



MAX NEW YORK LIFE INSURANCE COMPANY LIMITED
 12th Floor, DLF Square Building, Jacaranda Marg, DLF City, Phase II, Gurgaon 122 002

ADDITIONAL QUESTIONNAIRE FOR PAYOR RIDER

(To be filled in by the Proposer)

Proposal No: _____

1. Name of the Proposer:
2. Name of the Insured:
3. Do you currently have any life, accident, disability, critical illness or medical insurance or any other insurance policy with this or any other insurer ? If Yes, please provide following details. YES NO

Name of the Insurance Company	Type and Term of the Policy	Sum assured (Including all benefits)	Date of Issue

4. Personal Medical Details of the Proposer:
 - i) Family History of the Proposer:

	If Living		If Deceased	
	Age at last birthday	Give details on the state of health and full particulars of any major illness	Age at death	Cause of death
Father		<input type="checkbox"/> - <input type="checkbox"/>		
Mother		<input type="checkbox"/> - <input type="checkbox"/>		
Brothers		<input type="checkbox"/> - <input type="checkbox"/>		
Sisters		<input type="checkbox"/> - <input type="checkbox"/>		

- ii) Height of the Proposer:m.....cm OR.....ft.....inch
- iii) Weight of the Proposer:Kgs. YES NO
- iv) Are you now undergoing any medical treatment or follow up for any ailment or impairment ?
- v) Have you undergone or are in the process of undergoing any surgical operation ?
- vi) Have you ever taken or are currently taking any medication for any ailment(s) ?
- vii) Have you smoked tobacco in the last 12 months ?
If "Yes", please indicate the number smoked per day.
- viii) Do you or have you ever taken alcohol, narcotics or psychotropic substances ? If "Yes", please indicate quantity per week.....
- ix) Have you ever consumed tobacco in any form, including gutka or Pan masala ?

- x) Have you ever been tested positive for HIV / AIDS or tested positive for Sexually Transmitted Disease? YES NO
- xi) Do you participate in hazardous activities?
- xii) For Female Lives only. Are you now pregnant? If "Yes", State how many months.....
- xiii) If you have answered "Yes" to any of the above question please give details below:
 (Formedical questions, please mention diagnosis, date of Diagnosis, Severity of symptoms, Treatment taken, Follow up details and Present condition)

DECLARATION AND CONFIRMATION BY THE PROPOSER

I hereby declare that:

- a) I fully understand the meaning and scope of the questions above relating to me and I have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant, and have not withheld any information that may be relevant to enable Max New York Life Insurance Company Limited (the "Company") to take an informed decision as to insurance cover. The Company shall not be bound by any statements made other than those contained hereinabove unless such statements are made in writing and are received by the Company before the Company has underwritten the risk.
- b) I confirm that any information provided in relation hereto may be used by the Company in any manner including for purposes of verification of such information. The Company may also share such information with any other persons including its affiliates and reinsurers. Notwithstanding any law, usage, custom, privilege or other rights available to me, the Company may make any independent verification of the facts as may be considered relevant by the Company from any source whatsoever.
- c) If any future premium or other payment due to the Company is made by me through an agent, then the Company shall not be liable unless the amounts are received and realized by the Company within the time the Company stipulates for receipt of the payments by the Company.

Signature of the Proposer Date:

Name of the Proposer Place:.....

In case the Proposer is illiterate, his/her left thumb impression should be taken and attested by a person of standing unconnected with the company but whose identity can easily be established.

DECLARATION

Declarant's Name & Address
 Name: I hereby declare that I have fully explained the contents of this Additional
 Address: Questionnaire Form to the Proposer in the Language understood by the Proposer,
 Filled in the required particulars as given by the Proposer, and that the Proposer
PIN..... Has affixed his/her left thumb impression to this Form after fully
 Signature..... understanding the contents thereof.
 Witness:

Declaration to be made by a person of standing unconnected with the Company but whose identity can be easily established to the effect that the contents of the Additional Questionnaire Form have been explained to the Proposer in the vernacular language understood by the Proposer and the signature of the Proposer has been appended after fully understanding the same.

DECLARATION

Declarant's Name & Address
 Name: I hereby declare that I have fully explained the content of the Additional
 Address..... Questionnaire Form to the Proposer filled in the required particulars
 as given by the Proposer and the Proposer has signed the same after fully.
PIN..... Understanding the contents thereof.
 Signature..... Witness