# 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 foreigncountry ( 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 state1. 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 )
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| IV | Whether any of the family members / co-habitants of the life assured has visited any foreign country. If Yes, Please state1. 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.
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| V | Whether life to be assured has travelled from one state to another within India by road/ rail/ air after 01.05.2020. If yes1. 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- 19If 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 closecontact 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 provide1. Reason
2. Location
3. Date
4. Quarantine period
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| 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 allinvestigation reports are to be submitted. |  |
| X | Has life to be assured ever been diagnosed with Covid-19 ,If yes1. 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 days1. 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