

Health Declaration for Life Assured

Policy No.:

Age:

Name of Person Insured (Life Assured):

This questionnaire is required for the correction of gender from male to female in the above-mentioned policy.

Please answer the following questions:

1. Have you ever suffered/are suffering from any gynecological complications such as disorders of cervix, uterus, ovaries, breast, breast lump, cyst, etc?

Yes ☐ No ☐

If yes, please specify details of consultations and/or treatments for the above?

2. Are you pregnant at present?

Yes ☐ No ☐

If yes, mention the number of weeks _____

If no, please mention if you have any adverse medical history

3. Do you have any history of miscarriage, abortion, gestational diabetes or hypertension

Yes ☐ No ☐

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 Life to be Assured

For Assistance: Please e-mail at grouplife@icicilife.com or write to us at ICICI Life Insurance Limited. Attn: Group Service Desk, ICICI Life Insurance Limited, Unit No. 901A, 901B, 1001A & 1002B, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai-400104.

Registered Address: ICICI Life Insurance Limited (formerly known as ICICI Prudential Life Insurance Co. Ltd.). Registered Address: ICICI Life Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. IRDAI Regn No. 105. CIN:L66010MH2000PLC127837. Call us on 1860 2660 (Toll-free) (10am-7pm, Monday to Saturday, except national holidays and valid only for calls made from India). Product UIN: <UIN>. IL/COMP/DOC/Aug/2024/58/6826