



(Established by the Life Insurance Corporation Act, 1956)

**DIVISIONAL OFFICE, AJMER**

**DECLARATION OF HEALTH AND RISK FOR ACCIDENT BENEFIT**

(To be used when Accident Benefit is desired)

Policy No. .... Own Life

I ..... am willing to pay an extra premium of Rs. 1.00 per thousand Sum Assured to secure payment of Double the Sum Assured in the event of my death by Accident or of an amount equal to the Sum Assured in instalments in addition to the benefit of premium of permanent total disability as provided in the clause relating to the said benefit.

My present occupation is ..... and I have on intention of changing my occupation in the near future.

I hold the following policy/policies and have placed the following fresh proposal for assurance which are under consideration (Delete where not applicable)

Policies/proposals/Covering Accident/and Extended Disability Benefit

Insurer	Policy/Proposal No.	Sum Assured Proposed	Sum Assured/Proposed Under the Accident and extended disability benefit covered by the policy/to be covered by the proposal
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Rs.

Rs.

Rs.

Rs.

Rs.

Rs.

Rs.

Rs.

Total Rs.

I do hereby solemnly declare that the foregoing statements and answers are true in every particular and further that since the date on which my proposal for the above policy was made, my mode of life has been the same as stated in the proposal, that no Insurer or \*Divisional Office of the Corporation has since postponed or declined to assure my life against accident risk since that date I have not been affected by any disease \*physical defect or infirmity and that no other circumstances calculated to increases the risk has occurred except the following.

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