



Inward Number	_____
Proposal Number	_____
Date of receipt of Proposal	_____
Policy Number	_____
Risk Date/DOC	_____

Plan Name	_____
Plan No.	_____
Pol. Term /PPT	_____
Premium Mode	_____
Installment Premium	_____

**PROPOSAL FORM FOR HEALTH INSURANCE POLICY**

Branch Office..... Divisional Office.....R/U/F/S.....  
 Agent's Name .....Code No.....Licence No.....Licence expiry date.....  
 Development Officer's name.....Development Officer's Code.....

**1. PROPOSER (Principal Insured) DETAILS:**

Full Name (Max 40 Char)							
Father's Name							
Name for printing on Health card (Max 40 char)		Nationality					
		Initial Daily Cash Benefit chosen		Rs.			
Age Proof		Date of Birth		Age		Sex	Male/Female/Third Gender
Address							
City/Town		District					
State		PIN Code					
Telephone	STD code ..... Phone No.....		Mobile				
E-Mail id							
Residence Proof		If NRI, Country of Residence					
Qualification		Annual Income		Rs.			
Occupation		Income Proof					
Name of Employer		Designation					
Nature of Duty		Length of Service					
PAN Number							
Height (cms)		Weight (Kgs)		Medical Code	M/G/S		
Previous Health Policy no. with LIC		Initial Daily Cash Benefit availed (Sum assured)		Rs.	Lapsed/In-force		
Term Assurance Rider sum proposed				Accident Benefit Rider sum proposed			

**2. PROPOSAL DEPOSIT DETAILS:**                      Cash        Cheque   

Cheque No.		Dated		Drawn on	
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For Office Use only (Details to be given separately for each life for Sl. Nos. 1, 2, 3, 4, 5)

- 1. Underwriting decision ..... **1**
- 2. Restrictive conditions/Restrictive clauses .....
- 3. Installment premium.....
- 4. IDCB allowed .....
- 5. Extra charged if any.....
- 6. Date of decision.....

Transaction/BOC No.		Dated		Amount Rs.	
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**3. NOMINATION DETAILS:**

Nominee's Full Name			
Age		Relationship	
Appointee's Name (if Nominee is minor)		Appointee's Signature	
Appointee's address			

**4. BANK DETAILS:** (Please enclose a cancelled cheque)

IFSC (11 digits)		MICR Number (As given on the cheque leaf)	
Account Number (As given on the cheque leaf)		Account Type (Savings/Current)	
Bank Name		Bank Branch	

**5. NO. OF LIVES TO BE COVERED UNDER THE POLICY (INCLUDING PRINCIPAL INSURED):**

**6. DETAILS OF OTHER MEMBERS TO BE INSURED:**

Other Member to be Insured (1)

Full Name (Max 40 char)							
Name for printing on Health card (Max 40 char)					Initial Daily Cash Benefit chosen	Rs.	
Age Proof		Date of Birth		Age		Sex	Male/Female/ Third Gender
Nationality & country of residence		Relationship to the Proposer					
Educational qualification		Occupation					
Name of Employer		Designation					
Nature of Duty and Length of Service					Name of the School/ Class studying		
Height (cms)		Weight (kgs)		Medical Code	M/G/S		
Previous Health Policy no. with LIC		IDCB availed/SA	Rs.	Lapsed/In force			

Other Member to be Insured (2)

Full Name (Max 40 char)							
Name for printing on health card (Max 40 char)					Initial Daily Cash Benefit chosen	Rs.	
Age Proof		Date of Birth		Age		Sex	Male/Female/ Third Gender
Nationality & country of residence		Relationship to the Proposer					
Educational qualification		Occupation					
Name of Employer		Designation					
Nature of Duty and Length of Service					Name of the School/ Class studying		
Height (cms)		Weight (kgs)		Medical Code	M/G/S		

Previous Health Policy no. with LIC		IDCB availed/SA	Rs.	Lapsed/In force	
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**Other Member to be Insured (3)**

