LIC
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Inward Number_____	Plan Name. _____
Proposal Number_____	Plan No. _____
Date of receipt of Proposal _____	Pol. Term /PPT _____
Policy Number_____	Premium Mode _____
Risk Date/DOC_____	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……..

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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
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	
Transaction/BOC No.		Dated		Amount Rs.	

3. NOMINATION DETAILS:

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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……**

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**
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**
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 (3)

Full Name(max 40 char)			
Name for printing on health card (Max 40 char)		**Initial Daily Cash**	**Rs.**

				Benefit chosen			
Age Proof		Date of Birth		Age		Sex	Male/Female
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			

QUESTIONS APPLICABLE FOR SPOUSE ONLY:

Term Assurance Rider sum proposed		Accident Benefit Rider sum proposed	

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	☐ Yes ☐ No ……	☐ Yes ☐ No ……	☐ Yes ☐ No ……..	☐ Yes ☐ No ……
ii) Have you ever had an abortion or miscarriage or caesarian Section? (If so give details in a separate sheet)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
iii) Are you suffering from any Gynaecological disorders? If Yes, please provide details in a separate sheet.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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							

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 other form?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Is the life to be insured currently taking any medication or drug?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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, neurolgical/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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Has the life to be insured ever suffered or is suffering from	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
i) Hypertension/high blood pressure	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ii) Diabetes or raised blood sugar	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
iii) Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
iv) Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones or genital organ disorder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
v) Cancer of any type or a cyst or growth of any kind	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
vi) Mental Disorder e. g Depression, anxiety, schizophrenia or any other mental or nervous disorder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
vii) Endocrine diseases e.g.: Thyroid or any other hormonal disorder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
viii) Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ix) Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
xi) Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, any other disease or disorder of the brain, spinal cord or nerves	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
xii) Congenital Disorders	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
xiii) Blood disorder e.g. Anemia, hemophilia, thalassemia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
xiv) Eye, Ear, Nose, Throat or Skin disorders	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Has the life to be insured ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Does the life to be insured wear glasses? If so, power of glasses	☐ Yes ☐ No R..... L.....	☐ Yes ☐ No R..... L.....	☐ Yes ☐ No R..... L.....	☐ Yes ☐ No R..... L.....
10) Is the life to be insured currently covered under any health insurance policy with LIC or any other company?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12) Has the life to be insured lost more than 5 Kgs. 0f weight in the last 12 months except due to exercise or weight loss programmes< If yes, please state the reason for the weight loss.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13) Is any proposal for life or health insurance on the life to be insured pending in any of LIC offices?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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, deferrment, 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:

Sec 41 - Prohibition of Rebates : 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 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 an acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfied the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to 500 rupees.

Sec 45 – Indisputability Clause.: 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 any report of a medical officer or referee or friend of the insurer or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows such statements was on 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 the 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

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. ----------**

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

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

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

PROPOSAL FOR HEALTH INSURANCE POLICY

ANNEXURE 'A'

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)							
Name for printing on Health card (Max 40 char)				Initial Daily Cash Benefit chosen		Rs.	
Age Proof		Date of Birth		Age		Sex	Male/Female
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)							
Name for printing on health card (Max 40 char)				Initial Daily Cash Benefit chosen		Rs.	
Age Proof		Date of Birth		Age		Sex	Male/Female
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)							
Name for printing on health card (Max 40 char)				Initial Daily Cash Benefit chosen		Rs.	
Age Proof		Date of Birth		Age		Sex	Male/Female
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	

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	☐ Yes ☐ No ……	☐ Yes ☐ No ……..	☐ Yes ☐ No ……
ii) Have you ever had an abortion or miscarriage or Caesarian Section? (If so give details in a separate sheet)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
iii) Are you suffering from any Gynaecological disorders? If Yes, please provide details in a separate sheet.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Is the life to be insured currently taking any medication or drug?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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, neurolgical/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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Has the life to be insured ever suffered or is suffering from	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ii) Hypertension/high blood pressure	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ii) Diabetes or raised blood sugar	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
iii) Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
v) Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones or genital organ disorder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
v) Cancer of any type or a cyst or growth of any kind	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
vi) Mental Disorder e. g Depression, anxiety, schizophrenia or any other mental or nervous disorder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
vii) Endocrine diseases e.g.: Thyroid or any other hormonal disorder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
viii) Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ix) Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
xi) Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, any other disease or disorder of the brain, spinal cord or nerves	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
xii) Congenital Disorders	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
xiii) Blood disorder e.g. Anemia, hemophilia, thalassemia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

xiv) Eye, Ear, Nose, Throat or Skin disorders	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Has the life to be insured ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Does the life to be insured wear glasses? If so, power of glasses	☐ Yes ☐ No R..... L.....	☐ Yes ☐ No R..... L.....	☐ Yes ☐ No R..... L.....
10) Is the life to be insured currently covered under any health insurance policy with LIC or any other company?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12) Has the life to be insured lost more than 5 Kgs. 0f weight in the last 12 months except due to exercise or weight loss programmes< If yes, please state the reason for the weight loss.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13) Is any proposal for life or health insurance on the life to be insured pending in any of LIC offices?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
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.			

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, deferrment, 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:

Sec 41 - Prohibition of Rebates : 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 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 an acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfied the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to 500 rupees.

Sec 45 – Indisputability Clause.: 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 any report of a medical officer or referee or friend of the insurer or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows such statements was on 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 the 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

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**)

ANNEXURE 'B'

(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

ANNEXURE 'C'

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 age/ 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……..