

LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Continuous Disability Statement

Policy Number:

Name of the Member: _____

Name of the Group Policyholder: _____

To Be Completed By The Insured

1. (a) Are you still unable to follow your main occupation? Yes No
(b) If "yes", when do you expect to return to work? _____
(c) If "no", please give details of all occupations that you are following? _____

2. (a) Are you able to perform some or all of your normal duties in carrying out your main occupation? Yes No
(b) If "yes", please state details _____
(c) If "no", when do you expect to follow any occupation? _____

3. (a) State name, contact number of medical practitioner last consulted? _____
(b) When did you consult him? _____
(c) For what reason? _____

4. (a) If you are receiving, or if you expect to receive any benefit because of your disability from any employer, any other insurance company, a pension fund, any State fund or from any source, please give particulars:

Source Of Benefit	Amount Of Benefit	Date Of Commencement Of Payment
		<input type="text"/>

- (b) Apart from any benefit mentioned above, please give details of any income which you have received, may have become entitled to receive or are still receiving during your disability and the reason for its payment to you.

Source Of Benefit	Amount Of Benefit	Date Of Commencement Of Payment
		<input type="text"/>

5. (a) Are you aware or have you been advised of any material change in the circumstances of your disability since the date of your original Claim Form?
 Yes No

If "yes" please give details _____

6. Remarks _____

I do hereby declare and warrant that the answers given by me in this Statement are in every respect true and correct and that no material information has been withheld nor any relevant circumstances omitted.

I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy.

I agree that the Company reserves right to call for additional information/ documents

Signed At _____ On _____ 20 _____

Witness _____ Signature _____

FOR/1/17-18/1393

Aditya Birla Sun Life Insurance Company Limited

(Formerly known as Birla Sun Life Insurance Company Limited)

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