

## **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. Cl No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: <a href="www.pnbmetlife.com">www.pnbmetlife.com</a>, Email: <a href="mailto:indiaservice@pnbmetlife.co.in">indiaservice@pnbmetlife.co.in</a> 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

Joint Life Questionnaire

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1)	Name of the Spouse: (Joint Life Name):								
2)	Join	Joint Life Maiden Name (Only if Joint Life is Female):				3) Gender: ☐ Male ☐ Female			
4)		ate of Birth: DDMMYYYY 5) Nature of Age Proof:							
6)	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)								
7)	Educational Qualification: Post Graduate & above Graduate Diploma 12 <sup>th</sup> Pass 10 <sup>th</sup> Pass Below 10 <sup>th</sup> Pass Ulliterate Others (Specify)								
8)	Occupation: ☐ S- Service (☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others)								
	☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B- Business ☐ X- Not Categorise								
9)	Name & Address of the Organization/Business Nature of Business Exact Nature of Duties Designation		Designation	Years of Service/Business					
.0)	Sum Assured of Joint Life: Rs 11) Income Proof:								
.2)	Health Details of Spouse:								
-,	a)	•	or Ft Inches	s We	eight in Kgs	or Pounds			
	b)								
	<ul> <li>Has your spouse 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,</li> </ul>								
		flu, appendix, typhoid)				☐ Yes ☐ No			
	d)	ed,							
	withdrawn or accepted at extra premium or reduced cover?					☐ Yes ☐ No			
	e) Does your Spouse consume more than 20 cigarettes, bidis per day, or chew more than								
		5 pouches of tobacco per day?			☐ Yes ☐ No				
	f) Does your Spouse consume more than 3 pegs of alcohol per day in any form?					☐ Yes ☐ No			
	g) Has your spouse ever suffered from or have been advised that you have any of the following conditions (If yes, please tick the relevant boxes)								
		i. Hypertension/hig		,		☐ Yes ☐ No			
		ii. Chest Pain/Heart	·			☐ Yes ☐ No			
	<ul><li>iii. Any other heart disease/problems</li><li>iv. HIV infection/AIDS or positive test to HIV</li></ul>		☐ Yes ☐ No						
			☐ Yes ☐ No						
	v. Diabetes/ high blood sugar/sugar in urine		☐ Yes ☐ No						
	vi. Blood disorder (eg Haemophilia, Thalassemia)				☐ Yes ☐ No				
		vii. Stroke/paralysis/Multiple Sclerosis			☐ Yes ☐ No				
	viii. Tuberculosis, or any other lung disorder				☐ Yes ☐ No				
		ix. Liver problems/ ja	aundice/Hepatitis B or C			☐ Yes ☐ No			
		x. Kidney problems	or disease of reproductive o	rgans		☐ Yes ☐ No			
		xi. Cancer/tumour or	r growth, cyst of any kind			☐ Yes ☐ No			
		xii. Gynaecological Di	isorders (Female Life Only)			☐ Yes ☐ No			

h)	Has your spouse been suffering or is your spouse suffering from any other illness, injury, disease condition or has undergone medical examination not mentioned in the above questions due to which your spouse has abstained from work for more than 7 days? If Yes, please provide details								
		the treatment/medication	•		☐ Yes ☐ No				
i)	For each 'Yes' in point 10 (b to g), please identify the question and provide full details, conditions, dates, duration and results. Kindly provide the full name and address of Doctor/Hospital/Clinic etc.								
	Question No. Details								
j)	Does your Spouse take part in or have any prospect or intention of taking part in any hazardous occupation, sports, hobbies or pursuits? (eg. in aviation other than as a fare paying passenger,								
	diving, mountain	☐ Yes ☐ No							
S	ignature of Primary	life		Signature of Joint life (Second Life)					