Full Name(max 40 char)					
Name for printing on health card (Max 40 char)				Initial Daily Cash Benefit chosen	Rs.
Age Proof		Date of Birth		Age	Sex
Nationality & country of residence	Relationship to the Proposer			Male/Female/Third Gender	
Educational qualification	Occupation				
Name of Employer	Designation				
Nature of Duty and Length of Service				Name of the School/Class studying	
Height (cms)		Weight( Kgs)		Medical Code	M/G/S
Previous Health Policy no. with LIC		IDCB availed/SA	Rs.	Lapsed/In force	

**QUESTIONS APPLICABLE FOR SPOUSE ONLY:**

Term Assurance Rider sum proposed		Accident Benefit Rider sum proposed	
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**QUESTIONS APPLICABLE FOR FEMALE LIVES ONLY:**

	Principal Insured	Other Insured 1	Other Insured 2	Other Insured 3
i) Are you Pregnant now? If yes, please state the Expected Date of Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No .....	<input type="checkbox"/> Yes <input type="checkbox"/> No .....	<input type="checkbox"/> Yes <input type="checkbox"/> No .....	<input type="checkbox"/> Yes <input type="checkbox"/> No .....
ii) Have you ever had an abortion or miscarriage or caesarian Section? (If so give details in a separate sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Are you suffering from any Gynaecological disorders? If Yes, please provide details in a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv) Date of last delivery & Date of last menstruation				
v) Husband's Full Name				
vi) Husband's existing health insurance cover (SA amount)				
vii) Husband's Occupation and Annual Income				

**7. INVESTMENT PATTERN OF THE FUND: (TO BE FILLED IN RESPECT OF UNIT LINKED HEALTH POLICIES)**

Fund Type	Investments in Govt. / Govt. securities	Short term investments such as Money market investments etc.,	Investment listed equity shares	Details and objective of the fund

**8. QUESTIONS IN CASE OF SERVICES IN ARMED FORCES: (PI – Principal Insured; OI – Other Insured)**

	PI	OI 1	OI 2	OI 3	OI 4	OI 5	OI 6
i) Wing to which you belong & Rank therein							
ii) Place of current posting & Nature of duties							

iii) Are you presently in Category 1							
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9. **DETAILS OF PREVIOUS POLICIES:** Give details of previous policies as per **Annexure 'B'** in respect of each life to be Insured under this proposal.

## 10. HEALTH DETAILS AND MEDICAL INFORMATION

(Annexure 'A' is to be used if the total number of members to be insured including PI exceeds 4 in this proposal)

DETAILS	Principal Insured	Other Insured 1	Other Insured 2	Other Insured 3
1.Does the life to be insured consume Alcohol/cigarettes/bidis or tobacco in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the life to be insured currently taking any medication or drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. During the past 5 years, has the life to be insured ever suffered from any illness, disorder, disability or injury which has required any form of medical or specialized examination (including X-ray, blood tests, ECG, USG, CT/MRI, gynaecological investigations), Consultation, hospitalization or surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the life to be insured been absent from work/school/college for more than 7 continuous days in the last two years due to Health reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the life to be insured have a parent, brother or sister who was or has been diagnosed with heart disease, stroke, diabetes, cancer, neurological/mental disorders or any hereditary disorder under the age of 65? If yes, please provide name of condition, age at diagnosis and relationship with the life to be insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the life to be insured planned for a surgery or is currently aware of any medical condition that might require medical Advice/surgery in near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the life to be insured ever suffered or is suffering from	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Hypertension/high blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Diabetes or raised blood sugar	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv) Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones or genital organ disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
v) Cancer of any type or a cyst or growth of any kind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi) Mental Disorder e. g Depression, anxiety, schizophrenia or any other mental or nervous disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii) Endocrine diseases e.g.: Thyroid or any other hormonal disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii) Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix) Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
x) Musculoskeletal diseases e.g.: Osteoporosis, prolapsed disc, back or neck complaint, any physical disability or other disorder of the bones, joints, arthritis, gout etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi) Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, any other disease or disorder of the brain, spinal cord or nerves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii) Congenital Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiii) Blood disorder e.g. Anemia, hemophilia, thalassemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiv) Eye, Ear, Nose, Throat or Skin disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the life to be insured ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the life to be insured wear glasses? If so, power of glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No R..... L.....	<input type="checkbox"/> Yes <input type="checkbox"/> No R..... L.....	<input type="checkbox"/> Yes <input type="checkbox"/> No R..... L.....	<input type="checkbox"/> Yes <input type="checkbox"/> No R..... L.....
10) Is the life to be insured currently covered under any health insurance policy with LIC or any other company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11)Has any proposal/ application for revival for life, medical, health, accident, disability or critical illness cover been postponed, declined or accepted on special terms? (If yes, Give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Has the life to be insured lost more than 5 Kgs. Of weight in the last 12 months except due to exercise or weight loss programmes< If yes, please state the reason for the weight loss.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Is any proposal for life or health insurance on the life to be insured pending in any of LIC offices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14) Has the life to be insured ever been involved or is planning to pursue any	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

