



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

जमशेदपुर मंडल / Jamshedpur Division

(Established by the Life Insurance Corporation Act. 1956)

**PERSONAL STATEMENT REGARDING HEALTH**

(Revival of Lapsed Policies on both Medical & Non-medical basis)

Form No. 680 (Rev. 75)

Date of Receipt.....

Inward No.....

Agent's Name.....

Divl. Office..... Branch Office..... Policy No.....

1. Full Name of Life Assured .....  
(In Block Letters)

Full Address.....

Occupation ..... Name of Employer..... Length of Service with him.....

2. Since the date of your proposal for the above mentioned policy

- (a) Have you ever suffered from or are you suffering from -
  - (i) Asthama, tuberculosis or any other disease of lungs ?
  - (ii) High blood pressure or any disease of the heart ?
  - (iii) Peptic ulcer or any disease of the stomach, liver or spleen ?
  - (iv) Any disease of kidney, prostate or urinary system ?
  - (v) Diabetes, hernia, hydrocele, cancer or leprosy ?
  - (vi) Paralysis, epilepsy or any disease of the nervous system ?
  - (vii) Any other illness requiring treatment for more than a week ?

Answer if, Yes, give details of ailment  
Yes or No date & duration doctor consulted

- a) i) .....
- ii) .....
- iii) .....
- iv) .....
- v) .....
- vi) .....
- (vii) .....

- (b) Did you ever have any operation, accident or injury ?
- (c) Have you had an electrocardiogram, X-Ray or Screening, blood, urine or stool examination ?
- (d) What death or illness have there been in your family (parents, husband, wife, brothers, sisters or children) ?  
Give age as death, date and cause of death.

- b) .....
- c) .....
- d) .....

(e) Has a proposal or an application for revival of a policy on your life made to this or any other office of the Corporation or any insurance ever been;

- (i) Withdrawn or dropped ?..... (ii) Accepted with an extra premium or lien ?.....
- (iii) Deferred or declined ?..... (iv) Accepted on terms otherwise than those proposed.....

3. Is any proposal or any application for revival of a lapsed policy on your life under consideration of this or any other office of the Corporation ?

If Answer is 'Yes', give the following details :  
i) Proposal No.....  
ii) Policy No.....

4. Are you at present in sound health ?

5. Have you paid any deposit or arrears of premium ? If so give details :

(i) Amount : Rs..... (ii) Date..... (iii) How paid.....

N.B. : For Revivals under Non Medical Scheme (Question Nos. 6 & 7)

6. (i) State your height (without shoes).....cm, (ii) Your weight (with thin clothes)..... Kg