DECLARATION OF HEALTH, OCCUPATION & AVOCATION

Jubilee LIFE INSURANCE

IMPORTANT INSTRUCTIONS FOR FORM COMPLETION

Please ensure that all the questions are properly and completely answered. Please tick within the relevant boxes. Leave the remaining boxes unmarked. Kindly use a single pen to complete and sign the form. Please write in neat legible script. Do not use abbreviations, dots, crosses and dashes. Any alteration, overwriting, mutilation, cancellation, deletion in answers must be endorsed under full signatures. Please sign as per signature affixed on proposal form. Only Original Forms should be filled out and completed. Do not use photocopied forms. Please mention all facts including those the materiality of which you may not be certain about. Please read and understand the IMPORTANT NOTICE provided here below and only sign this form if you agree with its contents.

Policy No: _____ Policy Owner: _____

Life Assured: _____

Since applying to Jubilee Life Insurance Company Limited for this Policy or since when the Policy was last reinstated:

a) Have you suffered from any Illness, Accident, Injury or other Disability ? ☐ Yes ☐ No

b) Has your Occupation changed ? ☐ Yes ☐ No

c) Has your Country of Residence changed ? ☐ Yes ☐ No

d) Are you now suffering from any sickness, ill-health, disability OR from any physical OR mental medical condition OR impairment ? (Female Life Assured should inform about pregnancy.) ☐ Yes ☐ No

e) Is any dependent covered for Hospitalization Cash Rider (HCR) Benefit under this policy, suffering from OR has suffered from any sickness, ill-health, disability OR from any physical OR mental medical condition OR impairment ? ☐ Yes ☐ No

f) Do you engage in any hazardous work or risky pastimes ? ☐ Yes ☐ No

g) Are you/were you ever an activist/member/worker of any Political or Religio-Political Organization ? ☐ Yes ☐ No

h) Are you or were you ever engaged in any legal suit or litigation? Do you have personal/tribal/family enmity ? ☐ Yes ☐ No

For every "Yes" answer and / or If your Health, Occupation, Avocation or Country of Residence has changed or you are or your dependent (covered for HCR) is not in good health, please provide details:

_____

_____

_____

DECLARATION BY LIFE ASSURED

I/we declare that all answers provided in this form are true and complete and that no information has been concealed or misrepresented. I/we agree that this declaration and the information given here or in any medical report/document attached, shall be the basis of Reinstatement/Enhancement of Benefits/Revision of Premium of this Policy. I also understand that any omission or misstatment of material fact could adversely affect the payment of Benefits under the Policy and could result in forfeiture by Jubilee Life Insurance Company Limited of all premiums paid under this Policy. I/we realize that whilst this request for Reinstatement/ Revision of Benefits/Premium of the Policy is under consideration, it is my / our responsibility to inform Jubilee Life Insurance Company Limited at the address provided below of any change in health and in the information now being provided by me/us. I/we also understand that Reinstatement/Revision of Benefits and/or Premium of the Policy would be at the sole discretion of Jubilee Life Insurance Company Limited, after all due premiums have been paid. I/we also authorize any physician, clinic, hospital, laboratory, medical body, insurance company, employer, any organization, friend, relative or person to provide to Jubilee Life Insurance Company Limited, all information, record or knowledge about the health & medical history of myself (Life Assured). A photocopy of this declaration signed by me be treated as original.

بیمہ دار کا تصدیق نامہ

میں تصدیق کرتا/ہم تصدیق کرتے ہیں کہ فارم میں دیئے گئے جوابات صحیح اور مکمل ہیں اور کوئی بھی معلومات غلط یا مخفی نہیں رکھی گئی ہیں۔ میں اتفاق کرتا/ہم اتفاق کرتے ہیں کہ پالیسی کو بحال/فوائد کا بڑھاؤ/پریمیئم کی تجدید، فراہم کی گئی معلومات/طبی رپورٹ/ منسلک کاغذات کی بنیاد پر ہوگا۔ میں یہ سمجھتا ہوں کہ کسی بھی قسم کی اہم معلومات کی غلط بیانی یا مخفی رکھنے سے پالیسی کے فوائد پر اثر انداز ہو سکتے ہیں۔ کمپنی یہ حق بھی رکھتی ہے کہ ایسی صورت میں اس کا ادا کردہ تمام پریمیئم بھی بحق ضبط کر لے۔ میں یہ بھی سمجھتا اور تسلیم کرتا/کرتی ہوں کہ جس دوران کمپنی میرے فوائد کی درخواست یا پالیسی کی تجدید کا جائزہ لے رہی ہو تو اس دوران اگر صحت میں کوئی تبدیلی ہو تو میں فوراً جوبلی لائف انشورنس کمپنی کو مطلع کروں گا۔ میں یہ بھی تسلیم کرتا ہوں کہ میرے بیمہ کی تجدید یا فوائد کی تجدید یا بڑھاؤ یا تبدیلی کی درخواست کے فیصلے کا حق بھی جوبلی لائف انشورنس کمپنی محفوظ رکھتی ہے۔

میں کسی بھی ڈاکٹر، ہسپتال، کلینک، لیبارٹری، انشورنس کمپنی، آجر، دوست، رشتہ دار، ادارہ یا کوئی شخص کو یہ اختیار دیتا ہوں کہ وہ میری صحت سے متعلق معلومات جوبلی لائف انشورنس کمپنی کو دے اور یہ کہ اس تصدیق نامے کی فوٹو کاپی اصل تصور کی جائے۔

Dated: This _____ day of _____ in the year _____

Signature of Life Assured

Name: _____

CNIC NO. _____

Address: _____

_____

Signature of Witness / Policy Owner (if other than Life Assured)

Name: _____

CNIC NO. _____

Address: _____

_____

Jubilee Life Insurance Company Limited

74/1-A, Lalazar, M.T. Khan Road, Karachi - 74000, Pakistan.

Phone: (021) 35205095, Fax: (021) 35610959, SMS: "JUBILEELIFE" to 8398

Email: info@jubileelife.com, complaints@jubileelife.com, Website: www.jubileelife.com

NTN Number: 0660564-8