dangerous sport or hobby e.g., Diving, Mountaineering, Parachuting, private aviation and racing				
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**IMPORTANT:** If answer to any of the above question is "Yes", please provide details (precise diagnosis, past and current treatment, current status, treatment plan for future) in a separate sheet of paper and submit copies of hospital/consultation/investigation reports available with you). For juvenile lives aged below 5 years, please submit immunization records and for ages above 5, please provide latest school/college progress report.

### **DECLARATION BY THE PROPOSER AND OTHER MAJOR MEMBERS TO BE INSURED**

I / We \_\_\_\_\_ declare that we are fully aware of the statements / contents etc. given by us in this proposal form along with Annexure 'B' & 'C' and confirm that they are true and complete in all respects and the same shall form the basis of the contract . I / We do hereby give our consent to treat the policy as null and void in case any of our statements are incorrect and I/We agree that the money paid by us shall be forfeited to the Corporation. I / We further agree that any change / addition / deletion / alteration related to my/our health, occupation, or any other adverse circumstance (including dropping, deferral, acceptance at terms other than as proposed of any proposal/ revival of policy made to the Corporation or any other insurance company) after the submission of this proposal to the Corporation shall be conveyed before the issuance of the First Premium Receipt. Any omission on my part to do so shall render this assurance invalid. I/We hereby give my consent for undergoing medical examination/tests including test for HIV as required by the Corporation. I / We authorize the Corporation to make any enquiry to anyone concerning our health.

In consultation with the agent / intermediary, I have taken a personal and independent decision in an informed manner to go for the Plan. I understand that the 'application money' deposited by me is a token consideration under this proposal for insurance.

I / We do hereby accept the policy terms and conditions, exceptions / exemptions etc. as prescribed in the policy. I/We have read and understood:

#### **SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015**

- 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 or 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 in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance Agent employed by the insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

#### **SECTION 45 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015 is applicable to rider(s) benefit only**

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud :

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and the materials on which such decision is based.

Explanation I - For the purposes of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) The active concealment of a fact by the insured having knowledge or belief of the fact ;
- (c) Any other act fitted to deceive ; and
- (d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.'

Dated at ..... On the..... Day of .....20

Witness:

Signature of the Proposer.....

(Signature, Name & Address)

Signatures of other Major Members to be insured i)..... ii)..... iii).....

In case form is filled up / signed in a language different from that of the Proposal Form:

Declaration by the person filling in the form: "I hereby declare that I have fully explained the above questions to the proposer in \_\_\_\_\_ language and I have truthfully recorded the answers given by the proposer."

Name &Address of the declarant \_\_\_\_\_

Signature of the declarant: \_\_\_\_\_

Declaration by the Proposer/Other Major Member to be insured:

"I certify that the contents of the form and documents have been fully explained to me by Mr/ Ms: \_\_\_\_\_ and I have understood the significance of the proposed contract".

Signature of the Proposer: \_\_\_\_\_ Signatures of other Major Members to be Insured i).....ii).....iii).....

