

Section VIII (ii): Short Medical Questionnaire (SMQ)
Section VIII (ii) (a): Lifestyle Questions & Personal Details of the Proposed Insured (not to be filled for Annuity Product)

- Is your occupation / hobbies are associated with any specific hazard, such as diving, involvement with heights, handling of explosives, chemical factory, mines, radiation, corrosive chemicals, aviation (other than as a fare paying passenger), mountaineering, any form of racing) etc.
- Are you employed in the Armed, Para-Military or Police Forces? (If the answer is Yes, please fill the occupation questionnaire)
- Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquitted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad?

Life Insured / Primary Life		Proposer/ Secondary Life	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VIII (ii) (b): Medical Details (not to be filled for Annuity Product)

- Have you ever had symptoms of, been treated for, been advised to receive treatment or have undergone any investigations for any of the below?
 (The following conditions are provided as an example only. You are requested to disclose all disorders, disease or other health conditions, which are or might be relevant. If answer for any of the questions in this section is "yes", please provide all medical reports, if available)

Cancer, Tumour or growth, Chest pain or Heart attack or any other Heart disease, Stroke, Paralysis, any Cerebrovascular disease, any Mental or Nervous disorder, Diabetes, High blood pressure, Asthma, Tuberculosis or any other Respiratory disease, Disorder of muscles, bones, spine or joint, Paraplegia, any form of disability, Kidney disease, Liver disease including hepatitis B/C, Digestive system disorder, Blood disorder, Thyroid or other Endocrine disorder, Genitourinary disorder, HIV infections or AIDS, Autoimmune disorder, any major surgery or hospitalization, any disorder due to alcohol or drug abuse, disease or disorder not mentioned above and excluding minor complaints.

Life Insured / Primary Life		Proposer/ Secondary Life	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- During the first five year**
 - Have you ever sustained an illness lasting for more than 5 days except for fever, common cold or cough?
 - Have you undergone or advised to undergo or awaiting any medical investigations like ECG, X-Ray, CT Scan, MRI, Echo or blood tests or been admitted to a hospital for treatment or investigations
- To be answered by Female applicants only**
 - Are you currently pregnant?
 - Have you suffered from or do you have any Gynaecological problems or Illness related to uterus/ovaries or breasts?

If answer to any of the above questions (Section IX) is Yes, Please give the following details

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Insured/Primary Life				Proposer/Secondary Life			
Details of the Treating / Family Doctor	Nature of ailment / disease etc	Date of diagnosis	Fully recovered or still undergoing treatment	Details of the Treating / Family Doctor	Nature of ailment / disease etc	Date of diagnosis	Fully recovered or still undergoing treatment
Name				Name			
Address				Address			

Section VIII (ii) (c): Previous Policy Details (not to be filled for Annuity Product)

- Have you ever applied for life insurance policies with Pramerica Life or with other insurers?
 (Has any application or proposal for Life/Health/Accident/Critical Illness/Mediclaim including renewal and reinstatement ever been declined, deferred, withdrawn or accepted at special rates or terms by Pramerica Life or any other insurer in India or abroad? (If Yes,give details))

Life Insured / Primary Life		Proposer/ Secondary Life	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Life Insured/Primary Life				
Policy / Proposal No.	Company Name	Sum Assured	Decision (Std/With Extra/Postponed/Declined/Not completed)	Status (Inforced/Lapsed/Applied)
Proposer/Secondary Life				
Policy / Proposal No.	Company Name	Sum Assured	Decision (Std/With Extra/Postponed/Declined/Not completed)	Status (Inforced/Lapsed/Applied)

Section VIII (iii): Long Medical Questionnaire(LMQ)
Section VIII (iii) (a): Lifestyle Questions & Personal Details of the Proposed Insured (not to be filled for Annuity Product)

