pnb MetLife
Milkar life aage badhaein

Member Application No.: _____

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. Insurance Regulatory and Development Authority of India Registration number 117. CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us at 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

DECLARATION OF GOOD HEALTH (Valid for 3 months from the signature date)

Important Instructions: 1. The form needs to be filled with single Ink. 2. In case of any corrections or overwriting, fresh form needs to be filled.

Policy Number 1: Policy Number 2: Policy Number 3:

Full Name of Life Insured: *(If Different from Policy Owner)*

I wish to reinstate my above mentioned policy with PNB MetLife India Insurance Co. Ltd.

Marital Status: ☐ Married ☐ Unmarried ☐ Others (Specify) _____ Contact No.: _____

Email ID: _____ Aadhaar No*.: *Only last 4 digits of Aadhaar No. to be mentioned

1. ALL QUESTIONS TO BE ANSWERED WITH REFERENCE TO LIFE INSURED

1. Education Qualification: ☐ Postgraduate and above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Illiterate ☐ Others (Specify) _____

2. Has your Occupation changed from that at the time of issue of the Policy? Yes ☐ No ☐ (If yes, please mention the following details): _____

3. Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc.). ☐ Yes ☐ No If Yes, please complete the respective Occupation Questionnaire.

4. Nationality: ☐ Indian ☐ Non-Resident Indian ☐ Person of Indian Origin ☐ Foreign National Country Name _____

(If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI / PIO / Foreign National questionnaire)

5. Are you employed in Armed, Paramilitary or Police Force? ☐ Yes ☐ No (If Yes, please complete Armed Services Questionnaire)

2. PERSONAL DETAILS

Height in Cms _____ / or Ft _____ / Inches _____ Weight in Kgs _____ / or Pounds _____

3. MEDICAL DETAILS

		Yes	No			Yes	No
1	High blood pressure, chest pain, angina, heart attack or any other ailment of the heart or circulatory system? If Yes, please specify the details _____	☐	☐	2	Seizures, stroke, paralysis, epilepsy, Parkinson's, multiple sclerosis, other disorder of the brain or nervous system? If Yes, please specify the details _____	☐	☐
3	Tuberculosis, Asthma, Avian Flu, Bronchitis, Shortness of breath, or any other respiratory disorder? If Yes, please specify the details _____	☐	☐	4	(a) Cancer, tumor, cyst, leukemia, growth, lump or other malignancy? If Yes, please specify the details _____ (b) Do you have Anemia, Leukemia, or any other blood related disorders? If Yes, please specify the details _____	☐ ☐	☐ ☐
5	Any kidney, liver, bladder disorder or prostate disease, blood/protein in urine? If Yes, please specify the details _____	☐	☐	6	Ulcers or any stomach or intestinal disorder/Any disorder related to ear, nose and throat? If Yes, please specify the details _____	☐	☐
7	Diabetes, thyroid or any other gland related disorders? If Yes, please specify the details _____	☐	☐	8	Depression, stress, anxiety, attempt to suicide or any other psychological or emotional disorder or nervous breakdown or Mental illness or symptoms of the same? If Yes, please specify the details _____	☐	☐
9	Have you or your spouse ever been tested of or received any medical advice, counseling or treatment in connection with HIV/AIDS or Hepatitis B/C or any Sexually Transmitted Diseases? If Yes, please specify the details _____	☐	☐	10	During the past five years (a) Have you consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough? (b) Have you Undergone ECG, x-rays, blood test or other tests? (c) Have been admitted/advised to be admitted to any hospital or any other medical facility? If Yes, please specify the details _____	☐ ☐ ☐	☐ ☐ ☐
11	Do you have any physical/mental deformity/defect or any congenital condition? Any Back, Arthritis, Joint or Bone Disorders or Skin Lesion? If Yes, please specify the details _____	☐	☐	12	Has there been drastic weight loss or weight gain (> =5 kgs) in the past year? If Yes, please specify the details _____	☐	☐
13	Have you undergone or been advised to undergo surgery of any kind or any major organ transplant? If Yes, please specify the details _____	☐	☐	14	Have you been or are you suffering from any other illness, injury, disease condition or have undergone medical examination not mentioned in the above questions due to which you have abstained from work for more than 7 days? If yes, please provide details of the illness and the treatment /medication taken or being taken _____	☐	☐

QUESTION (15-17) TO BE ANSWERED BY FEMALE LIVES ONLY

		Yes	No
15	Are you pregnant now? (If yes, mention the duration of pregnancy and complications, if any, relating to pregnancy) _____	☐	☐
16	Have you undergone caesarian section, had any abortion or miscarriage? For each "Yes" provide details. ☐ In the last 3 months ☐ 3 to 6 months ☐ More than 6 months	☐	☐
17	Have you suffered from any disorder of the breast or reproductive organs? If yes, please provide details _____	☐	☐