**FOR MEDICAL CASES ONLY**

I certify that the MEMBER TO BE INSURED has signed /in my presence after admitting that all answers to questions under "Section 6 " in this proposal form are properly recorded.

i)..... ii)..... iii)..... (Signatures of the members to be insured)

i).....ii)..... iii) .....(Signatures of the Medical Examiners)

## AGENT'S CONFIDENTIAL REPORT/MORAL HAZARD REPORT

Agent's Name & Code		Club Membership	License No.	Licence expiry date	Development Officer Code	Branch Code
Name of Life Proposed		Age	Occupation			
			Nature of duties			
1. (a) Acquaintance with the proposer (No. of Years):						
(b) Relationship with the proposer :						
(c) Educational qualification of the Life Proposed:						
2. Annual Income: Rs..... Income Source.....						
Proof of Income..... Verified: ...Yes/No ..... PAN.....						
3. Physical Measurements and Identification Marks of the Proposer and other Members (beneficiaries) to be insured under the proposal.						
Member To Be Insured	Name	Height (cms)	Weight (kgs)	Abdomen (cms)	Chest (exp/ins) cms	Identification Marks
PRINCIPAL INSURED						1. 2.
OTHER INSURED 1						1. 2.
OTHER INSURED 2						1. 2.
OTHER INSURED 3						1. 2.
OTHER INSURED 4						1. 2.
OTHER INSURED 5						1. 2.
OTHER INSURED 6						1. 2.

#### 4. Declaration by the Agent

I do hereby declare that I have personally seen the proposer / the members covered and I do hereby confirm that there is no physical deformity / impaired sight / hearing problem / mental retardation or any other diseases and am personally satisfied about his / her financial condition. I further inform that no proposal / revival has been deferred / declined / dropped / accepted with extra premium. I am fully aware that the policy shall be issued based on my above declaration that if any information given above is incorrect, it would attract penalty under Regulation 16 and other provisions of (Agents) Regulations, 1972, besides the other provisions of law applicable.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Agent's Address & Phone No. \_\_\_\_\_

Signature of the Agent

I am fully aware and endorse the above contents; I recommend the proposal for acceptance.

Development Officer

Assistant Branch Manager (Sales)/Chief/Sr./Branch Manager.



**PROPOSAL FOR HEALTH INSURANCE POLICY**

**PHOTO ADDENDUM FOR PREPARATION OF HEALTH IDENTITY CARDS**

Plan No. -----

<b>Members to be Insured</b>  (In the same Sequence as given in question Number 6)	<b>Proposer</b>  (affix stamp size Photo only)	<b>Other Insured 1</b>  (affix stamp size Photo only)	<b>Other Insured 2</b>  (affix stamp size Photo only)	<b>Other Insured 3</b>  (affix stamp size Photo only)
<b>i) Name</b>				
<b>ii) DOB</b>				
<b>iii) Sex</b> (Male/Female/Third Gender)				
<b>iv) Relationship</b>				

<b>Members to be Insured</b>  (In the same Sequence as given in Question No. 10)	<b>Other Insured 4</b>  (affix stamp size Photo only)	<b>Other Insured 5</b>  (affix stamp size Photo only)	<b>Other Insured 6</b>  (affix stamp size Photo only)
<b>i) Name</b>			
<b>ii) DOB</b>			
<b>iii) Sex</b> (Male/Female/Third Gender)			
<b>iv) Relationship</b>			

**Specimen Signature of the Proposer:**

**For Office Use:**

**Policy Number.....**

**Total Number of Lives Covered.....**

**Division Name and Code.....**

**Branch Name & Code.....**

**Check list:**

**1. Age Proof(s) of all the Members to be insured**

**2. Photographs of all the Members to be insured**

**3. Signature of the proposer**



**HEALTH DETAILS AND MEDICAL INFORMATION (IN RESPECT OF OTHER MEMBERS TO BE INSURED)**  
(To be used if the total number of members to be insured excluding PI (in the proposal form) exceeds 3)

Name of the Member to be Insured:.....

Proposal No.....

Relationship with the Principal Insured:.....

