



DECLARATION OF GOOD HEALTH FORM

9 Have you ever been tested positive for novel corona virus, or quarantined or in contact/cohabitation with any person who has been tested positive/quarantined or symptomatic for COVID 19. If yes, please provide details

10 Have you travelled in and/or out of the country 15 days prior to the Declaration of Good Health Form signing date or are you planning to travel in and/or of the country in the next 3 months.. If yes please provide details
Please provide your travel history over the past 15 days prior to the Good health declaration signing date:

Country	City	Date Arrived	Date Arrived

Please provide your travel history over the past 15 days prior to the Good health declaration signing date:

Country	City	Tentative Travel Date/Month/Year	Intended duration of Stay

11 Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel corona virus (COVID-19)? If yes, give details

DECLARATION OF THE LIFE TO BE ASSURED/PROPOSER (IN CASE OF MINOR LIFE TO BE ASSURED)/DECLARATION OF THE LIFE ASSURED/PROPOSER (IN CASE OF MINOR LIFE ASSURED)

I _____ do hereby, declare that the answers and statements made on this health declaration are full, complete and true in every particular and agree and declare that these statements and this declaration along with the proposal for insurance will form basis of the contract. All material facts, being facts, which may influence the assessment of this risk, have been disclosed in this health declaration. I understand that failure to make such disclosure shall render the contract null and void. I/We understand that the Company is not able to offer any tax advice on CRS/FATCA or its impact. I/We shall seek advice from professional tax advisor. I/We further agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators/tax authorities the Company may also be required to report, reportable details to CBDT or close or suspend my account.

Dated at _____ on the _____ day of _____ 20____

Signature of Witness: _____

Name of Witness: _____

Address of Witness: _____

Signature/Thumb Impression of the Life Assured/Proposer

VERNACULAR DECLARATION OF THE LIFE TO BE ASSURED/PROPOSER (IN CASE OF MINOR LIFE TO BE ASSURED)/VERNACULAR DECLARATION OF THE LIFE ASSURED/PROPOSER (IN CASE OF MINOR LIFE ASSURED)

I _____ hereby, declare that I have explained the contents of the proposal form to the Life Assured/Life to be Assured in _____ language and I have read out the answers to the questions dictated to me and that the Life Assured/Life to be Assured has put his signature/thumb impression on the proposal form after fully understanding the contents thereof.

Dated at _____ on the _____ day of _____ 20____

Signature of Witness: _____

Name of Witness: _____

Address of Witness: _____

Signature/Thumb Impression of the Life Assured/Proposer

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.
Toll Free No.: 1800 266 8833 (9.00 am to 7.00 pm - Mon to Sat) • Email: customercare@sudlife.in • Website: www.sudlife.in
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