CERTIFICATE OF INSURABILITY

Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No. : 147 | CIN: U66010MH2009PLC197336
Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Important Guidelines:

- This format can be used in revival/Increase in SA/ Top Up/Addition of Rider request.
- Increase in SA/Addition of Rider is product specific. Please refer Policy Document for details.
- Insurance is a contract made in utmost good faith, trusting the life assured to disclose all material facts, in response to the question in this form

For Office Use Only:

Branch Name: _____

Receipt Date & Time: _____

Received By: _____

Branch Stamp: _____

Application For: ☐ Revival ☐ Increase in SA ☐ Top Up ☐ Addition of Rider

a. Increase in Life/Health/Rider Sum Assured from Rs. _____ to Rs. _____ (allowed for select plans)

b. Top Up Rs._____

c. Addition of Rider: (allowed in selected plans)

Rider Name	Term (years)	Sum Assured (Rs.)	Premium (Rs.)

A. Personal Details:

Policy Numbers: _____

Name of Life Insured: Mr. /Mrs. / Ms. _____
(First Name) (Middle Name) (Last Name)

Occupation: _____ Nature of Duties: _____ Annual Income (Rs.) _____

Age: _____ Sex: ☐ Male ☐ Female Nationality: _____ Email Id: _____

Address: _____

Contact Numbers: Residence_____ Mobile_____

B. Health Details:

1. a. Height Proposer :_____Life Insured: _____ (in cms) b. Weight of Insured Proposer: _____ Life Insured: _____ (in Kgs)

Health Related Questionnaire	Proposer		Insured	
	Yes	No	Yes	No
2. Have you suffered from or currently suffering from:				
a. Chest pain, heart attack or any other heart disease?				
b. Cancer, tumour, growth or cyst of any kind?				
c. Stroke, paralysis, Epilepsy, any psychiatric/mental disorder, disorders of brain/ nervous system or any kind of physical disabilities?				
d. Asthma, Tuberculosis or any other lung disorder?				
e. Disease or disorder of muscles, bones or joints, arthritis or blood disorder (anaemia), thyroid disorder, or any endocrine disorder?				
f. Disease of the kidney, digestive system (stomach, pancreas, gall bladder, intestine), liver, Hepatitis B or C or HIV/AIDS infection?				
g. Diabetes, High Blood pressure?				
h. Are you at present in sound health?				
3. During the last 5 years have you undergone any surgery or been hospitalized for more than 4 days?				
4. Do you take part in any adventure sports or hobbies? (E.g. paragliding, mountaineering, deep sea diving, motor racing, bungee jumping etc.)?				
5. Has more than one of your blood relatives (eg: Parents, siblings) died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes?				
6. Are you taking any medication or has a doctor ever attended you for any condition, disease or impairment not mentioned above (except for regular cough and cold which should have not lasted for more than 5 days)?				
7. Has any of your proposal or application for reinstatement of life, health or accident insurance ever been declined, deferred, accepted at other than standard terms, or offered reduced cover or had exclusions imposed by any insurance company?				
8. Have you ever lodged a claim under CI rider or health rider/plan from Edelweiss Tokio Life Insurance or any other insurer?				
9. Has there been a weight loss/gain of more than or equal to 5kgs in the last 1 year?				

Health Related Questionnaire	Proposer		Insured	
	Yes	No	Yes	No
10. Following question to be answered if Life Assured is Female:				
a. Have you ever suffered/suffering from Gynaecological problems?				
b. Are you pregnant at present? If Yes, duration in weeks _____				
c. Any complications, miscarriage ,medical termination of pregnancy or caesarian, if applicable				
d. Have you ever undergone any investigation or treatment or received medical advice or consulted a physician for:				
i. Any disease or disorder if the cervix, uterus, ovary (ies) or vagina, abnormal bleeding, cancer or growth?				
ii. Any diseases or disorder of the breast(s) such as breast lump, cyst fibrocystic diseases, nipple change or discharge, cancer or growth?				
iii. Have you undergone any mammogram or Papsmear?				

