

## Critical Illness Rider Addition Form

Name of the Policy holder	:									
Policy No.	:									
Date	:									
Contact Number	:									
E-mail Address	:									
<p>Addition of Rider:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Waiver of Premium on Critical Illness Rider</td> <td><input type="checkbox"/> iCritical Illness Rider</td> </tr> <tr> <td><input type="checkbox"/> Women Critical Illness Rider Group 1*</td> <td><input type="checkbox"/> Women Critical Illness Rider Group 2*</td> </tr> <tr> <td><input type="checkbox"/> Critical Illness Rider</td> <td><input type="checkbox"/> Women Care Rider Group 1*</td> </tr> <tr> <td><input type="checkbox"/> Women Care Rider Group 2*</td> <td><input type="checkbox"/> Other (Please mention)</td> </tr> </table>			<input type="checkbox"/> Waiver of Premium on Critical Illness Rider	<input type="checkbox"/> iCritical Illness Rider	<input type="checkbox"/> Women Critical Illness Rider Group 1*	<input type="checkbox"/> Women Critical Illness Rider Group 2*	<input type="checkbox"/> Critical Illness Rider	<input type="checkbox"/> Women Care Rider Group 1*	<input type="checkbox"/> Women Care Rider Group 2*	<input type="checkbox"/> Other (Please mention)
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<input type="checkbox"/> Women Care Rider Group 2*	<input type="checkbox"/> Other (Please mention)									
<p>*Women Critical Illness Rider: - Applicable only for female Life Assured.</p>										

- 1) Current Occupation: \_\_\_\_\_
- a) Has there been any change in your occupation, since the date of the issuance of the policy? Yes  No
- If yes, please give details: \_\_\_\_\_
- b) Is the Life Assured presently disabled by any illness, disease or injury or is otherwise prevented from performing without any aid or assistance and as fully and in the same manner as you had been performing at the time of submission of the proposal under the policy. Yes  No
- If yes, please give details: \_\_\_\_\_
- c) Is the Life Assured currently suffering from any illness, disease, impairment or disability or have undergone any surgery? Yes  No
- If yes, please give details: \_\_\_\_\_
- 2) Has the Life Assured traveled or stayed out of India exceeding \_\_\_\_ days other than on leisure holiday, since the issue of the policy? Yes  No
- If yes, please give details: \_\_\_\_\_
- 3) Height:  cms. Weight:  kgs.
- Has the weight of the Life Assured increased or decreased by more than 5 kgs in last 2 years? Yes  No
- If yes, please give details: \_\_\_\_\_
- 4) a) Does the Life Assured consume alcohol and/or smoke cigarettes/bidis or used any other products containing tobacco/nicotine? Yes  No
- If yes, please mention quantity/week: \_\_\_\_\_
- Alcohol  Smoking
- b) Has Life Assured ever consumed cocaine, heroin, or other narcotics, marijuana, LSD, or amphetamines except as prescribed by a registered Medical Practitioner? Yes  No
- If yes, please give details: \_\_\_\_\_

- 5) Have any of the parents/ brothers/ sisters of Life Assured suffered from or died of or currently suffering from heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or paralysis or any other hereditary/ familial disorders such as Huntington's disease, polycystic disease of the kidneys or familial polyposis of the colon? Yes  No
- If yes, please give details: \_\_\_\_\_
- 6) In the last 5 years has the Life Assured:
- a) Consulted any physician or other medical health practitioner for any illness, other than common cold, fever or influenza lasting for more than 4 days? Yes  No
- If yes, please give details: \_\_\_\_\_
- b) Ever been told to take advice for any illness, disease or injury or have been admitted as an in-patient in a hospital or clinic except for pregnancy, child birth or routine check up? Yes  No
- If yes, please give details: \_\_\_\_\_
- c) Undergone or undergoing any ECG, X-ray, blood test or other tests? Yes  No
- If yes, please give details: \_\_\_\_\_
- 7) Has the Life Assured ever been examined or treated for any heart problem, hypertension, diabetes, respiratory problem, tuberculosis, digestive disorder, renal problem, a tumor, or any mental disorder. Yes  No
- If yes, please give details: \_\_\_\_\_
- 8) Has the Life Assured ever sought advice for Acquired Immune Deficiency Syndrome (AIDS) or a test indicating the presence of HIV virus? Yes  No
- If yes, please give details: \_\_\_\_\_
- 9) Since the date of issue of Policy has any proposal for insurance of the Life Assured or reinstatement of policy of insurance or health insurance, postponed, modified or rated up by Aegon Life Insurance Company Ltd. or any other insurance company? Yes  No
- If yes, please give details: \_\_\_\_\_
- 10) Is there any proposal for insurance of the Life Assured which is currently pending with Aegon Life Insurance Company Ltd. or any other insurance company? Yes  No
- If yes, please give details: \_\_\_\_\_
- 11) For Women Life Assured:
- a) Are you currently pregnant? Yes  No
- If yes, please state the duration of pregnancy (in weeks): \_\_\_\_\_
- b) Are you suffering from, being investigated or treated for any pregnancy related complication or any other gynecological disorder? Yes  No
- If yes, please give details: \_\_\_\_\_
- 12) Kindly help with the sum assured you need for the rider requested. \_\_\_\_\_

I, confirm that the replies given by me, to the questions above are true, complete and correct.

**I agree :**

- 1) That Aegon Life Insurance Company Ltd. (the "Company"), shall incur no liability by reason of having been submitted to it by me or by reason of any deposit towards the premium for this Rider being made by me, until this proposal is accepted by the Company with no change having taken place in the insurability of the Assured, subsequent to the date of this proposal.

**Declaration**

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

Signature of Policy holder: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

**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 29<sup>th</sup> April 2014"