



8. Do you smoke cigarettes, bidis or consume tobacco (chewing paste) / alcohol in any form? Yes  No   
 Please give duration and daily consumption.

9. Please confirm, if any of the persons to be insured is pregnant (For Females Only) Yes  No   
 If yes please state how many months? \_\_\_\_\_

10. Do you or any of the family members to be covered have / had any health complaints / met with any accident in the past 4 years and have been taking treatment / hospitalization? Yes  No   
 Please provide the details in the table given below.

11. Has any of the persons to be insured suffer from / or investigated for any of the following?  
 Disorder of heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer, tumor, lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy), slipped disc, back ache, any congenital / birth defects/ urinary diseases, AIDS or positive HIV. If yes, indicate in the table given below.  
 Please specify the duration of illness \_\_\_\_\_

A) Illness / injury details of the past 4 years and prior to 4 years

Sr.	Name of the person	Name of the illness / injury Suffered / Suffering from past 4 years	Treatment details	Date of First treated	Name of the illness / injury suffered at anytime in the past (prior to 4 years)	Treatment details	Date first treated
1							
2							
3.							

12. Has any proposal for life,critical illness or health related insurance on your life ever been postponed,declined or accepted on special terms? If yes give details.

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

The above information is true to best of my knowledge. I/we are active at work and have not been absent from work due to illness or injury for a continuous period of more than 10 days during the last 2 years. I/We and/or the person to be insured hereby consent you or your representative to seek medical information from any Hospital/Medical Practitioner from which or whom I/We and/or the person to be insured have at any time sought or shall seek medical attention concerning any disease, sickness, ailment, or injury which affects my/our and/or the person to be insured's physical or mental health.

I/we hereby authorise Bajaj Allianz to pay any claim payable to me under the Health Guard policy to the above assignee whose discharge will be considered as the full and final discharge on my behalf.

Period of insurance starting from         ending on

Signature \_\_\_\_\_

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.