If you have answered 'Yes' to any part of above question, please complete the table below:

Illness, Injury or test	Date Commenced	Type of treatment	Duration of illness/ injury	Date of last symptoms	Current Condition	Full name and address of doctor or hospital(if any)
In case of major sickness/ operation, hospital, doctor's report has to be submitted						

11. Does the Insured/Proposer consumes/has consumed any of the following?

Substance Consumed	Consumed as	Quantity/Week for Alchohol and Quantity/Day for others		No of years	
		Proposer	Insured	Proposer	Insured
Tobacco	Cigar/Cigarette/Beedi/Gutkha				
Alcohol	Beer/Wine/Hard Liquor				
Any Narcotic					

12. What is the status of other proposal /revival application (if any), for an insurance policy (ies) on the life of the Insured/Proposer with Edelweiss Tokio Life Insurance Co. Ltd or any other insurance company after the date of proposal of this policy/last revival?

Details of	Policy / Proposal No	Name of Insured	Company's Name	Year of issue / application	Basic Sum Assured (Rs.)	Basic Plan and Riders- Decision (std/with extra/ postpone / declined/not completed)	Status (Inforce / Lapse/Applied)
Proposer							
Insured							

Declaration and Authorisation

I/We declare that I/We have fully understood the question in the form and the importance of disclosing all material information while answering such questions. I/We further declare that the answers given by me/us to all the questions in the form are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I/We hereby agree that the above information shall constitute part of my contract for life assurance. I/We also agree and undertake that a) if there is any material change in my/our 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.

I/We hereby authorise Edelweiss Tokio Life Insurance Co Ltd to conduct screening/confirmation/reconfirmation of overall status of Life Assured including the health status through medical examinations which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests. I/We hereby give my/our consent to undergo HIV test and are aware that this test is only for screening purpose and not confirmatory for HIV-AIDS. I/We understood that the company reserve the right to accept, decline or offer alternate terms on this application.

_____ Signature/Thumb Impression of Life Insured

_____ Signature/Thumb Impression of Proposer

Date: _____ Place: _____

Declaration by Third Party

Applicable when the Policyholder is illiterate or suffering from disability due to which his/her capacity for writing is restricted or when Insured/Proposer has signed in a vernacular language.

I hereby declare that I have explained the contents of this application form to the Life Insured in _____ language and have truthfully recorded the answers provided to me, and the Life Insured has affixed his/her Signature/ Thumb impression on the form in my presence, after fully understanding the contents thereof.

Full Name of Witness: _____ Relation with the Policyholder: _____

Witness Address: _____

Witness Signature: _____ Date: _____ Place: _____

COVID-19 (Coronavirus) Exposure Questionnaire

Applicant's Name	Application Number:

Please answer the following questions with as much detail as possible:

1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19) ? If yes, please provide details.
   Yes ☐ No ☐

   _____

   _____

2. Have you ever been quarantined due to a possible exposure to novel coronavirus (SARS-CoV-2/COVID-19)? If yes, please provide dates and locations.
   Yes ☐ No ☐

   _____

   _____

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARS-CoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?
   Yes ☐ No ☐

4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis.
   Yes ☐ No ☐

   _____

   _____

5. Have you experienced any of the following symptoms within the last 14 days?

   - Any fever
   - Cough
   - Shortness of breath
   - Malaise (flu-like tiredness)
   - Rhinorrhea (mucus discharge from the nose)
   - Sore throat
   - Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea

If yes, to any of these, please indicate which and provide full information.

6. Travel Declaration

a. Please provide your travel patterns over the past 14 days:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

b. Please detail your intended future travel plans for the next 30 days:

COUNTRY	CITY	DATE ARRIVAL	INTENDED DURATION

7. Are you currently in good health?

Yes ☐ No ☐

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signed at _____ on this day _____of_____ , _____

_____

Applicant Signature