



DECLARATION OF GOOD HEALTH FOR LIC'S CANCER COVER (PLAN 905)

Branch Office.....

Divisional Office.....

1. Policy Number

Full Name (Max 40 Char)			
Father's Name			
Nationality		If NRI, Country of Residence	
Address for communication			
City/Town		District	
State		PIN Code	
Permanent residential Address			
City/Town		District	
State		PIN Code	
Telephone	STD code Phone No.....	Mobile	(+91)
E-Mail id			
Occupation		Income Rs	
Name of Employer		Designation	
Nature of Duty		Length of Service	

2. Has any of your new proposal/application for revival/ reinstatement for medical, health related insurance or riders or critical illness been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased (extra) premium with LIC or any other insurer in India or abroad.

Yes No

If, Yes please provide details in the Table below.

Name of the Insurer	Policy No	Plan/ CI Rider & Term	Sum Assured	Date of Commencement	Terms of acceptance/Decline/Postpone/Reject	Reason for substandard terms/Decline/Postpone/Reject

3. Is of All your existing In force Critical Illness policies/ Riders /Cancer Cover policies issued / Revived.

Policy No.	Insurance cos. from where the previous policy/ies have been purchased with address (if purchased from LIC, give name of BO/DO)	Plan/CI Rider & Term	Sum Assured	Critical Care policies/Critical Insurance Rider/Cancer Cover Insurance Rider.	Year of issue	Inforce/ Lapsed

4. Does your critical illness cover/Cancer cover with all insurance companies including LIC exceed INR 50,00,000/- including current application

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. HEALTH DETAILS AND MEDICAL INFORMATION

DETAILS	Remarks	
1. Do you consume or have ever consumed Narcotics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you smoke Cigarettes/bidis or consume tobacco in any form? a) If, Yes please specify the number of cigarettes/bidis smoked per day _____. b) Have you consumed any form of chewable tobacco in the last 12 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been advised to quit alcohol consumption for health reasons OR diagnosed with any liver abnormalities due to alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has either of your parents and/or brother or sister suffered/suffering from, or died due to cancer before age of 60 yrs? If, Yes give the following details. a) Type of cancer suffered from _____ b) Relationship with person contracting cancer _____ c) Age at diagnosis _____ d) Age at death(if any) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Health details a) Height in cms _____ b) Weight in kgs _____ c) In the past Six months has your weight reduced by 5 kgs or more other than due to diet control exercise or post pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever received consultation, medical advice, been investigated, undergone surgery or been treated or have noticed signs and symptoms for following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) Cancer, lump, swelling, growth, nodes, cyst, tumour, non-healing ulcer and increase in size of number of moles anywhere in your body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Any persistent loss of blood or unusual discharge from any part of the body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Persistent – fever / headache / cough, difficulty in swallowing, hoarseness of voice (all of the previous symptoms for more than 21 days), visual disturbances, seizures, loss of consciousness, blood disorders, abnormal blood cell count? If, Yes please give details _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) For female lives only Any disease or disorder of the cervix, uterus, ovaries or vagina, abnormal bleeding OR any disease or disorder of the breast(s) such as breast lump/cyst, fibrocystic disease, nipple changes or discharge? If, Yes please provide details _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you or your spouse ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Other than as part of routine/executive/pre-employment check up, have you been advised to undergo any investigations in the last 6 months like ultrasound (USG), body scan, MRI, CT scan, cytology, pap smear, mammogram, colonoscopy, biopsy, blood tests, cancer / tumor markers? If yes, Give details _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Any Early stage cancer benefit was claimed under this policy? If Yes, please provide the details. a) Whether the Early stage Cancer claim was considered by the corporation for payment? i) If the answer is "Yes" , Type of Cancer Suffered _____ ii) If the answer is "No" , Reason for rejection of Early stage claim _____ b) In case of rejection due to application of any exclusions, please mention The exclusion condition applied _____	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

IMPORTANT: If answer to any of the above question is "Yes", please provide details (precise diagnosis, past and current treatment, current status, treatment plan for future) in a separate sheet of paper and submit copies of hospital/consultation/investigation reports available with you).

DECLARATION BY THE PROPOSER

I _____ declare that I am fully aware of the statements/contents etc given by me for the revival and confirm that they are true and complete in all respects to the best of my knowledge and that I have not withheld any information and I do hereby agree and declare that the same shall form the basis of such revival/Reinstatement and that if any untrue averment be contained therein the said revival/Reinstatement shall be dealt with as per provisions of Sec 45 of the Insurance Act, 1938 as amended from time to time.

I understand that the information provided by me will form the basis of the insurance contract and I agree that by reason of this application or by depositing the premium payable, the Corporation shall not assume liability of any kind unless it is approved, accepted as per Board approved underwriting policy of the said Corporation and communicated to me .

I further declare that if between the date of this declaration and the date of revival of this policy any change / addition / deletion / alteration related to my health, occupation, or any other adverse circumstance (including dropping, deferment, acceptance at terms other than as proposed of any proposal/ revival of policy made to the Corporation or any other insurance company), I shall forthwith intimate the same to the Corporation in writing to consider the terms of revival of the policy. Any omission on my part to do so shall render this assurance invalid.

I authorize the corporation to make any enquiry to anyone concerning my health. I declare that I consent to the corporation seeking medical information from any doctor or hospital who/which at any time has attended me or from any past or present employer concerning anything which affects the physical or mental health of mine and seeking information from any insurer to whom an application for insurance on my life has been made for the purpose of underwriting and/or claim settlement.

I authorize the corporation to share information pertaining to my policy including the medical records for the sole purpose of underwriting and/or claim settlement with any Governmental and/or Regulatory Authority.

I have read and understood :

Section 45 of The Insurance Laws (Amendment) Act, 2015 :

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives of nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I—For the purposes of this sub-section, the expression “fraud” means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

(a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true;

(b) the active concealment of a fact by the insured having knowledge or belief of the fact;

(c) any other act fitted to deceive; and

(d) any such act or omission as the law specially declares to be fraudulent.

Explanation II.—Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation—A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation—For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.'

Section 41 of the Insurance Act,1938 as amended by Insurance Laws (Amendment)Act,2015

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any other rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of rebate of premium within the meaning of this subsection if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.
Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

Dated at On the..... Day of20

Witness:
(Signature, Name & Address)

(Signature of the Policy Holder)

In case form is filled up / signed in a language different from that of this DGH

Declaration by the person filling in the form:

"I hereby declare that I have fully explained the above questions to the policy holder in _____ language and I have truthfully recorded the answers given by the policy holder"

Name &Address of the declarant _____

Signature of the declarant: _____

Declaration by the Policy Holder

"I certify that the contents of the form and documents have been fully explained to me by Mr/ Ms: _____ and I have understood the significance of the proposed contract".

Signature of the Policy Holder: _____