



22. Option of Add on Cover (Critical Illness)  Yes  No  
 If yes Please select Sum Insured for Add on Cover:  1 Lac  2 Lac  3 Lac  5 Lac
23. Have you ever taken narcotics or other habit forming drugs or been treated or advised in connection with your alcohol consumption or the taking of drugs? Please give duration and daily consumption? \_\_\_\_\_
24. Has any proposal for life, critical illness or health related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details \_\_\_\_\_
25. Has any of the persons to be insured suffer from/or investigated for any of the following?  
 Disorder of the heart, or circulatory system, chest pain, rheumatic fever, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind or any diseases of the blood, glands, spleen, ears, eyes or skin, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV, gastrointestinal system (digestive disorders, gastric or duodenal ulcer, hepatitis B, hepatitis C or other disorders of the liver, disorders of the gall bladder)  Yes  No
26. Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and prior to 4 years and have been taking treatment, regular medication (self/ prescribed) or planned for any treatment / surgery / hospitalization? (Please provide details in the table given below)  
**If the reply is YES for question 25 and 26, please share details in below table**

Member Name	Name of the Illness/injury suffered /suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury

27. Have any of your immediate family members (father, mother, brother or sister) have/ had diabetes, hypertension, cancer, heart attack, or stroke and at What age? If yes, was it before age 60 years or after 60 years?

Member Name	Relationship with Proposer	Disease Name	At what Age illness suffered

If you have opted for add on Cover (Critical Illness Cover), please provide below details.

28. Unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infection or swollen glands?  
 If yes, give details \_\_\_\_\_
29. Have you ever had or been advised to have hospital treatment or surgery?  
 If yes, give details \_\_\_\_\_
30. In the past 5 years, have you consulted a physician for any reason or have you had any investigation such as blood or urine tests, X-rays, electrocardiograms, ultra sonograms, CT scans or biopsy, other than for routine employment or immigration purposes? If yes, give details \_\_\_\_\_
31. Have you ever received or do you now receive any personal accident, disability benefit, or disability-related payments?  
 If yes, give details \_\_\_\_\_
32. Are you at present or any time in past were on any medication, special diet, or treatment? If yes, give details \_\_\_\_\_
33. Do you participate or do you intend to participate in any hazardous sports or activities such as motor sports, climbing, parachuting, hang-gliding, or aviation except as a fare-paying passenger? If yes, give details \_\_\_\_\_
34. Are you pregnant (for female only)? If yes, please state how many months. Please state if you had any pregnancy related complication during your previous pregnancy/delivery? If yes, give details \_\_\_\_\_
35. Any other diseases or ailments not mentioned above? If yes, give details \_\_\_\_\_
36. Payment Details:  Cash  Cheque  DD  Credit Card  Debit Card

Amount	Transaction No.	Transaction Date	Bank Name	Branch