SBI Life
Apne liye. Apno ke liye.

SBI Life Insurance Company Limited
Addendum to Common Proposal Form

Proposal No:

Registered & Corporate Office: Natraj, M.V. Road, & Western Express Highway Junction, Andheri (East), Mumbai – 400 069. **IRDAI Registration No 111**,
Toll Free: 1800 267 9090 (Customer Service Timing: 24X7) | Email: info@sbilife.co.in | Website: www.sbilife.co.in | CIN: L99999MH2000PLC129113

SBI Life Insurance Company Limited and SBI are separate legal entities | SBI Life Insurance Co. Ltd. referred to as "SBI Life" or " Company"

"IN CASE OF UNIT LINKED LIFE INSURANCE POLICIES THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"

NAME OF THE PROPOSER: ☐ Mr. ☐ Ms.

First Name: __________ Middle Name: __________

Last Name: __________

Affix a Recent Photograph

HEALTH AND OTHER DETAILS OF PROPOSER: <<full medical questions>>

Do you have any other individual existing life insurance policy / policies (from SBI Life or any other Life Insurer) or have you applied for any cover other than this SBI Life proposal? ☐ Yes ☐ No

If Yes, please provide details below:

Name of Insurance Co.	Policy No/ Proposal No	Yearly Premium (₹)	Sum Assured (₹)	Self/Spouse/Parent (Pls. specify)	Policy Status
					☐ Lapsed ☐ Inforce ☐ Applied (under process)
					☐ Lapsed ☐ Inforce ☐ Applied (under process)

Has any of your proposal / proposals (from SBI Life or any other Insurer) for life / health / accident insurance ever been declined /rejected, postponed, withdrawn, or accepted with extra premium or your proposal form is under process? ☐ Yes ☐ No

If Yes, then provide the details: ____________________

No.	Health Details of Life Assured	Yes	No
1.	Height (feet/inches) _______ , Weight (kgs) ________ , Have you lost weight of 5Kgs or more in last 6 months	Y Yes	N No
2	Have you ever been treated, hospitalized, investigated or diagnosed or operated for any of the following (including but not limited to the specific conditions mentioned under each category). Every point should be answered in "Yes" and "No"		
a	**Diabetes Mellitus/ High Blood Sugar, High/Low Blood Pressure or High Cholesterol**	Y Yes	N No
b	**Heart Disease of any kind:** Chest pain, Angina, Coronary Artery Disease, heart attack, valve disorder, Rheumatic heart disease, conduction problem, or any other disease of Heart, or undergone Angiography, Bypass, PTCA, Pacemaker implant etc	Y Yes	N No
c	**Lung /Respiratory disorder of any nature:** Asthma, COPD, Tuberculosis (TB), Pneumonia, Bronchitis, emphysema, or any other chest or lung disease etc	Y Yes	N No
d	**Cancer/ Malignancy diagnosed or suspected:** Cancer, Overgrowth, Cyst, Tumor, Malignant growth, Leukemia, enlarged lymph node, Lymphoma, or undergone Chemotherapy, radiotherapy, FNAC, Biopsy, Scan etc	Y Yes	N No
e	**Kidney, Prostate or genitourinary Diseases:** Kidney failure, infection, Stone, Obstruction, or any other disease, Dialysis, Transplantation or removal of kidney, Blood in urine, or enlarge prostate, adrenal gland disorder etc	Y Yes	N No
f	**Disorder of Liver or other digestive organs:** Alcoholic and Other Liver disease, Jaundice, Hepatitis of any type, Liver failure, infection, enlargement, Cirrhosis, Ascites etc or Gastric ulcer/bleeding, vomiting of blood, blood in stools, Piles, hernia, colitis, etc or any disease of Esophagus, Pancreas, Gall bladder, Spleen, Intestine, Rectum or any digestive system or undergone endoscopy, colonoscopy etc	Y Yes	N No
g.	**Joints & Bone disorder, Vision or Hearing disorder, Deformity, loss of organ or any congenital defect:** Arthritis (rheumatoid, ankylosying, Osteomylitis), gout, deformity /disability, polio, any disease of bone, joints, muscles, spine, vertebral disc or, disorders of eyes, ear, nose, throat, or amputation, absence or transplantation of organs etc.	Y Yes	N No
h	**Brain or Spinal cord:** Disorder of brain and/or spinal cord or Nervous system, Hemorrhage, bleeding, Tumor, stroke, paralysis, TIA, epilepsy/fits, seizures, coma, head injury, fainting loss of consciousness, tremors, impaired movement of limbs, incontinence, or any other disorder of nerves or had MRI, CT scan etc	Y Yes	N No
i	**Psychiatric disorder:** Mental illness including, anxiety, depression, schizophrenia, stress, Nervous breakdown, attempted suicide etc	Y Yes	N No
j	**HIV or STD:** Were you or your spouse/partner test positive for HIV/AIDS or any other Sexually Transmitted Disease?	Y Yes	N No

