

**LIFE INSURANCE CORPORATION OF INDIA**

**Covid-19 questionnaire**

To be submitted along with all proposals  
To be completed by life to be assured/ Proposer( in case of minor life)

Proposal No-

Name of the life to be assured:

I	Whether life to be assured is Resident Indian/NRI/FNIO/OCI	
II	Whether life to be assured has visited any foreign country after 15.11.2019, If yes, please state  a. Name of the Country visited b. Duration of stay ( Exact date from _____ to _____) c. Date of return to India d. Whether screened at the airport. If yes , submit copy of the report	
III	a. Has life to be assured been tested for Covid-19. If yes , report of the same is to be submitted. b. Has life to be assured advised to be/ been kept in quarantine since 15.11.2019 till date c. Has life to be assured advised to be/ been kept under observation since 15.11.2019 till date d. Has life to be assured advised to be/ been kept in home isolation/ Self Isolation since 15.11.2019 till date	
IV	Does life to be assured have plans to visit any foreign country during the next 6 months. If yes ,  a. Name of the country/ Countries b. Date of journey( to and fro) c. Duration of stay ( Exact date from _____ to _____)	
V	Whether any of the family member/s of the life to be assured visited any foreign country. If Yes, Please state a. Name of the Country visited b. Duration of his/her stay (Exact date from _____ to _____) c. Date of return to India d. Whether, screened at the airport. If yes , submit the copy of the report e. Has he/ she been tested for Covid-19. If yes , report of the same is to be submitted. f. Has he/ she advised to be/ been kept in quarantine since 15.11.2019 till date g. Has he/ she advised to be/ been kept under observation since 15.11.2019 till date h. Has he/ she advised to be/ been kept in home isolation/ Self Isolation since 15.11.2019 till date	
VI	Any other information related to the above	

Date:

Place:

Signature of life to be assured/ Proposer