Life Insurance Division
Health Declaration form

(Personal Statement regarding Health for revival of life insurance policies lapsed for more than 12 months)

Note: Medical Report will be required for further examination if any of the medical questions are answered "YES".

1. Policyholder Details			
Policy No.		**Sum Assured**	
Name			

2. Business Source Details
Initial Source of Business: ☐ Direct ☐ Agent
Conversion Status: ☐ No Conversion ☐ From Agent (Agent Code): To Direct ☐ From Agent (Agent Code): To Agent (Agent Code): ☐ From Direct: To Agent (Agent Code):
Date of Conversion (if converted): DD/MM/YYYY
Reason for Conversion:
Conversion approval Initiated By (EID and Name):

3. Medical questionnaires (Since the date of signing the original proposal, have you suffered from/are suffering from)

Proposer		*(in case of PHO-MO, the questionnaire should cover both the Proposer and the Joint-Life)*	**Joint Life**	
Yes	No	**a. Respiratory System**: Cough more than three weeks, asthma, pneumonia, spitting of blood, tuberculosis or any other diseases of lungs?	Yes	No
Yes	No	**b. Cardiovascular System**: High or low blood pressure, chest pain, breathlessness, palpitation, or any other diseases of the heart or arteries?	Yes	No
Yes	No	**c. Digestive System**: Stomach ulcer, jaundice, chronic diarrhoea or any disease of stomach, liver, spleen, gall bladder or pancreas?	Yes	No
Yes	No	**d. Renal System**: Any disease of kidney, prostrate or urinary system?	Yes	No
Yes	No	**e. Nervous System**: Paralysis, mental illness, epileptic fits, loss of consciousness or any kind of nervous disorder.	Yes	No
Yes	No	f. Hernia, varicose veins, skin diseases, goitre and sexually transmitted disease (STIs)?	Yes	No
Yes	No	g. Cancer, joint pain, gout, enlarged glands or tumours?	Yes	No
Yes	No	h. Any disease of the ear, nose, throat or eye?	Yes	No
Yes	No	i. Have you ever suffered from diabetes?	Yes	No
Yes	No	j. Have you ever had head and spinal injury or accident requiring operation under general anaesthesia?	Yes	No
Yes	No	k. Have you ever had an Electrocardiogram (ECG), X-Ray or screening of blood, urine for certain medical requirements/conditions?	Yes	No
Yes	No	l. Do you or have you ever used alcoholic drinks, narcotics or any other drugs?	Yes	No

Referring the question numbers clearly, provide detailed explanation for each "Yes" answers describing fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment and doctors consulted:

4. Medical Questionnaire for Child (Applicable only to Millennium Education, Children's moneyback policy, and Youth endowment assurance policy) *Since the date of signing the original proposal, has the child suffered from, or is the child currently suffering from, any of the following?*		
Deformity, disability or physical injury a. Has the child ever suffered from or been diagnosed with any physical disability, congenital deformity or injury resulting in lasting impairment and functional limitation?	Yes	No
b. Has the child received any hospitalization, surgery, medical treatment, or ongoing follow up related to the above condition? If yes, provide details:	Yes	No

5. Have you ever been hospitalized during the last 3 years? If so, furnish the following information:

Sl#	Name of Hospital	Date/Period of hospitalization	Reason for hospitalization	Treatment received

Terms and Conditions

1. Declaration of good health is applicable for policies which have lapsed for more than one year since the day of policy lapsation.
2. Bonus or the Guaranteed additions shall not be paid for the lapsed period.
3. Non-declaration of material facts will result to repudiation of claims.
4. The claims arising on or before 6 months from the date of revival, it will be treated as early death claim.

I hereby declare that the foregoing statements and answers are true in every particular. This declaration along with my proposal for insurance for myself (Includes Life Assured/ Joint Policyholder) shall be the basis of revival of the lapsed policy between me and Royal Insurance Corporation of Bhutan Limited. I also declare that the health of my Life Assured/Joint Policyholder is in good condition. I agree that If any untrue averment 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.

Signature of Witness		Signature of Proposer	
Name		Address	
CID No.		CID No.	
Mobile No.		Mobile No.	
Date		Date	

If in this form the answers to the questions and/or signature of the proposer are/is in vernacular then he should declare in his own handwriting above his signature(s) that all questions were explained to him and that his responses to the questions were given after fully and properly understanding the same.

1) **If the person filling in the form is other than the proposer, such person should make this declaration**.

I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer:

Name and Address of the declarant	
Signature	

2) In case the Proposer is illiterate

The thumb impression of the proposer should be attested by person of a social standing whose identity can easily be established, but unconnected with the Corporation and the same person must execute the following declaration;

I hereby, declare that I have explained the contents of the proposal form to the Proposer in (Language) and that I have read out to the Proposer the answers to the questions dictated by the Proposer, and that the Proposer has affixed this thumb impression to the proposal form after fully understanding the contents and consequence thereof

Name and Address of the declarant	
Signature	

FOR OFFICIAL USE BY RICB					
Receipt No.		Receipt Date	DD/MM/YYYY	Receipt Amount	
RICB Branch Name		Date of submission	DD/MM/YYYY	KYC completed	Yes No
Verified by (EID No. & Signature):					

Note: Kindly submit the KYC documents if it has not been submitted earlier.