POLICY REINSTATEMENT FORM

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, 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

بیمہ دار کا تصدیق نامہ

میں تصدیق کرتا ہوں اور تصدیق کرتے ہیں کہ فارم میں دیئے گئے تمام جوابات مکمل اور مکمل ہیں اور کوئی بھی معلومات خفیہ یا غلط بیانی نہیں کی گئی ہے۔ میں اتفاق کرتا ہوں اور اتفاق کرتے ہیں کہ یہ پالیسی دوبارہ بحال کرنے کا فارم یا بحالی کا اضافہ یا پالیسی کی تجدید کی درخواست کی معلومات اصلی رپورٹس / میڈیکل کا غذات کی بنیاد پر ہوگا۔ میں یہ سمجھتا ہوں اور یہ سمجھتے ہیں کہ کسی بھی مادی اہم معلومات کی غلط بیانی یا چھپانے سے پالیسی کے فوائد پر اثر انداز ہو سکتے ہیں۔ کمپنی یہ بھی منظور کرتی ہے کہ ایسی صورت میں اس کا واحد اور قدیم پالیسی کی تجدید کا جائزہ لے رہی ہوتو اس دوران کمپنی میرے / ہمارے درخواست پالیسی کی تجدید کا جائزہ لے رہی ہو تو اس دوران کمپنی میرے / ہمارے درخواست میں تجدید ہو تو میں فوراً جیلی لائف انشورنس کمپنی کو مطلع کروں گا / کروں گی۔ میں یہ بھی تسلیم کرتا ہوں / کرتی ہوں کہ میرے / ہماری تجدید یا بحالی یا تجدید کی درخواست کے لیے کا حق بھی جوبلی لائف انشورنس کمپنی لمیٹڈ منظور کرتی ہے۔ میں کسی بھی ڈاکٹر، ہسپتال، کلینک، لیبارٹری، انشورنس کمپنی، آجر، دوست، رشتہ دار یا کوئی بھی شخص کو بھی اختیار دیتا ہوں کہ وہ میری صحت سے متعلق معلومات جوبلی لائف 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.

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