



PROPOSAL FOR INSURANCE RIDERS Proposal #

PARTICULARS OF LIFE ASSURED

Name	
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RIDERS APPLIED

Rider Benefit	Sum Assured	Term
Additional Term Assurance (ATA)		
Critical Illness (CI-40)		
Accidental Death Benefit (ADB)		
Permanent & Total Disability (PTD)		

SOURCE OF INCOME

	Year _____ (Amount with Currency)	Year _____ (Amount with Currency)
Salary		
Income from Business		
Dividends		
Bonus / Commission		
Share of Profit		
Other Sources		
Grand Total		

HEALTH AND LIFE SYTLE

If answer to any of the questions below is "Yes", please provide details (including dates of consultation, treatment, name and address of the medical examiner) in the space below.	Yes	No
1. Are you now a member of any armed forces ?		
2. Have you during the last five years consulted a Medical Practitioner for any ailment /injury requiring treatment for more than 7 days?		
3. Have you during the last five years remained absent from your place of work for more than 7 days, on health grounds or claimed health insurance policies?		
4. Have you had any medical or surgical treatment or surgery or any investigative medical tests such as but not limited to ECG, blood tests, biopsies, MRI/CT scan etc.		
5. Are you currently taking any medication ?		
6. Do you have any defect of the vision, speech or hearing? If 'Yes' state to what extent.		
7. Have you ever suffered from or are you currently suffering from diabetes, high blood sugar ?		
8. Have you ever been treated for heart attack, chest pain, stroke, hypertension, high blood pressure, murmur, any disorder of the heart, or blood vessels?		
9. Have you ever had any form or type of cancer, tumor or cyst?		
10. Have you ever suffered from respiratory or lung problems i.e. asthma, bronchitis, persistent cough, tuberculosis etc. ?		
11. Have you ever suffered from any disorder of the digestive system, gall bladder, pancreases, intestine or liver i.e. actual or suspected gastric or duodenal ulcer, bleeding from the bowel, recurrent indigestion, hepatitis, gallstones, hernia etc. ?		
12. Have you ever suffered from any disease, disorder or infection of the kidneys, bladder or reproductive organs i.e. blood / protein in urine, kidney stones, prostatitis, venereal disease etc.?		
13. Have you ever had any disorder or disease of the muscles, bones, joints, limbs or spine (including arthritis, rheumatism, slipped disc , paralysis etc.)?		
14. Have you ever had an anxiety state, depression or any mental, nervous or neurological disorder?		
15. Have you ever suffered from any disorder of the blood i.e. anemia, thalassemia etc ?		
16. Have you been advised to under to go any surgery or medical procedure?		
17. For Female applicant only:		
a) Are you pregnant at present ?		
b) Have you ever had complications at childbirth?		
c) Have you ever suffered or are you suffering from any diseases of breast, uterus or cervix ?		
18. Have you ever suffered from any disability, illness, operation or injury not mentioned above ?		

Signed at _____ Dated _____

Signature of Life Assured

