

POLICY REINSTATEMENT FORM

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, over writing, 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. If you are not certain whether a fact is material, please mention.

Policy No.: _____ Life Assured: _____ Policy Owner: _____
Address: _____

Part A: Work & Occupation

1. Job Title/Designation _____ 2. Industry/Service/Profession _____
3. Description of work/exact daily duties _____
4. Name of Organization & Address _____

Part B: Health, Habits & Medical History

5. Do you have any illness, sickness, ailment, disease, disability, deformity and medical condition? Yes No
6. Do you use tobacco/ narcotics (drugs)/ alcohol/ regular medication? Yes No
7. Do you have or have you ever had any disease or medical condition affecting the Heart, Blood, Kidneys, Lungs, Liver, Brain, Glands, Bones, Nervous System, Muscular System, Digestive System or any other body organ? Yes No
8. Do you have or have you ever had raised Blood pressure, Palpitations/ increased heart beats, Rheumatic fever, Chest pain, Shortness of breath, raised Blood Sugar/Cholesterol/Lipid Levels, raised Liver Enzymes, Cardiac enzymes? Was sugar/protein/blood ever found in your urine? Did you ever have Urinary Tract infection? Yes No
9. Do you have or did you ever have and/or does anyone in your family have Tuberculosis, Pleurisy, Bronchitis, Hepatitis B or C, Sexually transmitted Disease, HIV/AIDS or any other chronic infection? Yes No
10. Do you have or does any family member have congenital/ hereditary / mental / neurological disease or disorder? Yes No
11. Have you undergone in the last 5 years or do you propose to undergo any medical examinations/ medical tests/ Hospitalization or treatment for any ailment/ medical condition or disability? Yes No
12. Did you suffer accident or injury in the last 5 years? Yes No
13. Do you have or have you ever had any Tumors/Growth (benign & malignant)/ Cancers etc? Yes No
14. **Female Life assured** Are you Pregnant? Do you have / have you ever had any disease of Breast/Reproductive Organs? Yes No

PART C: Avocation & Pastimes

15. Do you engage in any hazardous work or risky pastimes? Yes No
16. Are you or were you ever an activist / member / worker of any Political or Religious-Political Organization? Yes No
17. 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, mention the Question number, & provide detailed information here below. (use separate sheet if needed)

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 misstatement of material fact could adversely effect 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 benefit / 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 premium 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 photo copy of this declaration signed by me be treated as original.

بیرہ دار کا تصدیق نامہ

میں تصدیق کرتا ہوں / ہم تصدیق کرتے ہیں کہ تمام دیئے گئے تمام جوابات سچ اور مکمل ہیں اور کوئی بھی معلومات غلط یا جھوٹی نہیں رکھی گئی ہے۔ میں اتفاق کرتا ہوں / ہم اتفاق کرتے ہیں کہ پالیسی کو بحال کرنا فائدہ کا بڑھاوا پر بیمہ کی تجدید فرما ہونے کی معلومات اس میں روپوش / منسک کا مفادات کی بنیاد پر ہوگا۔ میں یہ سمجھتا ہوں / سمجھتی ہیں کہ کسی بھی قسم کی اہم معلومات کی غلط بیانی یا جھوٹے سے پالیسی کے فائدہ پر اثر انداز ہو سکتے ہیں۔ کئی بین جھوٹے رکھنے سے کہ ایک صورت میں اس کا ادارہ کو تمام بیمہ کی نکتہ چندان کر لے۔ میں یہ سمجھتا ہوں / سمجھتی ہیں کہ اس کے تحت درج نامہ کی درخواست لیا جیسی کی تجدید کا جائزہ لے رہی ہو تو اس دوران اگر صحت میں تبدیلی ہو تو میں فوراً جو بی ایف انشورنس کمپنی مطلع کروں گا / کروں گی۔ میں یہ بھی تسلیم کرتا ہوں / کرتی ہوں کہ میرے کسی تجدید یا بڑھاوا یا تجدید کی درخواست کے فیصلے کا حق کسی بھی جو بی ایف انشورنس کمپنی منظور رکھتی ہے۔ میں کسی بھی ڈاکٹر ہسپتال ٹیکنیک لیبارٹری، انشورنس کمپنی، آجر، دوست، رشتہ دار اور ایوانی شخص کو کسی اختیار دیتا ہوں کہ وہ میری صحت سے متعلق معلومات جو بی ایف انشورنس کو دے اور یہ کہ اس تصدیق نامہ کی فوٹو کاپی کو اصل تصور کیا جائے۔

Dated: This _____ day of _____ in the year _____

Signature of Life Assured / Signature of Policyowner _____ Signature of Witness with Name & CNIC No. _____