | | | | 0 0 | | | | |
| ii Diabete | es a, bronchitis, tube | erculosis, | persist | ent cou | gh, sho | rtnes | s of b | breatl | h or ar | ny othe | er resp | irator | | | | | | | 000 | | | | | | |
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