



3

Plan	Policy Term	Premium Term	Sum Proposed	Term rider sum proposed (if required)	Critical illness sum proposed (if required)	Is accident Benefit required?	Sum Assured For the Accident Benefit.	Date of Commencement. If policy is to be dated back indicate that date (yyyy-mm-dd).	Total Amount Deposited
						---			
Boc1- No.	Boc1-Date	Boc2-No.	Boc2-Date			Boc3-No	Boc3-Date	Boc4-No	Boc4-Date
Mode(Yly, Half-Yly, Qtrly, Mly, SSS ,Single )		Paying Authority Code				Deptt. No.		Badge or S.R. No.	
---		PA: Sub PA:							
4A. Present Occupation						Exact nature of duties			
4B. Name of Present Employer						Length of Service with him (years)			
5 Educational Qualification				Annual Income (Rs In '000 )		Source of Income		Are you an Income Tax Assessee ?	
				,000 .				---	
6. If you are employed in the Armed forces, please state						---			
Wing to which you belong		Rank therein		Date of last Medical Examination (yyyy-mm-dd)		Medical Category after Medical Examination		Were you ever below A-1 category ? if so when ?	
								---	
7. Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of the corporation or to any other insurer? If yes give details .						YES/NO		DETAILS	
						---			
8A. Has a proposal( or an application for revival of a policy) on your life made to any office of the corporation or to any other insurer ever been :				Answer 'YES' or 'NO'		If yes give details			
Withdrawn , Deferred , Dropped or Declined ?				---					
Accepted with extra Premium or Lien ?				---					
Accepted on terms otherwise than those proposed ?				---					
8B. Have you during past one year returned any policy of the corporation as the same was not acceptable to you ? If so give details :				---					

9.

Please give details of your previous insurance : ( including policies surrendered/lapsed during last 3 years)											!PPL#!
Policy number	Insurance Companies from where previous policy/policies have been purchased with address ( if previous policy are from LIC of India, give name of Branch/DO)	Table & Term	Sum Assured On Main Plan	Term Assurance Rider Sum Assured	Critical Illness Rider Sum Assured	Amount Of Accident Benefit Taken	Year Of Issue	Whether accepted as proposed at ordinary rate, if not give details	Medical Or Non medical	Whether in force for full Sum Assured	If not give due date of last premium paid or date of surrender
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	
									---	---	

N.B. : Corporation does not entertain any fresh proposal for insurance where a policy issued by the corporation has lapsed or has been converted into paid up policy within the last 3 years. !PPL#!

## 10. Family History .

	Living		Dead	
	Age(....)	State of Health	Age at death	Cause of death
Father				
Mother				
Brother				
Sister				
Wife/Husband				
Children				

11.

Personal History	Answer 'Yes' or 'No'	If 'yes', Please give full details	
(a) During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ?	---		
(b) Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation ?	---		
(c) Have you remained absent from place of work on grounds of health during the last 5 years ?	---		
(d) Are you suffering from or have you ever suffered from ailments pertaining to liver, stomach, Heart, Lungs , Kidney, Brain or Nervous System ?	---		
(e) Are you suffering from or have ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease ?	---		
(f) Did you ever have any bodily defect or deformity ?	---		
(g) Did you ever have any accident or injury ?	---		
(h) Do you use or have you ever used -			
Alcoholic drinks	---		
Narcotics	---		
Any other drugs	---		
Tobacco in any form	---		
(i) What has been your usual state of health?	---		
(j) Have you ever required or at present availing/undergoing medical advice, treatment or tests in connection with hepatitis B or AIDS related condition.	---		
12. In non-medical cases , please state exact height in Cms. And weight in Kgs ( Without shoes )	Height ( Cms )	Weight ( Kg )	
<b>FOR FEMALE PROPONENT</b>			
13A Are you pregnant now?	Date of last delivery (yyyy-mm-dd)	Have you had any abortion or miscarriage or Caesarian section ? if so give details	Date of last Menstruation (yyyy-mm-dd)
---		--- Details:	
13B. Husband's full name			
His Occupation			
His annual Income			



1) Declaration by the person filing in the form ( in case form is filled up Signed in a language different from that of the Proposal form.

I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer .

Declarant's Name and Address .....

Signature.

I certify that the contents of the form and documents have been fully explained to me by ( Name , Designation, Occupation Mr / Mrs ..... and I have understood the significance of the proposed contract.

-----  
Signature or thumb impression of the person  
Whose life is proposed to be assured.

2) In case the proposer is illiterate His/Her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of this form to the proposer in ..... language and that the proposer has affixed the thumb impression above after fully understanding the contents thereof .

Name and Address of the declarant :

SIGNATURE

**SUMMARY OF SECTION 45 OF INSURANCE ACT, 1938**

No policy of life insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that statement was false or that it suppressed facts which it was material to disclose.

Note: "Material" shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Corporation.

**INSURANCE ACT 1938 UNDER SECTION 41**

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the Premium shown on the policy nor shall any person taking out renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission with a policy of life insurance taken out by himself on his own life shall not be deemed to acceptance of a rebate of premium within the meaning of sub-section if at any time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafied insurance agent employed by the insurer.

2) Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

**FOR MEDICAL CASES ONLY**

I certify that the Life Assured has signed / put his/her thumb impression in my presence after admitting that all the answers to Questions Nos 10 onwards of this form have been correctly recorded .

.....  
Signature or thumb impression of the Proposer.

.....  
Signature of the Medical Examiner.

NB. Signature or thumb impression should be affixed in presence of Medical Examiner.