

- Yes No
10. Do you consume or have you ever consumed any narcotic substance?
 (If YES, give details) _____
11. Are you on diet or any other medicine of any kind as prescribed by a doctor?
 (If YES, give details) _____
12. Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received?
 (Persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.)
 (If YES, give details) _____
13. Have you or your spouse received any medical advice, testing or treatment for any sexually transmitted disease or HIV Infection?
 (If YES, give details) _____
14. Since the application for this policy, have you
- (a) Consulted any physician or other health practitioner except for common cold, influenza lasting less than 4 days?
 (If YES, give details) _____
- (b) Submitted to an ECG, X-Rays, blood tests or any other tests? (If YES, please specify below)
 Routine Pre Employment check up Insurance related Others
- (c) Admitted / been advised to be admitted to any hospital or medical facility for medical management or surgical procedure?
 (If YES, give details) _____
15. Have you ever sought advice or suffered from any of the following? Please provide details with reasons, wherever applicable.
- (a) Chest pain, high blood pressure, stroke, high cholesterol, heart attack, heart murmur or other heart disorders?
- (b) Asthma, chronic cough, pneumonia, shortness of breath, tuberculosis (TB) or other respiratory or lung disorders?
 (If YES, submit appropriate questionnaire) _____
- (c) Diabetes / elevated blood sugar or sugar in the urine? If YES, submit Diabetes Questionnaire.
- (d) Protein (albumin), blood or pus in the urine, sexually transmitted disease (STD) or venereal disease?
- (e) Ulcer, colities, chronic diarrhea, hepatitis or jaundice or other liver or digestive disorders? If YES, submit Digestive questionnaire.
- (f) Cancer, tumour, abnormal growth, thyroid disorder, enlarged glands or enlarged lymph nodes?
- (g) Anemia, bleeding or blood disorders?
- (h) Dizziness / fainting spell, epilepsy, paralysis, stroke, nervous or mental / emotional disorder?
 (If YES, submit appropriate questionnaire) _____
- (i) Kidney, urinary bladder, reproductive organ or prostate disorders?
- (j) Arthritis, gout or joint pain, muscle disorder, bone fracture or disorders?
- (k) Acquired Immunodeficiency Syndrome (AIDS) or AIDS related complex?
- (l) A test indicating the presence of HIV (AIDS virus) ?
- (m) Disorder of eyes (such as cataract, glaucoma etc.) or ears?
- (n) Any other illness, surgery or injury?

Please provide complete details for all the above questions under Q15 answered as 'Yes'

Question No.	Exact Diagnosis and details of current symptoms	Details of treating Doctor/Surgeon (Name, Qualification, Contact No., Address) and List of medications being consumed currently	Details and date of hospitalization and surgery done

16. 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 of familial polyposis of the colon?
 (If YES, give details) _____
17. For Female Lives only:
- (a) Are you pregnant? (If Yes, No. of Weeks) _____
- (b) Have you suffered from or do you have any gynecological problems of illness related to uterus/ovaries or breasts?
 (If YES, give details) _____

I, the life insured/applicant declare that 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 Aditya Birla Sun Life Insurance Company Limited (ABSLI) 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:

- That Aditya Birla Sun Life Insurance Company Limited (ABSLI) shall incur no liability by reason of this application or by reason of any cash paid or settlement made in connection therewith until this application has been approved by Aditya Birla Sun Life Insurance Company Limited (ABSLI) with no change having taken place in the insurability of the insured subsequent to the date of this application.
- All material facts, being facts which might influence the assessment of this application, have been disclosed in this application, it being understood that failure to make such disclosure renders the contract voidable, and
- That submission of this COI does not mean auto reinstatement of my policy and the same is subject to completion of all the requirements including medical requirements if required raised by ABSLI. Upon approval by ABSLI, reinstatement of the policy shall be communicated separately to me.

