

Life Insurance Corporation of India

Division

Addendum to proposal under ASHA DEEP Plan (Table 121)

Branch Office..... Proposal No.....

Full Name of the Life Proposed.....

Age..... Sex.....

PART A

The definitions of the diseases covered under the policy and their exclusions are given hereunder which the proposer must understand and give his consent at the end of this addendum:

(i) **Cancer (malignant):**

It is the presence of uncontrolled growth and spread of malignant cells. This definition 'Cancer' includes leukaemia, lymphomas and Hodgkin's disease.

Exclusions:

This excludes non-invasive carcinoma(s) in-situ, localised non-invasive tumour(s) revealing early malignant changes and tumour(s) in presence of HIV infection or AIDS; any skin cancer excepting malignant melanoma(s) are also to be excluded.

(ii) **Paralytic stroke:**

(Cerebro-Vascular accidents) Death of a portion of the brain due to vascular causes such as (a) Haemorrhage (cerebral), (b) Thrombosis (cerebral) (c) Embolism (cerebral), causing total permanent disability of two or more limbs persisting for 3 months after the illness.

Exclusions:

(i) **Transient/schaemic attacks,**

(ii) **Stroke-like syndromes resulting from**

(a) **head injury;**

(b) **Intracranial space occupying lesions like abscess, traumatic haemorrhage and tumor;**

(c) **Tuberculous meningitis, pyogenic meningitis and meningococcal meningitis.**

(iii) **Renal failure:**

It is the final renal failure stage due to chronic irreversible failure of both the kidneys. It must be well documented. The life assured must produce evidence of undergoing regular haemodialysis and other relevant laboratory investigations and doctor's certification.

(iv) **Coronary artery disease where by-pass surgery has been actually done;**

Undergoing by By-pass surgery on the advice of a consultant cardiologist to correct narrowing of blockage of one or more coronary arteries.

Exclusions:

Non-surgical techniques such as the use of either balloon or laser viz a catheter introduced through the arterial system are excluded.

Nature of evidence required to establish eligibility for benefits under this plan will be as stipulated by the Corporation. The date of eligibility of claim will be the date of communication of eligibility by the Corporation.

PART B

ADDITIONAL PERSONAL HISTORY.

- 1) Are you suffering from or have you ever suffered from; (Answer 'Yes' or 'No')
- a) Heart Ailment
 - b) Low/High Blood Pressure
 - c) Cancer
 - d) Renal Failure or Kidney diseases
 - e) Diabetes
 - f) Paralytic Stroke
- 2) Have you ever consulted (Answer 'Yes' or 'No') A Physician for If 'Yes', give full details including date and duration of treatment.
- a) Hear ailment
 - b) Low/High B P
 - c) Cancer
 - d) Renal failure or Kidney diseases
 - e) Diabetes
 - f) Paralytic Stroke
- 3) In case you are a smoker or tobacco user in any form or consume alcohol, give full details such as nature, quantity and frequency including previous habits if discontinued.

Details of Previous insurance under ASHA DEEP or ASHA DEEP II plan

Policy No.	DOC	Term	SA	Annual Premium
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D E C L A R A T I O N

I, _____ do hereby declare that I fully understand the definitions as given above and also declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete-in every particular and that I have not withheld any information and I also hereby agree and declare that these statements and this

declaration alongwith my averments be contained therein, the said contract shll be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at on the Day of20 .

Signature of Witness

Name

Occupation & Address

.....

Sig of the proposer

If in this form the answers to the questions and/or signature of the proposer given in vernacular, then the proposer should declare in his own handwriting above his signature that all questions were explained to him and that his replies were given after fully and properly understanding the same. In such event the following declaration should be made by the persons filling in the form.

Name in full.....

**I hereby declare that I have fully explained the
The above Questions to the proposer and I have
truthfully recorded the answers given by the
Proposer.**

Occupation

Address

.....

Signature.