

CERTIFICATE OF INSURABILITY FOR REINSTATEMENT

Please ensure that no questions are left unanswered and the certificate is complete in all respects.

PARTICULARS RELATING TO LIFE INSURED POLICY OWNER

CLIENT ID (L.A.) :

CLIENT ID (Policy owner) :

Policy No. :

1. Name in Full of Life Insured :

Name in Full of the Policy Owner :

2. Address (Residence) : _____

3. If outside India, since when? Is there any intention to reside outside India ?
(If YES, give details)

4. Amount paid towards Reinstatement:

Date	Cash/Cheque/D.D. No.	Issuing Bank	Amount in Rs.

5. (a) Occupation (State Duties):

(b) Have you changed your occupation since the date of application for this policy?
(If YES, give details with the date of change)

(c) Are you presently disabled by illness or injury or otherwise prevented from performing on a Full Time basis any of the duties of your occupation?
(If YES, give details)

(d) Are you engaged or do you intend to engage in any hazardous sporting activities Eg; Mountain / Rock climbing, Vehicle racing, Aviation / Scuba diving etc.?.....
(If YES, give details)

6. Except for travel as a fare - paying passenger, have you flown an aircraft during the past 2 years or do you intend to do so?
(If YES, give details)

7. (a) Height (cm) : _____ (b) Weight (kg) : _____
Any change in Weight in the past 2 years ?.....
(If YES, give details with reason for change)

8. Within the past 12 months, have you used any products containing alcohol or nicotine?.....
(If YES, Quantity / Week)

9. Name and Address of regular attending Physician:

10. Are you on diet, or taking any vitamin, herbal medicine, reducing pills, or other medicine of any kind?
(If YES, give details)

11. Have you ever been examined for or treated for high blood pressure, stroke, heart trouble, diabetes, cancer, tumor, chest pain, digestive tract disorder or had such treatment been recommended by a physician or other practitioner?.....
(If YES, give details)

12. Has any of your parents/brothers/sisters suffered from or died of 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?
(If YES, give details)

13. Since the application for this policy, have you

(a) Consulted any physician or other health practitioner?.....
(If YES, give details)

(b) Been told you had, or sought advice for any illness disease or injury?.....
(If YES, give details)

(c) Submitted to ECG, X-Rays, blood test or other tests?.....
(If YES, give details)

(d) Been submitted or advised to be admitted as an in - patient in a hospital or clinic except for pregnancy, birth or routine check-up?.....
(If YES, give details)

(e) Ever used cocaine, heroin or other narcotics, marijuana, LSD or amphetamines except as prescribed by a physician?.....
(If YES, give details)

(f) Ever had or sought advise for Acquired Immune Deficiency Syndrome (A.I.D.S) or a test indicating the presence of H.I.V. virus?.....
(If YES, give details)

(g) Are you in sound health?.....
(If NO, give details)

14. For Women: (a) Are you pregnant?.....
(If YES, No. of Weeks)

(b) Have you had any complications of pregnancy?.....
(If YES, give details)

15. Since the date of application for this policy has any application for, or reinstatement of life or health insurance been declined, postponed, modified or rated up by Birla Sunlife Insurance or any other insurance company?.....
(If YES, give details)

16. Do you have any other application for, or reinstatement of, life insurance pending?.....
(If YES, give details)

I, the life insured/applicant declare that to the best of my knowledge and belief the above answers are full and true, and agree the application if approved, with the answers given in any declaration which may be required by Birla Sunlife Insurance Company Limited relates to the insurability of the life insured or to the change of the policy, shall be the basis of such reinstatement, delivery or change.

- I agree:
1. That Birla Sunlife Insurance Company Limited shall incur no liability by reason of this application or by reason of any case settlement made in connection therewith until this application has been approved by Birla Sunlife Insurance Company Limited change having taken place in the insurability of the insured subsequent to the date of this application.
 2. All material facts, being facts which might influence the assessment of this application, have been disclosed in this application being understood that failure to make such disclosure renders the contract voidable, and
 3. That if on the basis of this application the policy is changed so as to result in an increase in the amount of risk, death by suicide assumed under the changed policy in respect of any increase in the amount at risk; but in the event of such death Birla Sunlife Insurance Company Limited will become liable to make payment of the amount which would become payable had the policy changed, together with the increase in the premium paid as a result of the change.

Signed at _____ on _____ 20____

Signature of Life Insured _____

Signature of the Applicant _____

Signature in presence of Mr / Ms _____

Name of Ins Adv. : _____

Code of Ins Adv. : _____

Name of Agency Manger : _____

Code of Agency Manager : _____