



SHRIRAM LIFE INSURANCE CO., HYDERABAD.
Declaration of Good Health (DGH) Form

Paste recent
photograph
of the
member

Scheme

Name of the Life to be Assured, who is the Employee /Loanee of the Organization			
Date of Birth			
Date of Joining the Organization			
Name of the Nominee			
Relationship with the life assured		Age last birthday	

Please Tick (✓) For Either Yes or No – Otherwise The Application Will Be Invalid

1.	Have you ever been diagnosed with or received treatment for any disability or medical condition such as but not limited to high cholesterol, high blood pressure, chest pain, heart attack or any other heart condition; stroke, transient ischemic attack or any other cerebrovascular disease; diabetes or any other endocrinal disease; kidney disease; HIV / AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; hepatitis or any other liver disease; blood disorders; digestive and bowel disorders; paraplegia or any other disorder of the bones, spine or muscle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you within the last 5 years taken any form of medication for more than 7 consecutive days to treat an illness or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you within the last 5 years consulted any medical practitioner for any condition other than minor impairment such as common cough or cold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

It is important to be as accurate possible when answering the declaration of good health, as inaccurate information may negatively impact payments at claims stage.

In case the answer is “Yes” to any of the questions full details may be provided in the section below. Shriram Life Insurance Company Limited will consider these details when the decision about extending cover is taken.

I hereby declare that, the above information is true to the best of my knowledge and belief and if any information is found to be incorrect, the Cover under the said policy can be cancelled by the Insurer.

Witness

Employee

Signature _____

Signature _____

Name:

Name:

Place:

Place:

Date:

Date:

Declaration for signing in vernacular or for illiterate cases:

I have explained the contents of this form to the Member and done my best to ensure that the contents have been fully understood by the Member and have accurately recorded the Member responses to the information sought by this DGH form and I have read the responses back to the Member and he/she has confirmed that they are correct.

Place:

Name :

Date:

Signature :