For each "Yes" answer in Section 3 please identify the question and give full details, conditions, dates, duration and results. Give full names and addresses of Doctor/Hospital/clinic etc. (Do use an additional sheet, if required)

Question no.	Details

4. GENERAL DETAILS

		Yes	No
4.1	Has any proposal or application for reinstatement of a policy on your life made to any other Insurance Company ever been withdrawn or dropped, accepted with extra premium or lien, deferred or declined or accepted on terms other than proposed? If Yes, please give details _____	☐	☐
4.2	Any change in nationality from the time you took the policy? If yes, please mention the following details: Country You Reside in _____	☐	☐

4.3	1) Do you consume, or have you ever consumed or been advised to quit alcohol or drugs (marijuana, cocaine, addictive substances) or have you smoked or consumed tobacco or nicotine products (cigarettes, beedi, chewing tobacco, pan masala) in any form in the last 24 months? Yes ☐ No ☐ 2) Please give the following details:									
	Substance Consumed	**Yes**	**No**	**Consumed As**				**Quantity**		
	Tobacco	☐	☐	☐ Cigarettes	☐ Beedi	☐ Tobacco	☐ Chewable Tobacco	**No. of sticks or pouches per Day/Week/Month/ Year**		
	Alcohol	☐	☐	☐ Beer		☐ Wine	☐ Liquor	**Pints or ml per Day/Week/Month/ Year**		
	Drugs	☐	☐	☐ Marijuana		☐ Cocaine	☐ Addictive Drugs			
4.4	Any legal or criminal case pending/convicted? If yes, please give details _____								Yes ☐	No ☐
4.5	Do you engage in professional sports (Automobile or Motor–Cycle Racing, Skin or Scuba Diving, Skydiving) If yes, please give details								Yes ☐	No ☐

REASON FOR NON-PAYMENT OF PREMIUM (Please tick only one)

I, _____ the Policy Owner of the above-mentioned Policy could not pay premium within the time period provided in the policy, due to below mentioned reason:

☐ Non receipt of communication from the Company due to out of country/ remote place of residence/ change of contact details

☐ Any other reason (Please specify) _____

DECLARATION BY THE LIFE INSURED / POLICY OWNER

I, do hereby solemnly affirm and state that, all the answers given above are true & complete to the best of my knowledge and belief. I further affirm that, I would duly intimate PNB MetLife any material change in any of the critical factor impacting reinstatement of the policy on happening of such material change. I also understand and agree that the risk under the lapsed policy does not commence till such time the application for reinstatement is accepted by PNB MetLife India by issuing a Renewal Premium Receipt.

_____

Signature/ Left Thumb Impression of the Person Insured

Name of Person Insured: _____

Date: D D M M Y Y Y Y

Place: _____

_____

Signature/ Left Thumb Impression of the Policy Owner

Name of Policy Owner: _____

Date: D D M M Y Y Y Y

Place: _____

TO BE FILLED IN BY PNB METLIFE SERVICE PERSONNEL: Have the Signatures of Life Assured / PO been verified with the signatures in application form? ☐ Yes ☐ No

Note - Policy Owner Signature verification is required in case Life Assured is a minor.

Declaration by the person filling in the form (In case the form is filled up / signed in a language different from that of the form / where thumb impression is affixed)

I hereby declare that I have fully explained the contents of this declaration form to the Life Insured/Policy Owner in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Life Insured/Policy Owner and the replies have been read out to, fully understood by and confirmed by the Life Insured/Policy Owner.

Declarant's Name: _____ Address: _____

_____ Pin code: _____

Signature of the Declarant

In case the Life Insured/Policy Owner is illiterate, a person of standing, unconnected with PNB MetLife, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Life Insured/Policy Owner**

I hereby declare that I have explained the contents of this declaration in _____ language to the Life Insured/Policy Owner. The same have been fully understood by him/ her and replies have been recorded as per the information provided by the Life Insured/Policy Owner and the answers have been read out to and fully understood by and confirmed by the Applicant. The Life Insured/Policy Owner has affixed his/her left thumb impression in my presence.

_____

Left Thumb Impression of the Life Insured /Owner
(Where the Life Insured is minor, the Legal Guardian should attach this form)

_____

Left Thumb Impression of the Policy Owner
(If different from Life Insured)

Name of Declarant: _____ Address: _____ Pin code: _____