

## HEALTH DECLARATION FORM

(Please write in BLOCK LETTERS, Correction/Overwriting must bear full signature)

Policy Number(s):

Any simultaneous request for reinstatement given. (If yes, specify the policy number/s):

This form should contain the details of Life Assured. Insurance is a contract made in utmost good faith, trusting the proposer and the Life Assured to disclose all relevant (material) facts, in response to the questions in this form. Please submit all medical reports, in case of any significant past/current medical history.

- ☐ Revival
 ☐ Top Up
 ☐ Increase in Rider Sum Assured
- ☐ Rider Addition rider selected
 ☐ Increase in SA

Request Type	Sum Assured		Policy Term		Premium Paying Term	
	From	To	From	To	From	To
Base Plan						
Accidental Death Benefit						
Critical Illness						
Term Rider						
WOP Rider						
Supra						
Top Up						

In case of Revival, provide the reason for Lapse of Policy/Rider?

## SECTION-A

Title		Policyholder												Insured											
		Mr.			Mrs.			Ms.			Others			Mr.			Mrs.			Ms.			Others		
Name	First																								
	Middle																								
	Last																								
Current residential address																									
		P	I	N	C	O	D	E																	
Contact No.														Tel. No.											
Alternate contact number																									
Present occupation details		<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____												<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____											
Name of organization																									
Job Title																									
Nature of duties																									
Annual Income in INR																									
Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> Non-Residential Indian/ <input type="checkbox"/> National Overseas Citizenship of India/ <input type="checkbox"/> Foreign Person of Indian Origin												<input type="checkbox"/> Indian <input type="checkbox"/> Non-Residential Indian/ <input type="checkbox"/> National Overseas Citizenship of India/ <input type="checkbox"/> Foreign Person of Indian Origin											



f) Any abnormal growth like tumors, lump, cancer or blood disorder, including anemia or thalassemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Any kind of kidney or bladder disorder, including kidney failure, renal stone, nephritis or prostrate disorder or disorder of eye, ear, nose , throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Any neurological or mental health problem like paralysis, multiple sclerosis, Parkinson's, epilepsy, depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Muscular-skeletal or joint disorders, including any kind of arthritis, gout, osteoporosis or congenital defect/abnormality/physical deformity/handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Are you having history of any hospitalization, treatment or investigation or if you have any ailment/injury/accident requiring treatment/medication or availed leave for more than 5 days on medical grounds in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Have you been advised now, or in last 5 yrs have you undergone tests like X-Ray/CT scan/MRI/Ultrasonography/ECG/Blood test/mammogram, Biopsy/FNAC or any other investigatory or diagnostic tests, or any type of surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) For female lives only: i) Are you pregnant? If yes, then how many months pregnant? ii) Have you ever suffered/are suffering from or have undergone investigations or treatment for any gynecological/pregnancy complications? If yes, then provide details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Are you suffering from any other illness or undergoing any investigation/treatment other than mentioned above? If yes, then give details below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Does the Life Assured/Proposer consume/has consumed any of the following:

a) Do you currently or in the past consumed/quit tobacco in any form such as cigarettes/bidi/chew tobacco/pan masala, etc. If yes, please specify duration since when & quantify consumed per day/quit since:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you consume alcohol in any form such wine/beer/hard liquor or ever been advised to quit alcohol? If yes, please specify duration since when & quantity consumed per day/quit since:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Are you consuming/ever used any Narcotics or any other drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note: Please provide details if any of the above question is acknowledged as "Yes".**

## SECTION-D

Declaration: I /We declare and confirm that the information provided (including the Life Insured's health and habits) herein are true and complete and will form the basis of a revival or coverage under the policy or rider with Axis Max Life Insurance Ltd (Company). I/We have not withheld any facts or information that could affect the risk assessment. Any misrepresentation or omission may lead to the cancellation of coverage and forfeiture of payments, as per Section 45 of the Insurance Act, 1938 (as amended). I/We understand the cover will not begin until the insurer accepts the application, and errors at the claim stage may invalidate claims. I/We agree to pay any statutory levies or indirect taxes now or in the future. I/ We will notify the insurer of any changes in occupation, financial, or health conditions that may affect underwriting, revival, rider addition, or increase in coverage. I/We authorize the insurer to adjust coverage terms based on the final premium and acknowledge that the Policy or rider will be govern by the final terms. I/We authorize the insurer to receive, store, process, and share all information and documents including my personal information, loan and income-related documents, with doctors, hospitals, past or present employers, other insurance companies, and relevant entities (both within and outside India), IIB, including government bodies, insurers, reinsurers, TPAs, and the National Health Authority (NHA), for underwriting, claim settlement, and policy servicing or other purposes. I/We understand Axis Max Life Insurance may reject my proposal without providing reasons. I/We further authorize the Company to conduct screening/ confirmation/ reconfirmation of overall status of the Life Insured including the health status through medical examinations, including lab tests, cardiac, radiological, and blood tests to assess the Life Insured's health, including an HIV1/2 screening (ELISA method) for screening purposes only. I/We understand that policy revival or rider issuance is subject to medical tests (at policyholder's cost), applicable charges, and written confirmation. I/We acknowledge that this form will only be considered complete upon receipt of all material information and documents.

Receipt of the complete form and initial payment does not create any obligations upon the Company to underwrite the risk.

The insurer is not obligated to underwrite the risk until the cover is issued. I/We authorize the Company to communicate with me via letter, email, SMS, or WhatsApp.

\_\_\_\_\_  
Signature of Policyholder  
Date:

\_\_\_\_\_  
Signature of Life Insured  
Place:

\_\_\_\_\_  
Signature of Witness  
Name of the Witness:

In case of Policyholder is illiterate/affixed thumb impression: I hereby declare that I have explained the contents of this form to the Policyholder/Life Insured in \_\_\_\_\_ Language and that the Policyholder/Life Insured has affixed the thumb impression(s) above after fully understanding the contents.

Signature of the Declarant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\*Politically Exposed Persons (PEP) are Individuals who are or have been entrusted with prominent public functions, for example Heads/Ministers or Central/State government, senior politicians, senior government/judicial/military officers, senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).



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Call us at 1860 120 5577

**For more details, visit us:** [axismaxlife.com/contact-us](https://axismaxlife.com/contact-us)



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The Brand Ambassadors (if depicted herein), have endorsed only the Axis Max Life Insurance Products and are not in any manner endorsing Axis Bank Limited and do not have any kind of association or relationship with Axis Bank Limited.

IRDAI Registration No. 104

**BEWARE OF SPURIOUS/FRAUD PHONE CALLS!**

- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums
- Public receiving such phone calls are requested to lodge a police complaint