**1. DETAILS OF OTHER MEMBERS TO BE INSURED**

**Other Member to be Insured (4)**

Full Name (Max 40 char)				Initial Daily Cash Benefit chosen		Rs.	
Name for printing on Health card (Max 40 char)				Age		Sex	
Age Proof		Date of Birth				Male/Female/Third Gender	
Nationality & country of residence		Relation to the proposer					
Educational qualification		Occupation					
Name of Employer		Designation					
Nature of Duty and Length of Service (if in armed forces give details)				Name of the School/ Class studying			
Height (cms)		Weight( Kgs)		Medical Code		M/G/S	
Previous Health Policy no. with LIC		IDCB availed/SA		Rs.		Lapsed/In force	

**Other Member to be Insured (5)**

Full Name (Max 40 char)				Initial Daily Cash Benefit chosen		Rs.	
Name for printing on health card (Max 40 char)				Age		Sex	
Age Proof		Date of Birth				Male/Female/Third Gender	
Nationality & country of residence		Relation to the proposer					
Educational qualification		Occupation					
Name of Employer		Designation					
Nature of Duty and Length of Service (if in armed forces give details)				Name of the School/ Class studying			
Height (cms)		Weight( Kgs)		Medical Code		M/G/S	
Previous Health Policy no. with LIC		IDCB availed/SA		Rs.		Lapsed/In force	

**Other Member to be Insured (6)**

Full Name (max 40 char)				Initial Daily Cash Benefit chosen		Rs.	
Name for printing on health card (Max 40 char)				Age		Sex	
Age Proof		Date of Birth				Male/Female/Third Gender	
Nationality & country of residence		Relation to the proposer					
Educational qualification		Occupation					
Name of Employer		Designation					
Nature of Duty and Length of Service (if in armed forces give details)				Name of the School/ Class studying			
Height (cms)		Weight( Kgs)		Medical Code		M/G/S	
Previous Health Policy no. with LIC		IDCB availed/SA		Rs.		Lapsed/In force	

**QUESTIONS APPLICABLE FOR SPOUSE ONLY:**

Term Assurance Rider sum proposed		Accident Benefit Rider sum proposed	
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**QUESTIONS APPLICABLE FOR FEMALE LIVES ONLY:**

	Other Insured 4	Other Insured 5	Other Insured 6
i) Are you Pregnant now? If yes, please state the Expected Date of Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No .....	<input type="checkbox"/> Yes <input type="checkbox"/> No .....	<input type="checkbox"/> Yes <input type="checkbox"/> No .....
ii) Have you ever had an abortion or miscarriage or Caesarian Section? (If so give details in a separate sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Are you suffering from any Gynaecological disorders? If Yes, please provide details in a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv) Date of last delivery/ Date of last menstruation			
v) Husband's Full Name			
vi) Husband's existing health insurance cover (SA amount)			
vii) Husband's Occupation and Annual Income			

**2. HEALTH DETAILS AND MEDICAL INFORMATION**

DETAILS	Other Insured 4	Other Insured 5	Other Insured 6
1. Does the life to be insured consume any form of Alcohol/cigarettes/bidis or tobacco in any other form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the life to be insured currently taking any medication or drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. During the past 5 years, has the life to be insured ever suffered from any illness, disorder, disability or injury which has required any form of medical or specialized examination (including X-ray, blood tests, ECG, USG, CT/MRI, gynaecological investigations), Consultation, hospitalization or surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the life to be insured been absent from work/school/college for more than 7 continuous days in the last two years due to Health reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the life to be insured have a parent, brother or sister who was or has been diagnosed with heart disease, stroke, diabetes, cancer, neurological/mental disorders or any hereditary disorder under the age of 65? If yes, please provide name of condition, age at diagnosis and relationship with the life to be insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the life to be insured planned for a surgery or is currently aware of any medical condition that might require medical Advice/surgery in near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the life to be insured ever suffered or is suffering from	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Hypertension/high blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Diabetes or raised blood sugar	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
v) Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones or genital organ disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
v) Cancer of any type or a cyst or growth of any kind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi) Mental Disorder e.g. Depression, anxiety, schizophrenia or any other mental or nervous disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii) Endocrine diseases e.g.: Thyroid or any other hormonal disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii) Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix) Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
x) Musculoskeletal diseases e.g.: Osteoporosis, prolapsed disc, back or neck complaint, any physical disability or other disorder of the bones, joints, arthritis, gout etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi) Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, any other disease or disorder of the brain, spinal cord or nerves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

