



## STEP 8 HEALTH DECLARATION

I hereby declare I have never suffered from epilepsy, asthma, cancer or tumor of any kind, diabetes, high or low blood pressure, chest pain, heart or circulatory system disease, anaemia, stroke or disorder of brain and nervous system, bowel or digestive disorders, tuberculosis, lung or respiratory disorder, liver disease or hepatitis, kidney disease, depression, mental or psychiatric disorders, AIDS or infection with HIV. I am currently not suffering from, or receiving treatment for, any symptoms, medical conditions or disabilities.

## STEP 9 DECLARATION AND AUTHORISATION

You have to disclose in this application ALL material facts which shall form the basis of our contract, otherwise the policy issued may be void or voidable. If you are in doubt whether a fact is material, please disclose it.

Declaration & Authorisation: I/We hereby declare and agree that (a) I/We have read the application or the same was interpreted to me/us, and the answers entered in the application are mine/ours; (b) I/We hereby certify, on behalf of myself/ourselves and behalf of any person who may have or claim any interest in the said Policy, that each of the above answers is full, complete and true and I/We understand that Tata AIG Life Insurance Company Ltd. (hereafter called "the Company") believing them to be such, will rely and act on them, otherwise the proposed application may be void; (c) such application shall not be considered as effected by reason of any money paid, or settlement made in payment of or on account of any premium, until this application is received by the Company during the life time of the Life Assured and is finally approved by an authorized officer of the Company; (d) if my/our application be accepted by the Company, the Incontestability and Suicide Provision thereof shall have effect from the approval date of my/our application.

Furthermore, I hereby irrevocably authorise (a) any organisation, institution, or individual that has any record of knowledge of my/the Life Assured's health and medical history or any treatment or advice that has been or may hereafter be consulted or other personal information to disclose to the Company such information. This authorisation shall bind my/the Life Assured's successors and assigns and remain valid notwithstanding my/the Life Assured's death or incapacity in so far as legally possible; and (b) the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my/the Life Assured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites. A photocopy of this authorization shall be valid as the original. I also agree and undertake that a) if there is any material change in my circumstances, including but not limited to, changes in my health, employment, financial circumstances, arrest or being charged with a criminal offence, non-standard acceptance or rejection of a life insurance application, prior to the acceptance of the company of this application for insurance, I will immediately notify the company of such change in writing, and b) the company will take into account any such change in circumstances in deciding whether to reject or accept this application, and c) failure to notify the company in this manner shall, at the company's discretion, render this policy void and all moneys which shall have been paid in respect thereof shall stand forfeited to the company.

**Insurance Act 1938, Section 45:** No policy of life insurance effected before the commencement of this act shall after expiry of two years from the date of commencement of the Insurance Act and no policy of life insurance effected after the coming into force of this act, shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal (application) for insurance or in any report of a medical officer, or referee, or friend of the Life Assured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making, that the statement was false or that it suppressed facts, which it was material to disclose. Provided that 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 Life Assured was incorrectly stated in the proposal (application).

**Cancellation right and refund of premium:** I/We understand that I/We have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by me and received directly by the Company within fifteen (15) days from the date of receipt of the policy.

**Commencement of cover:** I understand that the cover applied for under this application will commence after consideration of my application and receipt of the required premium by the Company.

**Insurance Act 1938 Section 41 - Prohibition of Rebates:** 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 rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

### U S TAX DECLARATION

"By purchasing this policy and signing below, I represent I am not a U.S. person for purposes of US federal income tax and that I am not acting for, or on behalf of, a US person." A false statement or misrepresentation of tax status by a US person could lead to penalties under US law. If your tax status changes and you become a US citizen or resident, you must notify us within 30 days (US citizens must strike out this clause and initial the change at the left hand side).

Insurance is the subject matter of the solicitation.

Signature/Thumb Impression  
of the Proposed Life Assured:

Date:          
(Date of signing this application form)

Signature of Agent:  Place:

Witnessed by: \_\_\_\_\_

IN CASE THE PROPOSED Life Assured IS AN ILLITERATE OR SIGNING IN VERNACULAR:

The thumb impression or signature of the Proposed Life Assured/Applicant should be attested by the agent or a person of standing whose identity can easily be established and this declaration should be made by him.

I \_\_\_\_\_ (name) with \_\_\_\_\_ (identity type) \_\_\_\_\_ (identity number) hereby declare that I have explained the contents of the application form to the Proposed Life Assured/ Applicant in \_\_\_\_\_ language and that I have read out to the Proposed Life Assured/Applicant the answers to the questions dictated by the Proposed Life Assured/Applicant and that the Proposed Life Assured/Applicant has affixed his thumb impression on the application form after fully understanding the contents thereof.

Signature of Witness \_\_\_\_\_

### FOR OFFICE USE ONLY

Policy No.:           Office Code:

Agent/Specified Person/Broker/Employee Code:

**Tata AIG Life Insurance Company Ltd. (Reg No.110)**

Registered & Corporate office: Peninsula Towers, 6th Floor, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013.

**For more information, call the dedicated Tata AIG Life Toll-free 24-hour help line at 1-800-11-9966 or visit our website [www.tata-aig-life.com](http://www.tata-aig-life.com)**