- | Life Insured/Primary Life | | Proposer/Secondary Life | |
|--|--|--|--|
| 1. Height in cms <input type="text"/> <input type="text"/> or in Ft / Inches <input type="text"/> <input type="text"/> | | 3. Height in cms <input type="text"/> <input type="text"/> or in Ft / Inches <input type="text"/> <input type="text"/> | |
| 2. Weight in Kg <input type="text"/> <input type="text"/> | | 4. Weight in Kg <input type="text"/> <input type="text"/> | |
- Have you in the past used or do you use any habit forming drugs or narcotics or received any drug abstinence treatment?
 If Yes, give details
 - Do you consume or have consumed any of the following
- | Substance Consumed | Consumed as | Quantity | No. of Years |
|--------------------|--|-------------------|--------------|
| Tobacco Products | Cigar / Gutka / Bedi / Cigarette / Pan masala/others | Qty per day (Nos) | |
| Alcohol | Beer / Wine / Hard Liquor | Qty per week (ml) | |
| Narcotics | | | |
- Have you ever stopped smoking/tobacco consumption in any form? If Yes, please specify (Applicable only for TERM Plan)
 Duration since stopped Reason for discontinuation
 - Is your occupation associated with any specific hazard or do you take part in activities or hobbies that could be dangerous in any way?
 (e.g. Occupation: chemical factory, mines, explosives, radiation, corrosive chemicals etc & hobbies: aviation other than fare paying passenger, mountaineering, deep sea diving or any form of racing) if yes, please complete the relevant Occupation/Avocation Questionnaire
 - Are you employed in the Armed, Para-Military or Police Forces? If Yes please provide below details and complete the armed forces questionnaire
 Category after last Medical Examination: _____
 Rank: _____ Dept/Div: _____ Date of Last Medical Examination: _____
 - Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquitted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad? If Yes, give details.
 - Are you currently or do you intend to travel outside of India for more than 1 month? (If Yes, please complete the Travel Questionnaire)

Life Insured / Primary Life		Proposer/ Secondary Life	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VIII (iii) (b): Medical Details (not to be filled for Annuity Product)

1. Are any of your Parents or Siblings suffering or have suffered from Heart Disease, Diabetes, Stroke, Hypertension, Raised Cholesterol, Yes No Yes No Cancer, Multiple Sclerosis, Alzheimer, Parkinson or any hereditary disease before the age of 60?
(If yes, please provide details in the below section)

Life Insured / Primary Life Yes No Proposer/ Secondary Life Yes No

Life Insured/Primary Life						Proposer/Secondary Life					
Relationship with Insured	Age	Current Status	Details of present health & full particulars of any major illness	Age at Onset	Cause of Death	Relationship with Insured	Age	Current Status	Details of present health & full particulars of any major illness	Age at Onset	Cause of Death
Parent 1						Parent 1					
Parent 2						Parent 2					
Sibling 1						Sibling 1					
Sibling 2						Sibling 2					

2. Have you ever had symptoms of, been treated for, been advised to receive treatment or have undergone any investigations for any of the below?

The following conditions are provided as an example only. You are requested to disclose all disorders, disease or other health conditions, which are, or might be relevant. If answer for any of the questions in this section is "yes", please provide all medical reports, if available

- (a) High Blood Pressure, Chest Pain, Angina, shortness of Breath, Palpitation, Rheumatic Fever, Heart Murmur, Heart Attack or any other symptoms or disorder pertaining to the heart or Circulatory System?
- (b) Epilepsy, Depression, Mental ailment, Stroke, Paralysis, Multiple Sclerosis or any other Nervous breakdown?
- (c) Tuberculosis, Asthma, Bronchitis, Avian Flu, difficulty in regular breathing or any other Respiratory Disorder?
- (d) Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?
- (e) Stomach, Gastrointestinal disorder, Kidney, Liver, Bladder Disorder, Reproductive, Urinary Disorder, Hepatitis, Cirrhosis?
- (f) High Blood Sugar, Diabetes, Thyroid or any other Gland Related Disorders?
- (g) Any Disorder related to Ear, Eye, Nose, Throat or Skin?
- (h) Any Back, Arthritis, Limbs, Spine, Joint or Bone Disorders or any other physical deformity/defect?
- (i) Do you have Anaemia or any other blood related disorders?
- (j) Have you or your spouse ever received any medical advice, counselling or treatment in connection with HIV/AIDS or Hepatitis B/C or any Sexually Transmitted Disease?