xii) Congenital Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiii) Blood disorder e.g. Anemia, hemophilia, thalassemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiv) Eye, Ear, Nose, Throat or Skin disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the life to be insured ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the life to be insured wear glasses? If so, power of glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No R..... L.....	<input type="checkbox"/> Yes <input type="checkbox"/> No R..... L.....	<input type="checkbox"/> Yes <input type="checkbox"/> No R..... L.....
10) Is the life to be insured currently covered under any health insurance policy with LIC or any other company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Has any proposal/ application for revival for life, medical, health, accident, disability or critical illness cover been postponed, declined or accepted on special terms? (If yes, Give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Has the life to be insured lost more than 5 Kgs. of weight in the last 12 months except due to exercise or weight loss programmes? If yes, please state the reason for the weight loss.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Is any proposal for life or health insurance on the life to be insured pending in any of LIC offices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14) Has the life to be insured ever been involved or is planning to pursue any dangerous sport or hobby e.g., Diving, Mountaineering, Parachuting, private aviation and racing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IMPORTANT:</b> If answer to any of the above question is "Yes", please provide details (precise diagnosis, past and current treatment, current status, treatment plan for future) in a separate sheet of paper and submit copies of hospital/consultation/investigation reports available with you). For juvenile lives aged below 5 years, please submit immunization records and for ages above 5, please provide latest school/college progress report.			

**3. DETAILS OF PREVIOUS POLICIES:** Give details of previous policies as per **Annexure 'B'** in respect of each life to be Insured under this proposal.

## DECLARATION BY THE PROPOSER AND OTHER MAJOR MEMBERS TO BE INSURED

I / We \_\_\_\_\_ declare that we are fully aware of the statements / contents etc. given by us in this proposal form along with Annexure 'B' & 'C' and confirm that they are true and complete in all respects and the same shall form the basis of the contract . I / We do hereby give our consent to treat the policy as null and void in case any of our statements are incorrect and I/We agree that the money paid by us shall be forfeited to the Corporation. I / We further agree that any change / addition / deletion / alteration related to my/our health, occupation, or any other adverse circumstance (including dropping, deferral, acceptance at terms other than as proposed of any proposal/ revival of policy made to the Corporation or any other insurance company) after the submission of this proposal to the Corporation shall be conveyed before the issuance of the First Premium Receipt. Any omission on my part to do so shall render this assurance invalid. I/We hereby give my consent for undergoing medical examination/tests including test for HIV as required by the Corporation. I / We authorize the Corporation to make any enquiry to anyone concerning our health.

In consultation with the agent / intermediary, I have taken a personal and independent decision in an informed manner to go for the Plan. I understand that the 'application money' deposited by me is a token consideration under this proposal for insurance.

I / We do hereby accept the policy terms and conditions, exceptions / exemptions etc. as prescribed in the policy. I/We have read and understood:

### **SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015**

- 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 or 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 in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance Agent employed by the insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

### **SECTION 45 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015 is applicable to rider(s) benefit only**

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud :  
Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and the materials on which such decision is based.

Explanation I - For the purposes of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (e) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (f) The active concealment of a fact by the insured having knowledge or belief of the fact ;
- (g) Any other act fitted to deceive ; and
- (h) Any such act or omission as the law specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.'

Dated at ..... On the..... Day of .....20

Witness:

Signature of the Proposer.....

Signatures of other Major Members to be insured 4).....5)....., 6).....

**In case form is filled up / signed in a language different from that of the Proposal Form:**

Declaration by the person filling in the form: "I hereby declare that I have fully explained the above questions to the proposer in \_\_\_\_\_ language and I have truthfully recorded the answers given by the proposer."

Name &Address of the declarant \_\_\_\_\_

Signature of the declarant:\_\_\_\_\_

Declaration by the Proposer/Other Major Member to be insured:

"I certify that the contents of the form and documents have been fully explained to me by Mr/ Ms:\_\_\_\_\_ and I have understood the significance of the proposed contract".

Signature of the Proposer:\_\_\_\_\_ Signatures of other Major Member to be Insured 4).....5)....., 6).....

