

**LIFE INSURANCE CORPORATION OF INDIA**  
**Novel Coronavirus(Covid-19)Questionnaire ( Revised version-7)**  
 (To be completed by life to be assured / Proposer in case of minor life)

Name of the life to be assured:: \_\_\_\_\_

Proposal No:: \_\_\_\_\_

|      |  |  |
|------|--|--|
| I    | Is life to be assured under quarantine in last 14 days in view of living with someone diagnosed with Covid-19 .If yes, please provide more details like location, dates, quarantine period.  |  |
| II   | Has life to be assured been serving notice of quarantine by health / government / airport authority for possible exposure to novel coronavirus(SARS- CoV2/COVID-19)<br>If yes, please provide more details like location, dates, quarantine period.  |  |
| III  | Has life to be assured been advised to be tested or awaiting the result of test for novel coronavirus (SARSCoV-2/COVID-19)in last 14 days  |  |
| IV   | Has life to be assured experienced any of the symptoms such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.<br>If Yes , provide all investigation and treatment details.   |  |
| V    | a. Is life to be assured a Health Care Worker<br>b. Whether enrolled as Corona warrior or working in Hospital/ clinic with novel coronavirus (SARS-CoV-2/COVID-19) ward/unit or treating/ in contact with Covid-19 infected individuals<br>c. If yes please provide details of service / nature of duties .<br>d. Whether vaccinated<br>Health Care worker (HCW): Includes Doctors, General Practitioners, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, paramedics, Pharmacist, Ward helpers, Individuals working in Hospitals/ Clinics          |  |
| VI   | Has life to be assured ever been diagnosed with Covid-19 , If yes<br>a. Date of diagnosis<br>b. Whether home quarantined / in Covid care center (CCC)/ Hospitalised<br>c. If hospitalized ,name of the hospital where life to be assured was admitted and treated for Covid-19.<br>d. Date of discharge after fully cured.<br>Please submit discharge summary, all investigation reports including all Covid-19 reports .  |  |
| VII  | Is life to be assured NRI/FNIO/ OCI, If Yes please give<br>a. Name the Country of residence.<br>b. Are you currently residing in India, if yes since when.<br>c. Date of return to Foreign country of residence.   |  |
| VIII | Has life to be assured been vaccinated for novel coronavirus (SARS-CoV-2/COVID-19). If yes<br>a. Date of first dose<br>b. Date of second dose<br>c. Name of vaccine<br>d. Have you experienced any adverse reaction post vaccination? If yes, please share details including treatment taken for adverse reaction (and how many days after vaccination )<br>Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination issued by the relevant health authority)<br>Please note self-declarations are not acceptable. |  |

**Declaration:** I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.I agree that this form will constitute part of my proposal for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of life to be assured/ Proposer