



Certificate of Insurability For Principal and all lives Insured – ABSLI Hospital Plus Plan (UIN: 109N101V01)

Any alterations/corrections made in the form need to be signed by the Policy owner. Please use a separate request form for each policy.

BR CD: Zone: Policy No.:

Mobile No.: Email ID: _____

PAN: Aadhar No:

(PAN is mandatory and should be furnished when your annual contribution* is Rs 50,000 or more in a financial year)

*Annual contribution would mean total Annual premium across all policies held by you as a customer + sum of all Top ups made in a financial year + any other payments made by you as a customer in the financial year

1. Name in full of all lives covered under the policy.

- a) Principal Insured: _____
- Adult 2 Name : _____
- Adult 3 Name : _____
- Adult 4 Name : _____
- Child 1 Name : _____
- Child 2 Name : _____

2) Since the date of your proposal for the above mentioned policy:

- a) Have you ever had complaints of or have been investigated or treated for or have any pending investigations or doctors visit or treatment for high blood pressure, raised blood sugars, any heart disease, stroke,paralysis, chest pain, kidney and urinary tract disease, disorder of prostate, female genitals or breast, blood vessels, cancer or any tumour, lump of any kind, asthma or any respiratory disease, mental or any nervous disease, any liver disease, any blood disorders(including anaemia), any digestive and bowel disorder, thyroid or any endocrine disorder, any disorder of the bones, spine or muscle, problems of stones in any organ in the body. HIV infection, AIDS or AIDS related complex or do you have any congenital/birth defects?

Adult 1 Yes No **Adult 2** Yes No **Adult 3** Yes No **Adult 4** Yes No

Child 1 Yes No **Child 2** Yes No

- b) Have you ever been declined, accepted with a health loading, health condition exclusion or accepted with any other penalties on any life or health insurance policy you have applied for or purchased with any insurance company?

Adult 1 Yes No **Adult 2** Yes No **Adult 3** Yes No **Adult 4** Yes No

Child 1 Yes No **Child 2** Yes No

- c) Do you have any parent and /or brother or sister who has suffered / suffering from, or died under the age of 60 due to any of the following conditions: Heart disease, diabetes, stroke, hypertension,raised cholesterol, cancer, multiple sclerosis, Alzheimer disease, Parkinson disease or any hereditary disease?

Adult 1 Yes No **Adult 2** Yes No **Adult 3** Yes No **Adult 4** Yes No

Child 1 Yes No **Child 2** Yes No

- d) Are you involved or planning to involve in an occupation, sport or hobby of a dangerous or hazardous nature as mining, diving, mountaineering, parachuting, private aviation, racing, etc?

Adult 1 Yes No **Adult 2** Yes No **Adult 3** Yes No **Adult 4** Yes No

Child 1 Yes No **Child 2** Yes No

- e) Do you consume more than 6 units of alcoholic beverages per day?

Adult 1 Yes No **Adult 2** Yes No **Adult 3** Yes No **Adult 4** Yes No

Child 1 Yes No **Child 2** Yes No

- f) Height and weight

Adult 1 : ____cm ____kg **Adult 2** : ____cm ____kg **Adult 3** : ____cm ____kg **Adult 4** : ____cm ____kg

Child 1 : ____cm ____kg **Child 2** : ____cm ____kg

3) Any of the lives covered under this policy PEP? If Yes please give details :

Yes No

#PEP: "Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important politically party officials OR Family members /close associates who are related or have business relationships with PEP's".

4) FOR FEMALE LIVES ONLY a) Are you Pregnant Yes No

If yes, please mentioned number of weeks _____

IF your answer to any of the above questions if YES, kindly provide us the complete details of the same

(A) Declaration:

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.

That basis my answers in this application, there may be change in the amount of premium payable and I accept and agree to pay the revised premium amount that may be chargeable to me by ABSLI. I further agree to pay the outstanding dues including interest and any other charge as may be applicable to reinstate the policy. I understand and agree that the total outstanding dues payable by me mentioned in the reinstatement quotation shall be valid till the validity period and may change thereafter as per the prevailing norms of the Company.

(B) Authorisation: To be signed by all major lives covered (UNDER THIS POLICY)

I/We hereby authorize any physician, hospital, clinic, insurance company or any other organization, institution or person, that has any records or knowledge of me / my family or my/our health, to give to Aditya Birla Sun Life Insurance Company Limited (ABSLI). Any and all information about me/us with reference to my/our health and medical history and any hospitalization, advice diagnosis, treatment, disease or ailment.. I/We further authorize the Employers (past & present) of the lives assured to furnish to Aditya Birla Sun Life Insurance Company Limited (ABSLI), the details of the leave availed by any of the lives covered during the last three years of his/their service, together with copies of the leave applications and medical certificates, if any submitted by the lives covered in support of such applications and details of reimbursement of medical expenses. I/We also consent to a personal investigation. I hereby agree and confirm that the above details provided by me are true and correct. I request you to update above information in your records. 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. A photographic copy of this authorization shall be as valid as the original.

Signature of Principal Insured

Signature of Adult 2

Signature of Adult 3

Signature of Adult 4

Signature of Child 1(If Major)

Signature of Child 2(If Major)

VERNACULAR DECLARATION:

I/We verify that the contents of the document have been fully explained to me/us and I/we have fully understood them. I/we further confirm that the replies in the certificate of insurability have been recorded as per the information provided by me (us).

I (full name of witness) _____(relation with the proposer/life to be insured)_____ do hereby state that i have read out and explained the contents of this certificate of insurability and all other documents incidental to reinstating the insurance policy from Aditya Birla Sun Life Insurance Company Limited (ABSLI) to the Proposer and he/she/they have understood the same. I declare that whatever i have stated herein above is true and correct to the best of my knowledge and belief.

Signature/Thumb Impression of the Proposer/Life insured signing in vernacular language

Name & Signature of Witness

Place of Signing _____ and Date of Signing _____

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,
16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,
Elphinstone Road, Mumbai - 400013
+91 22 6723 9100 | CIN: U99999MH2000PLC128110
www.adityabirlasunlifeinsurance.com

Life Insurance
Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA
CAPITAL**

1800-270-7000

FOR/7/19-20/543