**FOR MEDICAL CASES ONLY**

I certify that the MEMBER TO BE INSURED has signed /in my presence after admitting that all answers to questions under "Section 6 " in this proposal form are properly recorded.

4).....5) ..... 6)..... (Signatures of the members to be insured)

4).....5)..... 6) .....(Signatures of the Medical Examiners)

(To be attached with proposal form for a health insurance plan)

Name of the Member to be insured \_\_\_\_\_

Proposal Number \_\_\_\_\_

**A. DETAILS OF EXISTING HEALTH INSURANCE POLICIES INCLUDING (A) POLICIES SURRENDERED/LAPSED (DURING LAST 3 YEARS) (B) IN FORCE HEALTH INSURANCE POLICIES ( C) POLICIES ACCEPTED WITH MODIFIED TERMS OR WITH EXTRA PREMIUM**

(If No. of policies are more, please attach a separate sheet)

Policy No.	Insurance cos. from where the previous policy/ies have been purchased with address (if purchased from LIC, give name of BO/DO)	Table & Term	Sum Assured	Term assurance Rider Sum Assured	Amount of Accident Benefit taken	Year of issue	a. Whether accepted as proposed at ordinary rates.  YES/NO b. If not, mention terms of acceptance (mention extra premium charged)	a. Whether in full force for full sum assured.  YES/NO b. If not in force, give due date of last premium paid or date of surrender

**B. DETAILS OF EXISTING LIFE INSURANCE POLICIES INCLUDING (A) POLICIES SURRENDERED/LAPSED (DURING LAST 3 YEARS) (B) IN FORCE POLICIES ( C) POLICIES ACCEPTED WITH MODIFIED TERMS OR WITH EXTRA PREMIUM**

(If No. of policies are more, please attach a separate sheet)

Policy No.	Insurance cos. from where the previous policy/ies have been purchased with address (if purchased from LIC, give name of BO/DO)	Table & Term	Sum Assured	Term assurance Rider Sum Assured	Amount of Accident Benefit taken	Year of issue	a. Whether accepted as proposed at ordinary rates.  YES/NO b. If not, mention terms of acceptance (mention extra premium charged)	a. Whether in full force for full sum assured.  YES/NO b. If not in force, give due date of last premium paid or date of surrender

Note: The above information is required in respect of each of the member to be insured under this proposal.

Signature of Principal Insured

Signature of the other Member to be Insured, proposed for insurance by the PI

**LIC's JEEVAN AROGYA**

**ADDENDUM TO PROPOSAL FORM**

(To be filled in if spouse of Principal Insured is also to be covered in the policy)

**Answer (a) or (b) as may be appropriate:**

In case of benefit ceasing / unfortunate death of Principal Insured, the policy will:

(a) Terminate

(b) Continue with Insured Spouse acting as new Principal Insured

**Note: The level of premium for Principal Insured and the other insured members are different for same age and same level of cover. If the policy is continued after exit of Principal Insured, the premium for the Insured Spouse will change from the coinciding or following instalment premium due date and the new premium would be calculated based on tabular premium rates applicable for Principal Insureds and the age for calculation of revised premium rate will be the age of spouse at the time of purchasing/ entering into this policy. The option exercised now shall form the basis of continuing the policy with the Insured Spouse as Principal Insured and no consent shall be taken before revision of premium and making Insured Spouse as Principal Insured, if applicable.**

Dated at ..... On the..... Day of .....20

Signature of Proposer (Principal Insured).....

Signature of Insured Spouse.....

**Addendum to Proposal Form for LIC's e-services**

(Fields marked with asterisk (\*) are compulsory)

(a) Do you wish to avail LIC's e-services for your Policy through the Customer Portal of L.I.C. of India? YES / NO

(b) Are you already registered with customer portal of LIC of India? YES / NO

(c) If yes, please provide Policy Number of one of the policies enrolled on the customer portal :

(d) Your e-mail id for future correspondence (\*)

(e) Your Mobile Number (\*) :

(f) PAN Number:

(g) Passport Number:

(h) UID (Aadhaar) Number:

**(It is mandatory to provide either PAN No, Passport No or UID No. for availing LIC's e services)**

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

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Signature of the Proposer

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

Name of Proposer : \_\_\_\_\_