Certificate of Insurability (Health)

To be filled in by the Life Assured

Policy no.: _____

Life Agent: _____

Name of the Primary Life Assured: _____

Name of the Proposer: _____

Other Assured

Spouse: _____

Child 1: _____

Child 2: _____

Child 3: _____

If you have answered any question in 'yes' please provide full details at the box provided in the end of questioner

1. Address(Residence) _____

Questions	Primary Life	Spouse	Child 1	Child 2	Child 3
Name of Life Assured					
2. Occupation					
2a. Has there been any change in occupation of the Life Assured, since the date of proposal for this policy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2b. Is the Life Assured presently disabled by illness or injury or is otherwise prevented from performing without any aid or assistance and as a fully and int the same manners as he/ she had been performing at the time of his/ her proposal for insurance?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2c. Has the Life Assured ever or is currently suffering from any illness, impairment or disability or any surgery not mentioned above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

3. Does the Life Assured participate or intend to participate in any hazardous sporting activities e.g mountaineering, motor racing, diving, gilding, etc.?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Has the Life Assured since the date of proposal for this policy travelled or intend to travel or reside abroad other than on holiday?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Height of Life Assured (cms). Weight of Life Assured (kgs). Is there a change in weight of more than 5 kg in last 2 years?	_____ cms _____ kgs ☐ Yes ☐ No	_____ cms _____ kgs ☐ Yes ☐ No	_____ cms _____ kgs ☐ Yes ☐ No	_____ cms _____ kgs ☐ Yes ☐ No	_____ cms _____ kgs ☐ Yes ☐ No
6. 6a. Does the Life Assured consume alcohol or nicotine? 6b. Has the Life Assured ever used cocaine, heroin, or other narcotics, marijuana, LSD, or amphetamines except as Prescribed by a physician? If yes, please complete Drug usage Questionnaire.	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
7. Has any of the parents/ brothers/ sisters of the Life Assured suffered from or died of heart dieses, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or paralysis or any other hereditary/ famillal disorders such as Huntinton's disease, Polycystic disease or the kidneys or familial polyposis of the colon?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. In the last 5 years: 8a. Has the Life Assured consulted any physician or other health practitioner for any illness, other than common cold, fever or influenza lasting for more than 4 days?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

8b. Has the Life Assured been told to take advice for any illness, disease or injury or has been admitted as an in-patient in a hospital or clinic except for pregnancy, child birth or routine check up?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8c. Submitted to ECG, X-ray, blood test or other tests?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Has the Life Assured ever been examined or treated for any Heart problem, Hypertension, diabetes, Respiratory problem, Tuberculosis, Digestive disorder, Renal problem, Tumor, Mental disorder or any Gynecological problem?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Has the Life Assured ever had to seek advice for Acquired immune Deficiency Syndrome (AIDS) or a test indicating presence of HIV virus?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Disclaimer
"In the event of any disagreement in interpreting the contents of the format, the format that was printed in Hindi / English version (as the case may be) prevails as per IRDAI Circular No: IRDAI/ Life/ Life Council/ 2013/ 73 dated 29th April 2014"

I/We declare: That the replies given by me/us ,to the questions in this proposal are true, complete and correct.

I/We agree:

1) That Aegon Life insurance company Ltd shall incur no liability by reason of this proposal or by reason of any cash paid or settlement made in connection therewith until this proposal has been approved by Aegon Life Insurance Company Ltd with no change having taken place in the insurability of the Insured, subsequent to the date of this proposal.

2) All material facts, being facts which might influence the assessment of this proposal, have been disclosed in this proposal it being understood that the failure to make such disclosure renders the contract voidable at the option of the Company, and

3) That if on the basis of this proposal the policy is changed so as to result in an increase in the amount of risk, death by suicide within a period of one year from the date of this proposal equal to the period specified in the suicide provisions of this policy, is a risk not assumed under the changed policy in respect of any increase in the amount at risk, but in the event of such death Aegon Life Company Ltd will become liable to make payment of the amount which would become payable had the policy not been changed, together with the increase in the premium paid as a result of the change.

Name of Proposer :

Signature of Proposer :

Name of Life Assured :

Signature of Life Assured :

Name of Life Advisor/Relationship Manager/Specified person :

Signature of Life Advisor/Relationship Manager/Specified person :

Date : D D M M Y Y Y Y

Place :

COVID-19 (Coronavirus) Exposure Questionnaire

Applicant's Name	Application Number:

Please answer the following questions with as much detail as possible:

1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19) ? If yes, please provide details.
   Yes ☐ No ☐

   _____

   _____

2. Have you ever been quarantined due to a possible exposure to novel coronavirus (SARS-CoV-2/COVID-19)? If yes, please provide dates and locations.
   Yes ☐ No ☐

   _____

   _____

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARS-CoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?
   Yes ☐ No ☐

4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis.
   Yes ☐ No ☐

   _____

   _____

5. Have you experienced any of the following symptoms within the last 14 days?

- Any fever
- Cough
- Shortness of breath
- Malaise (flu-like tiredness)
- Rhinorrhea (mucus discharge from the nose)
- Sore throat
- Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea

If yes, to any of these, please indicate which and provide full information.

6. Travel Declaration
   a. Please provide your travel patterns over the past 14 days:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

   b. Please detail your intended future travel plans for the next 30 days:

COUNTRY	CITY	DATE ARRIVAL	INTENDED DURATION

7. Are you currently in good health?
   Yes ☐ No ☐

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signed at _____ on this day _____of_____ , _____

_____

Applicant Signature