	Life Insured / Primary Life		Proposer/ Secondary Life	
	Yes	No	Yes	No
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If nominee/appointee address is different from Proposer, please provide in separate sheet and attach

- (k) Are you currently suffering from any illness, impairment or taking any medication/pills/drugs ?
- (l) Has there been weight loss or weight gain (> =5 Kgs) in the past year?
- (m) Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?
- (n) During the past five years
 - (i) Have you ever sustained an illness lasting for more than 5 days except for fever, common cold or cough?
 - (ii) Have you undergone or advised to undergo or awaiting any medical investigations like ECG, X-Ray, CT Scan, MRI, Echo or blood tests or been admitted to a hospital for treatment or investigations?
 - (iii) Have you been abstained from work for more than a week?

(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. To be answered by Female applicants only

(a) Are you currently pregnant? If Yes, duration of weeks _____

(b) Have you undergone an abortion / caesarian section, or had a miscarriage?

If Yes, mention period elapsed since the last occasion in last 3 months 3 to 6 months more than 6 months

(c) Have you suffered from or do you have any Gynaecological problems or illness related to uterus/ovaries or breasts?

If answer to any of the questions 2(a-n) & 3(a-c) is Yes, Please give the following details

(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Insured/Primary Life				Proposer/Secondary Life			
Details of the Treating / Family Doctor	Nature of ailment / disease etc	Date of diagnosis	Fully recovered or still undergoing treatment	Details of the Treating / Family Doctor	Nature of ailment / disease etc	Date of diagnosis	Fully recovered or still undergoing treatment
Name				Name			
Address				Address			

Section VIII (iii) (c): Previous Policy Details (not to be filled for Annuity Product)

1. Have you ever applied for life insurance policies with Pramerica Life or with other insurers?
(Has any application or proposal for Life/Health/Accident/Critical Illness/Mediclaim including renewal and reinstatement ever been declined, deferred, withdrawn or accepted at special rates or terms by Pramerica Life Insurance or any other insurer in India or abroad? (If Yes,give details))

Life Insured / Primary Life Yes No Proposer/ Secondary Life Yes No

Life Insured/Primary Life				
Policy / Proposal No.	Company Name	Sum Assured	Decision (Std/With Extra/Postponed/Declined/Not completed)	Status (Inforced/Lapsed/Applied)
Proposer/Secondary Life				
Policy / Proposal No.	Company Name	Sum Assured	Decision (Std/With Extra/Postponed/Declined/Not completed)	Status (Inforced/Lapsed/Applied)

2. In case Life Insured is a student / housewife, please provide insurance details regarding parents / husband / siblings

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AUTHORIZATION: In order to enable the company to assess the risk under this proposal and anytime thereafter including at the time of claim processing, I/We hereby authorize the past and present employer(s), business associates, any life and nonlife company, hospitals, Govt. repositories (like Ayushman Bharat Health Account -ABHA), nursing homes, organizations, banks, financial institutions, bureaus (credit/insurance), insurance repositories, reinsurers, tax and other authority(ies) or any third party(ies) to release to the company or its authorized third party agents details including but not limited to employment, business, financial, personal and medical records and provide such records or other details as may be considered relevant and further authorize the Company to obtain the same. I/we further consent that the information in this proposal has been given by me/us voluntarily and for the purpose of completion/servicing of this proposal or the resulting policy. That I/We have voluntarily given my/our consent to collect, process, receive, possess, store, deal / handle / share my/our sensitive personal data or information (as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time) for the purpose of processing of this Proposal or servicing of the resulting policy and claims related services, with regulated entities / third parties/ vendors associated with the Company including but not limited to Third Party Administrators, claim investigators, data analytics or any other entity which may be engaged for this purpose in accordance to the legal framework.

