

Health Questionnaire for Group Life Insurance

NOTE: Kindly answer all questions. In case, additional space is required, do attach a separate sheet to this form

DETAILS OF THE LIFE TO BE INSURED (MEMBER)

Name of the employer:			
Name of the life assured (Mr./Mrs./Ms./Dr):			
E-mail Id:	Designation:	Nature of duties:	
Date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Marital Status:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Residential Status: Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National <input type="checkbox"/>			
Specify Country in case NRI / PIO / Foreign National or Currently Posted Outside India _____			

HEALTH DETAILS OF PROPOSED INSURED (Please use ✓ in boxes to indicate choice)

Height: _____ Cms Weight: _____ Kgs.

1. Have you consulted any doctor for surgical operations or have been hospitalized for any disorder or been advised to undergo any medical investigations / treatment for any medical condition other than for minor cough, cold or flu during the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Are you currently taking or in the past have taken any treatment or medications for any condition for a continuous period of more than 14 days? (except for minor cough, cold, flu, appendix, typhoid)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Has your proposal for life insurance, ever been declined, postponed, withdrawn or accepted at extra premium or reduced cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. FEMALE INSURED ONLY:		
a. Are you pregnant? If "Yes", please state how many months pregnant ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Have you suffered from any gynaecological problems or illness related to breasts, uterus or ovary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. a. Do you consume more than 10 cigarettes, bidi's per day or chew more than 5 pouches tobacco per day?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Do you consume more than 2 pegs of alcohol per day in any form. If yes, please provide the type of alcohol and daily quantity consumed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Have you ever suffered from or have been advised that you have any of the following conditions (If yes, please tick the relevant Box and please complete details in table 1 Provided)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Hypertension / high blood pressure	<input type="checkbox"/> Chest Pain / Heart Attack	<input type="checkbox"/> Any other heart disease / problems
<input type="checkbox"/> HIV infection / AIDS or positive test to HIV	<input type="checkbox"/> Diabetes / high blood sugar / sugar in urine	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Fits, blackouts or nervous disorders	<input type="checkbox"/> Asthma, Tuberculosis, or any other lung disorder	<input type="checkbox"/> Liver problems / jaundice / Hepatitis B or C
<input type="checkbox"/> Kidney problems or disease of reproductive organs	<input type="checkbox"/> Cancer / tumour or growth, cyst of any kind	<input type="checkbox"/> Stroke / paralysis
<input type="checkbox"/> Blood disorder(eg. anaemia, thalassemia)	<input type="checkbox"/> Disorder of glands (eg. thyroid)	<input type="checkbox"/> Psychiatric or mental disorder
<input type="checkbox"/> Musculoskeletal or joint disorders	<input type="checkbox"/> Digestive disorder (eg. Ulcer, Colitis etc)	<input type="checkbox"/> Any others

7. Are you currently suffering from or in the past have suffered any other physical deformity critical illness/injury, major surgical operation not mentioned above in Q 6

Yes ☐ No ☐

8. Do you take part in or have you any prospect or intention of taking part in any other hazardous sports, hobbies or pursuits? (eg. in aviation other than as a fare paying passenger, diving, mountaineering, racing etc)

Yes ☐ No ☐

If answers to any of the questions (1) to (7) are "Yes" please give full particulars below with details such as medical history, diagnosis, date of diagnosis, treatment taken, names of medications, tests done, results of tests as under Table 1

TABLE 1: Additional disclosures

Exact diagnosis	Details of treating Doctor / Surgeon (Name, Qualification, Contact No.)	Date of first diagnosis	Date of Last consultation	Details of current symptoms	List of medication being consumed currently	Details and date of hospitalizations and surgery done?	Provide details of any further consultation / surgery planned?

DECLARATION OF THE PROPOSED LIFE ASSURED

I/We declare that I/We have answered the questions in the form and have fully understood the nature of the questions and the importance of disclosing all material information while answering such questions. I/We further declare that the answers given by me / us to all the questions in the form and the information given to the Medical Examiner of the company as to the state of health and habits of the life to be assured are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I/We have made no statement to the Insurance Advisor, medical examiner, or any other person associated with Generali Central Life Insurance Company Limited which in any way modifies the answers and statements on this application. I/We undertake to notify the company of any change in the state of health or as to occupation subsequent to the signing of this form and before the acceptance of the risk by the company.

I/We hereby authorize Generali Central Life Insurance Company Limited, to conduct screening/confirmation/reconfirmation of overall status of the life to be assured including the health status through medical examinations. I/We hereby give my / our consent to undergo HIV1/2 test by ELISA method. The company reserves the right to accept, decline or offer alternate terms on this application.

I/We do hereby declare that the foregoing statements and answers are true and complete in every particular, and agree and declare that these statements and this declaration along with the Proposal for Insurance shall be the basis of the group insurance contract, and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof, shall stand forfeited to Generali Central Life Insurance Company Limited.

I understand that the Generali Central Life Insurance Company Limited will not be on risk until it has accepted the Proposal, the premium paid and communication of the acceptance has been given to me in writing. Risk beyond guaranteed issue limits will commence only after it is exclusively accepted, premium paid and decision of acceptance communicated to me.


Signature of the life to be Assured

Place: _____

Date:

DECLARATION TO BE GIVEN IF PROPOSAL IS SIGNED IN VERNACULAR OR IF THE LIFE TO BE ASSURED IS ILLITERATE

I have explained the contents of this form to the life to be assured and ensured that the contents have been fully understood by the him / her. I have accurately recorded the his / her responses to the information sought in the proposal form and I have read out the responses to the life to be assured and he / she has confirmed that they are correct.


Signature of the person making the declaration


Signature/Thumb Impression of the Proposer

Place: _____

Date:

Name of the declarant: _____

Address: _____

Under the provisions of section 45 of the Insurance Act, 1938, the Company is entitled to repudiate a policy on the ground that a statement made in the proposal or in any report of a medical officer or referee or friend of the Insured or any other document leading to issue of the policy was inaccurate or false, before the expiry of 2 years from the effective date of the policy, and thereafter that if such false or inaccurate statement was on a material matter or suppressed facts were material to disclose and it was fraudulently made and the policy holder knew that the statement was false or was material to disclose. (refer detailed Sec.45 in declaration)