

9. Since the date of application for this policy, does the child have or have you been told he has or has advice been sought for heart disorder, rheumatic fever, asthma, Diabetes, Hepatitis, cancer or tumor, anaemia, epilepsy or kidney disorder? Yes No

(If YES, give details) _____

10. Is the child in sound health? Yes No

(If NO, give details) _____

11. Since the date of application for this policy has any application for, or reinstatement of life or health insurance been declined, postponed, modified or rated up by Birla Sun Life Insurance or any other insurance company? Yes No

(If YES, give details) _____

I, the life insured/applicant declare that to the best of my knowledge and belief the above answers are full and true, and agree that, in this application if approved, with the answers given in any declaration which may be required by Birla Sun Life Insurance Company Limited and which relates to the insurability of the life insured or to the change of the policy, shall be the basis of such reinstatement, delivery or change.

I agree:

1. That Birla Sun Life Insurance Company Limited shall incur no liability by reason of this application or by reason of any cash paid or settlement made in connection therewith until this application has been approved by Birla Sun Life Insurance Company Limited with no change having taken place in the insurability of the insured subsequent to the date of this application.
2. All material facts, being facts which might influence the assessment of this application, have been disclosed in this application, it being understood that failure to make such disclosure renders the contract voidable, and
3. That if on the basis of this application the policy is changed so as to result in an increase in the amount of risk, death by suicide within a period of years from the date of this application equal to the period specified in the suicide provisions of the policy, is a risk not assumed under the changed policy in respect of any increase in the amount at risk; but in the event of such death Birla Sun Life Insurance Company Limited will become liable to make payment of the amount which would become payable had the policy not been changed, together with the increase in the premium paid as a result of the change.

Signed at _____ on _____ 20

Signature of Life Insured _____

Signature of the Policy Owner _____

Signature in presence of Mr/Ms. _____

Name of Insurance Advisor: _____

Code of Insurance Advisor: _____

Name of Agency Manager : _____

Code of Agency Manager: _____

To update your contact details please complete the Policy Service Request Form