

Declaration regarding Health insurance utilization in the country of residence

Important to note

It is mandatory to provide accurate and complete details regarding the health insurance utilization as required in the questionnaire below. Suppressing related information or providing incorrect information may impact the insurance application processing or claims payout

Application No.

Name of Proposer of the policy : _____

Health insurance details of Life Assured

Name of Life Assured (Person being insured by the policy)
(Questionnaire to be filled by the Proposer of the policy)

Q1. Has the Life Assured been diagnosed with any medical conditions/ illness (other than trivial ailments such as cough / cold / minor fever or dental treatment) or has the Life Assured been hospitalized for any health condition, investigation or surgery in last five years in the country of residence? ☐ Yes ☐ No

If answer to above question is "Yes", please provide details of the same:

- a. Exact diagnosis : _____
- b. Date of diagnosis : _____
- c. Treatment taken : _____
- d. Current health status : _____

Q2. If the answer to the above question is Yes, then please confirm if the Life Assured has utilised any type of health insurance for the mentioned conditions in last five years in the country of your residence. ☐ Yes ☐ No

If answer to above question is "Yes", please provide details of the same: _____

Q3. Pls share following details related to the Health insurance of Life Assured:

- a. Health insurance policy no.: _____
- b. Name of the Health insurance company: _____
- c. Health insurance sum assured: _____

I, _____, hereby declare that all answers provided above are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment or acceptance of this application. I also agree that the above questions and answers shall form part of the proposal form of insurance made by me to the Company.

Date: _____

Place: _____

Signature of the applicant: _____

(Signature of the applicant is not required if this form is submitted via email)

Kindly call our Customer Service Number 1800 2660 (toll-free)

Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

Communication Address: ICICI Life Insurance Limited (formerly known as ICICI Prudential Life Insurance Co. Ltd.), Unit 901A & 901B, 9th Floor, Prism Towers, Mindspace Link Road, Goregaon (West), Mumbai - 400104, Maharashtra. IL/COMP/DOC/Jan/2025/221/8186