# LIFE INSURANCE CORPORATION OF INDIA Annexure- I

**Novel Coronavirus (Covid-19) Questionnaire**

(To be completed by life to be assured / Proposer in case of minor life)

Name of the life to be assured: Proposal No:

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| I | Whether life to be assured is Resident Indian/NRI/FNIO/OCI/ temporarily residing in foreign  country ( Give name of the Country) |  |
| II | Whether life to be assured has visited any foreign country (including Merchant Mariners) after 15.11.2019, If yes, please state   1. Name of the Country visited 2. Duration of stay ( Exact date from to ) 3. Date of return to India 4. Whether, screened at the airport / seaport. If yes , submit copy of the report |  |
| III | Has life to be assured any plan to visit any foreign country during the next 1 year If yes ,   1. Name of the country/ Countries 2. Date of journey( to and fro) 3. Duration of stay ( Exact date from to ) |  |
| IV | Whether any of the family members / co-habitants of the life assured has visited any foreign country. If Yes, Please state   1. Name of the Country visited 2. Duration of his/her stay (Exact date from to   )   1. Date of return to India 2. Whether, screened at the airport / seaport. If yes , submit copy of the report 3. Has he/ she been tested for Covid-19. If yes, report of the same is to be submitted. 4. Has he/ she been kept in quarantine since 15.11.2019 till date 5. Has he/ she been kept under observation since 15.11.2019 till date 6. Has he/ she been kept in home isolation/ Self Isolation since 15.11.2019 till date. |  |
| V | Whether life to be assured has travelled from one state to another within India by road/ rail/ air after 01.05.2020. If yes   1. Name of the states visited 2. Date of travel 3. Whether screened by Government authority 4. Whether kept in or asked to be in quarantine / observation / home isolation till date   If yes , please submit all papers related to journey, screening test , treatment papers, if any |  |
| VI | Is life to be assured frontline worker such as Doctor , Nurse, Health worker, Pharmacist, Cleaning worker , Police Personnel etc. in the fight against Covid- 19  If yes , please reply:   1. Provide details of service/ role in the fight against Covid- 19 and law enforcement. 2. Whether life to be assured was in quarantine / isolation in view of exposure to Covid -19 ? 3. Was life to be assured ever tested for Covid-19, if   yes submit copy of the report. |  |

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| VII | Is life to be assured, or has life to be assured been in close  contact with anyone who has been quarantined or who has been diagnosed with Covid-19? If yes , please give details |  |
| VIII | Has life to be assured ever served or is serving a notice of quarantine in any form imposed by the local health authorities or government or Airport authority for possible exposure to Covid-19 ? If Yes , please provide   1. Reason 2. Location 3. Date 4. Quarantine period |  |
| IX | Has life to be assured ever been advised to be tested to rule in, or rule out, a diagnosis of Covid-19 **OR** is life to be assured awaiting the result of a test done for ascertaining Covid-19? If yes, Doctor’s referrals along with all  investigation reports are to be submitted. |  |
| X | Has life to be assured ever been diagnosed with Covid-19 ,  If yes   1. Date of diagnosis 2. Name of hospital where life to be assured was admitted and treated for Covid-19. 3. Date of discharge after fully cured   Please submit discharge summary, all investigation reports including all Covid-19 reports |  |
| XI | Has life to be assured experienced any of the following symptoms (for more than 5 days) within last 14 days   1. Any fever 2. Cough 3. Shortness of breath 4. Malaise (flu-like tiredness) 5. Rhinorrhea (mucus discharge from the nose) 6. Sore throat 7. Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea 8. Chills 9. Repeated shaking with chills 10. Muscle pain 11. Headache 12. Loss of taste or smell   If Yes , provide all investigation and treatment details |  |
| XII | Any other Information related to above (additional information can be given on a separate sheet ) |  |

# 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