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Received Date:

Q.No.	Details	Please tick any one
	k) Disorder or disease of muscles, bones, joints, limbs, spine. l) Urine, kidney, bladder, reproductive organ or prostrate disorders. m) Thyroid problems including goitre, hyperthyroidism or thyroiditis. n) Deformity or disability. o) Counselling or treatment or testing in connection with AIDS/HIV/other STDs. p) Ear, eye, nose or throat disorder. q) Accident or injury.	
5	Are you currently: a) Taking any medication or prescription drugs not mentioned earlier ? b) Suffering from any physical disability, deformity, illness or injury that has kept you from working ? If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.	☐ Yes/ ☐ No ☐ Yes/ ☐ No
6	Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received? e.g., persistent fever, unexplained weight loss, loss of appetite, pain, swelling, etc. If "YES", please elaborate in "details" section on page 2 along with copies of all investigations done by you.	☐ Yes/ ☐ No
7	Has any proposal or application for revival of Policy on your life made to the Company or any other life insurer ever been declined, postponed or accepted with an extra premium? If "YES", please provide details on page 2.	☐ Yes/ ☐ No
8	Have you travelled outside India or are you planning to travel outside India? If "YES", please provide details on page 2.	☐ Yes/ ☐ No

Q.No.	Details	Please tick any one
9	Is any proposal, or an application for revival of a lapsed Policy, on your life under consideration of the Company or any other life insurance company after the date of signing the proposal form? If "YES", please provide details on page 2 (Company name, product applied for with Sum Assured).	☐ Yes/ ☐ No
10	Since the date of signing of proposal, has there been any change in your occupation, financial position or annual income, vocation/hobbies?	☐ Yes/ ☐ No

For Female Life Insured only		
11	Do you OR have you ever had any disorder of the female organs (breasts, ovaries, uterus), or any abnormality related to pregnancy or confinement, e.g., Caesarean section or miscarriage, high blood pressure, gestational diabetes, etc? If "YES", please elaborate in "details" section below, along with copies of all investigations done by you.	☐ Yes/ ☐ No
12	Are you pregnant now? If "YES", how many months? months	☐ Yes/ ☐ No
13	When was your last baby born?	
14	Have you ever had abnormal PAP smear test or CIN?	☐ Yes/ ☐ No

Additional Information	
15	Any other information material for the evaluation of risk, kindly provide details -

If any of the above questions have been answered as "Yes", kindly provide details (Please mention question number while providing details).

Q. No.	Details

Since the date of my last proposal to Bharti AXA Life Insurance Company Limited, there has been no change in my health.

- I declare that the above answers are correct to the best of my knowledge and belief. I declare that the answers/declarations given above shall be the basis of the insurance contract between Bharti AXA Life Insurance Company Limited and myself. If the answers/declarations contained herein are untrue, the said insurance contract shall be treated as null and void
- I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us

