



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

Addendum to proposal under Asha Deep Plan II (Table 121)

Divisional office _____ Branch office _____ Proposal No. _____
Full Name of the Life Proposed : _____
Age _____ Sex _____

PART A

The definitions of the diseases covered under the policy and their exclusion are given here under, which proposer must understand and give his consent at the end of this addendum:

i) Cancer (malignant) :

It is the presence of uncontrolled growth and spread of malignant cell. The definition 'cancer' includes leukemia, lymphoma (s) and Hodgkin's disease.

Exclusions:

This excludes non-invasive carcinoma (s) in situ, localised non-invasive tumor (s) revealing early malignant changes and tumor (s) in presence of HIV infection or AIDS; any skin cancer excepting malignant melanoma (s) are also to be excluded.

ii) paralytic stroke :

(Cerebro-vascular accidents) : Death of a portion of the brain due to vascular causes such as (a) hemorrhage (cerebral) (b) Thrombosis (cerebral) (c) Embolus (cerebral). Causing total permanent disability of two or more limbs persisting for 3 months after the illness.

Exclusions :

- i) Transient / Ischaemic attacks,
- ii) Stroke like syndrome resulting from
 - a) Head injury;
 - b) Intracranial space occupying lesions like abscess, traumatic hemorrhage and tumor;
 - c) Tuberculous meningitis, pyogenic meningitis and meningococcal meningitis.

iii) Renal failure:

It is the final failure stage due to chronic irreversible failure of both the kidneys. It must be well documented. The life assured must produce evidence of undergoing regular haemodialysis and other relevant laboratory investigation and doctor's certification.

iv) Coronary artery disease where By-pass surgery has been actually done

Undergoing of By-pass surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries.

Exclusions:

Non-surgical techniques such as the use of either balloon or laser via a catneter introduced through the arterial system are excluded.

Nature of evidence required to establish eligibility for benefits under this plan will be as stipulated by the corporation. The date of eligibility of claim will be the date of communication of eligibility by the Corporation

PART B

ADDITIONAL PERSONAL HISTORY

(Answer 'Yes' or No')

- 1) Are you suffering from or have you ever suffered from :
 - a) Heart Aliment _____
 - b) Low-High Blood pressure _____
 - c) Cancer _____
 - d) Renal failure or kidney diseases _____
 - e) Diabetes _____
 - f) Paralytic stroke _____

- 2) Have you ever consulted (Answer yes/No) a physician for _____ If 'Yes', give the full details including date and duration of treatment
 - a) Heart Aliment _____
 - b) Low-High Blood Pressure _____
 - c) Cancer _____
 - d) Renal failure or _____
idney diseases _____
 - e) Diabetes _____
 - f) Paralytic Stroke _____

- 3) Incase you are a smoker or tobacco user in any form or consume alcohol, give full details such as nature quantity and frequency including previous habits if discontinued.

Detailed of previous insurance under Asha Deep or Asha Deep II Plan

<u>Policy No.</u>	<u>DOC</u>	<u>TERM</u>	<u>S.A.</u>	<u>Annual premium</u>
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D E C L A R A T I O N

I,.....do hereby declare that fully understand the definitions as given above and also declare that the foregoing statement and answers have been given by me after fully understanding the questions and same are true and complete in every particular and that I have not with held any information and I also hereby agree and declare that these statements and this declaration along with my proposal for insurance

shall be the basis of the contract of assurance between me and Life Insurance Corporation of India and, that if any untrue averments be contained therein, the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at..... On the Day of200.....

Signature of witness.....

Name.....

Occupation & Address.....

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Signature of the proposer

If in this form the answer to the question and /or/ signature of the proposer are given in vernacular, then the proposer should declare in his own handwriting above his signature that all question were explained to him and that his replies were given after fully and properly understanding the same. In such event, the following declaration should be made by the person filling in the form:

Name in full.....

Occupation.....

Address.....

.....

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I hereby declare that I have fully explained
the above question to the proposer and
have truthfully recorded the answers given
by the proposer.

Signature.