Signature / Thumb impression of Life Insured / Primary Life / Primary Annuitant Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Place _____	Signature / Thumb impression of Proposer / Secondary Life / Secondary Annuitant Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Place _____	Signature / Thumb impression of Witness Name of Witness _____ Address of Witness _____
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Declaration for signing in vernacular language or for uneducated person

I, (full name of declarant) _____, hereby declare that I have explained the contents of the proposal form to the Life Insured / Proposer in _____ language & that I have read out the answers to the questions dictated by me to the Life Insured / Proposer and that the Life Insured / Proposer has / have put his/her thumb impression after fully understanding the contents thereof.

Signature of the Declarant _____ Name _____ Address _____	Signature / Thumb impression of Proposer _____ Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Place _____
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Section XIII: The Insurance Laws/ACT/Regulation, as amended from time to time

Section 41 of the Insurance Act, 1938, as amended from time to time: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Section 45 of the Insurance Act, 1938, as amended from time to time: No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

Section XIV: Sales Person/Agent Confidentiality Report

I hereby declare that I have personally met the applicant, Life to be Insured, and the foregoing statements are true and correct to the best of my knowledge and enquiries made by me. I further state that the application form has been filled up by the Proposer/person authorized by the Proposer after fully understanding the nature of the questions in the application form and importance of disclosing all the material information has been explained by me to the Proposer. I have also explained the features and benefits of the plan and riders to the applicant.

1. Do you know the Life to be Insured / Proposer? If Yes please provide relation _____
2. Is the Life to be Insured physically handicapped / mentally retarded / has history of any illness / surgery or any medical investigations? Yes No
3. Any other material information that may impact the company's underwriting decision? _____
4. I confirm that the application form was signed by Mr /Ms _____, in front of me and I have verified it with the proof of signature submitted by the customer.

Signature of Sales Person _____ Name of Sales Person _____ Code & Designation _____ Date & Place _____	Signature of Supervisor _____ Name of Supervisor _____ Code & Designation _____ Date & Place _____
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Section XV: Abbreviations

E/E: Employer/Employee MWPA: Married Women Property Act HUF: Hindu Undivided Family NRI: Non-Resident Indian PIO: Person of Indian Origin FATCA: Foreign Account Tax Compliance Act CRS: Common Reporting standard NSDL IR: National Securities Depository Limited Insurance Repository CA Certificate: Chartered Accountant Certificate:	Audited P&L A/C: Audited Profit and Loss account AIDS: Acquired Immune Deficiency Syndrome HIV: Human immunodeficiency virus ECG: Electrocardiogram CT Scan: Computed Tomography Scan MRI: Magnetic resonance imaging DD: Demand Draft ECS: Electronic Clearance Service NEFT: National Electronic Funds Transfer	CAMSRep: Computer Age Management Services Limited Insurance Repository Karvy IR: Karvy Insurance Repository CIRL: Central Insurance Repository Limited. AML: Anti-Money Laundering PAN: Permanent Account Number ABHA: Ayushman Bharat Health Account ACH: Automated Clearing House IFSC: Indian Financial System Code MICR: Magnetic Ink Character Recognition
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IRDAI Registration No. 140. Pramerica Life Insurance Limited. Registered Office and Communication Address: 4th Floor, Building No. 9, Tower B, Cyber City, DLF City Phase III, Gurgaon - 122002, Haryana. CIN: U66000HR2007PLC052028. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Customer Service Helpline Tel. No: 1860 500 7070 or 011 4818 7070 (Local charges apply) Timings: 9:30 a.m. to 6:30 p.m. (Monday-Saturday), SMS 'LIFE' to 567070, Website: www.pramericalife.in, Email: contactus@pramericalife.in. The Pramerica mark displayed belongs to 'The Prudential Insurance Company of America' and is used by Pramerica Life Insurance Limited under license. APP/AF-ENG/24/FEB/V22