Proposal No:

k	**Blood or hormonal disorder(Thyroid etc) & others:** Anemia, Bleeding or clotting disorders, Autoimmune Disorder, SLE, Lupus, thyroid disorder, goiter, pituitary hormones disorder etc	Y Yes	N No
l	**Current/ past general medical condition** condition Do you have any or in last 5 years any, medical condition, symptoms, test results or procedure not asked above for which you were/are under treatment, observation or being Hospitalized for more than 5 days or were absent from work continuously for more than 5 days, (excluding, common cold, fever) or are you currently under any medication?	Y Yes	N No
m	Questions For Female Lives: 1. Are you currently Pregnant?	Y Yes	N No
	If YES, kindly state expected delivery date: ___________		
	2. Have you ever consulted a doctor because of an irregularity at the breast, vagina, uterus, ovary, fallopian tubes, menstruation, complications during pregnancy or child delivery or undergone any gynecological investigations for illness, internal check-ups, breast checks such as smear Test, mammogram or biopsy etc	Y Yes	N No

If any of the above questions is ticked "Yes" (1 -2) then provide details in the below table. Also provide all related reports

Name of the disease/ disability/ deformity/ procedure	Date of Diagnosis Since when DD/MM/YYYY	Currently under treatment / Recovered	Date of hospitalisation/ surgery done or if planned

3	Are any of your family members (include parents, brothers, sisters, spouse and children), suffering from/have suffered from/have died of heart disease, high blood pressure, diabetes, stroke, cancer, kidney disease or any other hereditary/familial disorder, before 55 years of age? If yes, please share details in the table below:	Y Yes	N No

Relation	Alive (Yes/No)	Current Age/ Age at death	Specify Nature of disorder

4	Do you currently or have you in the past Smoked, Consumed Tobacco, Alcohol, any Narcotic or have ever been treated for complications arising due to them?	Y Yes	N No

			If currently pursuing habit	If Quitted	
Habit	**Type**	**Quantity**	**Consuming since how long? (Number of Years)**	**Since how long? (Number of Years)**	**Consumed how long? (Number of Years)**
Smoking	Cigarette Bidi	Number ____per day/per week/occasionally			
Tobacco Chewing	Tobacoo Gutka	Number of Pouch/Packets per day/per week/occasionally			
Alcohol	Hard Liquor (whisky) Beer Wine Others	_____ peg per day / per week/occasionally (30ml is 1 Peg) ____Glass per day / per week/ occasionally (250ml is 1 beer glass) _____Glass per day / per week/ occasionally (150ml is 1 wine glass) _____ per day /per week / occasionally			
Narcotic	____________	____________________________________			

5	**Do you take part in or do you have any intention of taking part in any hazardous sports, hobbies, activities or pursuits** (e.g. mountaineering, diving, racing or aviation other than as a fare paying passenger) **that could be dangerous in any way? If yes, please specify**____	Y Yes	N No

AYUSHMAN BHARAT HEALTH ACCOUNT (ABHA) DETAILS PROPOSER):

Do you have ABHA Number? ☐ **Yes** ☐ **No**

If Yes, please provide ABHA Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ "I Hereby give my consent to SBI Life Insurance Company Ltd. to access my health records through digital mode and further authorise SBI Life Insurance Company Ltd to use the said information for servicing my insurance policies / for claims settlement".

Signature /Left Thumb impression of the proposer

Place:______________________ Date: D D M M Y Y Y Y