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 Number:			Agent Code	
		POLICY HOLDER	**LIFE INSURED**	
Name	First			
	Middle			
	Last			
Present Occupation details:				

This application is for the request for (tick the appropriate):

☐	**Revival of policy; Statement of good health – Complete section A**
☐	**For Addition of rider –Complete section A + B**

SECTION A	**Policyholder**		**Life Insured**	
Information of life insured/policy holder (**Policy holder column should also be answered if payor rider is present)**	**Yes**	**No**	**Yes**	**No**
1. Have you been off work /school/routine activities due to illness or injury for a continuous period of more than 10 days in last1year?	☐	☐	☐	☐
2. In the last 5 years have you suffered from any illness or consulted any medical practitioner for any condition other than minor impairments such as common cold? If Yes, Please give details below.	☐	☐	☐	☐
3. Has any proposal/revival for life and health Insurance ever been refused, modified, postponed or offered with extra premium by any other company. Give details below (reason, month, Year and Name of the company)	☐	☐	☐	☐
4. Have you ever been convicted or are you under investigation for any crime punishable by 3 or more years of imprisonment?	☐	☐	☐	☐

SECTION B - Medical information of life insured/policy holder **(Policy holder column should also be answered if payor rider is present)**

		Policy holder	Life Insured
1. Height and Weight Information	**Height**	___ Ft ____Inch or ____Mtr ____ Cms	___ Ft ____Inch or ____Mtr ____ Cms
	Weight	______Kg	______Kg

2. Family History: Has any of your parents or siblings ever suffered from any of the conditions such as Diabetes, Hypertension, Cancer, Heart attack, Kidney disease (excluding stones), Multiple Sclerosis or any other hereditary disorder? If "Yes' give details. ❑ **Yes** ❑ **No**

Family details	**Policy holder**		**Life Insured**	
Family Member	Age at diagnosis	Condition	Age at diagnosis	Condition

3. Have you ever been investigated, treated or diagnosed with any of the following conditions:	**Policy holder**		**Life Insured**	
	Yes	**No**	**Yes**	**No**
i. Chest Pain, stroke, heart attack, murmur, Hypertension or high blood pressure or any other heart condition	☐	☐	☐	☐
ii Diabetes	☐	☐	☐	☐
iiii. Asthma, bronchitis, tuberculosis, persistent cough, shortness of breath or any other respiratory conditions	☐	☐	☐	☐
iv. Hormonal disorders such as thyroid disorders; Anaemia, leukemia or other blood disorder	☐	☐	☐	☐
v. Liver/gall bladder/stomach disorders such as cirrhosis, hepatitis, jaundice, ulcer, colitis, gall stones, indigestion	☐	☐	☐	☐
vi. Cancer, tumor or growth (Malignant or Benign)	☐	☐	☐	☐
vii Kidney or bladder disorder, stones, prostate disorder or gynecological disorder	☐	☐	☐	☐
viii. Epilepsy, neurological disorder, multiple sclerosis, tremors, paralysis, depression or psychiatric disorders.	☐	☐	☐	☐
ix. Disorder of eye, ear, nose , throat or back muscle, joints, bone, neck, deformity, amputation, arthritis, gout.	☐	☐	☐	☐
x. In the last 5 years, have you been advised to have or in the next 30 days will you have an X-ray /CT Scan / MRI / ultrasound /ECG /Blood test or any other investigatory or diagnostic tests or any type of surgery	☐	☐	☐	☐
xi. Have you ever been treated / tested positive for HIV/AIDS or hepatitis B/ C or sexually transmitted disease.	☐	☐	☐	☐
xii. Are you suffering from any other illness or undergoing any investigation/treatment other than mentioned above?	☐	☐	☐	☐
xiii For female Applicant only- Are you Pregnant? If Yes, how many months. ________________________	☐	☐	☐	☐
xiv. Do you participate or intend to participate in Parachuting/Hang, gliding/Scuba Diving/Mountaineering/Car racing/Flying (other than as passenger) or any hazardous activities.	☐	☐	☐	☐
xv. In the next 12 months do you intend to travel or reside abroad other than on holiday of less than four weeks? If yes Please provide details including countries, cities, purpose and duration of stay. Give details below.	☐	☐	☐	☐
xvi Are you attaching any Medical reports along with this form ?	☐	☐	☐	☐

Details:____

Declaration: : I/We further agree and declare that the statements and declarations herein shall be the basis of a rider contract to be issued or revived between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant, and have not withheld any information that may be relevant to enable the Company to make an informed decision about the acceptability of the risk. I fully understand that the revival of my policy/issuance of the rider shall be subject to life to be Insured undergoing medical tests (whenever required) at policyholder's cost, realization of applicable charges for revival and confirming the same in writing to the policyholder. Revival of a lapsed policy/issuance of the rider shall be subject to the company underwriting the risk afresh and confirming the revival/issuance details in writing to the policyholder. The policy may be reinstated or the rider may be issued at revised/reduced coverage. I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the Health declaration form subsequent to the signing of this health declaration form and prior to acceptance of risk and revival of the policy/issuance of the rider by the Company.

________________	____________________	______________
Signature Of Policy holder	Signature Of Life Insured	Signature Of Witness
Date :	Place:	Name of the Witness: ________________________

In case of Policyholder is illiterate/Thumb impression: I hereby declare that I have explained the contents of this form to the Policyholder/Life Insured in___________Language and that the Policyholder/Life Insured has affixed the thumb impression(s) above after fully understanding the contents.

Signature of the Declarant _________________ Address:____ Date:________________