HEALTH DECLARATION

JS INVESTMENTS LTD.

Group Family Takaful Policy No. 31/1/FT000153

Reference No. _____

Name of Member | Date of Birth

Father's/ Husband's Name | Sex Male ☐ Female ☐

NIC No (attach copy) | Education

Present Occupation: Salaried ☐ Business ☐ Professional ☐ Agriculture ☐ Others ☐

Job Title

Telephone No | E-mail Address | Mobile No

Residential Address

Annual Income (Approx) | Height Ft-In/ Cm | Weight Kg/ Lb

Amount of Cumulative Investment Rs. | Term of Investment Years

		Yes	No
1.	Are you now in good health and entirely free from mental or physical impairments or deformities	☐	☐
2.	Have you ever suffered or do you now suffer from:		
	a. **diabetes**?	☐	☐
	b. **hypertension**?	☐	☐
	c. **heart ailments** (Angina, Myocardial Infarction etc.)?	☐	☐
	d. diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia)?	☐	☐
	e. diseases of genito-urinary system (e.g. infection of kidneys, urinary or genital organs, renal stones, venereal disease)?	☐	☐
	f. diseases of gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B or other disorders of the liver, disorders of the gall bladder)?	☐	☐
	g. diseases of nervous system or mental disorders (e.g. epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown)?	☐	☐
	h. any form of tumor, growth, cancer or any diseases of the blood, glands, spleen, ears, eyes or skin?	☐	☐
	i. any other diseases or ailments not mentioned above?	☐	☐
3.	History of past, present or advised hospital admission or surgery?	☐	☐
4.	Have you ever had or been advised to have a blood test for AIDS or AIDS-related condition or been refused as a blood donor?	☐	☐
5.	Have you consulted a physician for any reason, including routine examinations and blood tests, or have you received any blood transfusions within the past 5 years?	☐	☐
6.	Have you ever received or do you now receive any disability benefit?	☐	☐
7.	Do you have any Takaful cover from EFU Life Assurance Ltd. - Window Takaful Operator?	☐	☐
8.	Has any proposal for Family Takaful ever been declined or postponed or been accepted with an extra premium?	☐	☐
9.	Have you ever served or presently serving in any of the Armed Forces? If yes, then state Medical Category _____ .	☐	☐
	For Females Only		
10.	Are you pregnant? If yes, _____ months.	☐	☐
11.	Were previous deliveries, if any, by Caesarian Section?	☐	☐
12.	Have you ever had any Gynecological or Obstetric problem?	☐	☐

If you answered " yes" to any of the above questions, except Q # 1, please give complete details (including dates, duration and treatment, names and addresses of physician) on back of this form and include your signature. Also, attach copies of relevant medical reports.

The foregoing statements and answers are full, complete and true. I agree that they shall be the basis of Takaful coverage for me under Group Family Takaful Policy, EFU Life Assurance Ltd - Window Takaful Operator shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for Takaful coverage and withheld or concealed in above statements. I authorize any physician, nurse or hospital employee to disclose to EFU Life Assurance Ltd - Window Takaful Operator any and all information regarding my medical history

I understand that concealment of material facts listed above can lead to repudiation of my claim.

Place: _____ Date: _____ Signature of Member: _____

The Takaful Coverage to be provided under this Health Declaration will be a reducing term coverage, which means no maturity benefit is payable

EFU LIFE ASSURANCE LTD - Window Takaful Operator
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