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LIFE INSURANCE CORPORATION OF INDIA

POLICY EXTRACT FROM PREVIOUS / PROPOSAL PAPERS

(If the proposal was decided by Divisional Office / Zonal Office / Central Office – Please mention the Proposal Number also)

Division _____ Branch _____

Policy No. _____ Proposal Number_____

NAME		FATHERS NAME	
OCCUPATION	Sum Assured	Date of Commencement	Plan & Term
AGE :	DOB :	Whether Age Admitted	
Proof of Age		Nature of Age proof submitted in Prev. Policy	

Other Assurances mentioned in the Proposal

Branch	Pol. / Ppl. No.	Sum Assured	Year	Accepted

Medical Examiner			Date of Examination	
Qualification & Limit			Place of Examination	
Height	Weight	Pulse B.P. Systolic B.P. Diastolic	Special Reports received if any.	Other particulars, if adverse
Chest on Expiration			Abdomen	

Family History	IF LIVING		IF DEAD	
	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brothers Living No._____ Dead No._____				
Sisters Living No. _____ Dead No. _____				
Wife / Husband				
Children Living No. _____ Dead No. _____				

a. How Proposal was dealt with:

b. Decision by CUS / ZUS / DO / BO
Ref. No. If available:
Date of Decision:

c. Whether the policy was Revived ? If so,

i) Sum Revived
ii) Revival Decision
iii) Decision by CUS/ZUS/DO/BO
iv) Date of Revival

Certified Extract

Sr. Branch Manager

LIFE INSURANCE CORPORATION OF INDIA

Sr./Br. Manager Date:
LIC of India
_____Branch
_____ Division

Dear Sir

Re: Proposal No. _____Dated _____

With reference to the above proposal, please refer to item No. _____below

I REQUEST YOU TO/ AGREE FOR ISSUE OF POLICY

1. Under Plan _____ Term _____ For Rs _____ with risk commencing from _____
2. With Age Proof Extra / Health Extra / Impairment Extra / Single Extra at Rs _____ per thousand sum assured per annum.
3. Without Accident Benefit / Disability Benefit / Premium Waiver Benefit / Term Rider
4. With Accident Benefit RESTRICTED TO Rs. _____
5. _____

I CONFIRM

6. The Date of Proposal as _____
7. The Answer to Question No. _____of proposal as _____
8. **That I have given this consent of mine only after fully understanding the meaning and implication of the changes in terms of acceptance.**

WITNESS:

Signature _____

Name _____ _____

Address _____ **Signature of the Proposer**

_____

LIFE INSURANCE CORPORATION OF INDIA

RE-CHECK OF MEASUREMENTS

Division_____ Branch Office _____

Date _____

Proposal No./Policy No._____ Date of Re-check_____

On the life of _____ Age _____ Years

Height(without shoes)	Cms.
Weight(with thin clothes)	Kgs.
Chest(Over Nipples Stripped) on complete expiration	Cms.
On complete Inspiration	Cms.
Abdomen (Over Naval) Stripped	Cms.

Marks of Identification _____

_____
Signature of Proposer/Life Assured

_____
Signature of Medical Examiner with seal/Branch Manager

_____
Signature of the Introducer

Agent / Dev Officer
Code No.

Name :
Designation & Qualification :
Code No. & Address

LIFE INSURANCE CORPORATION OF INDIA

PERSONAL FINANCIAL QUESTIONNAIRE

1. Full Name of the Life to be insured :_____

2. Please give details of occupation and state whether you are employed, self-employed, a shareholding director or in a partnership_____

_____

3. Please give details of your personal earning for the past 3 years

Particulars	**Year _____**	**Year_____**	**Year _____**
Salary(including bonuses) or package			
Income from House Property			
Income from Business			
Income/Commission from Profession			
Share of Profit from Partnership Firms			
Dividends			
Interest from Tax Free Bonds			
Income from Export Firms			
Agricultural Income			
Other Income(Please give details)			
TOTAL			

Q. Nos. 4 & 5 for Self-Employed Persons only

4. Business Details :

Name of Company/Partnership _____

Nature of Business _____

When was the business established _____

Number of employees _____

What percentage of the company's share capital does the life to be insured own _____%.

5. Please give details of the turnover, gross profit and net profit before tax for the last 3 years, and projected figures for the next financial year :

Year	Turnover	Gross Profit	Net Profit before Tax
Projected figures for next Financial year			

If a gross or net loss has been reported in these figures, please forward copies of the last 2 years accounts and an explanation of why the loss occurred.

Where information is unavailable due to recent formation of the company, please forward a copy of the current business plan including projections.

6. Please estimate the value of your assets and liabilities :

Assets	Rupees	Liabilities	Rupees
House/Apartment		Outstanding personal loans	
Land/Real Estate		Mortgages on property	
Bank Deposits(Fixed)		Other liabilities(Please Give details	
Bank Deposits(Savings)			
Shares, Bonds(including RBI and Other Tax Free Bonds)			
Mutual Funds			
Post Office Savings (NSC, ,Indira/Kisan Vikas Patra,etc.)			
Vehicles			
Others(Please give details)			

Declaration :
I do hereby declare that the above statements are true and complete and agree that this Personal Financial Questionnaire together with proposal dated _____ shall form the basis of the contract between myself and the Corporation.

_____ Signature of life to be Insured

_____ Signature of the Official filling in Special MHR.
Name & Qualification
Code No. & Address

LIC
LIFE INSURANCE CORPORATION OF INDIA

CERTIFICATE OF AGRICULTURAL INCOME

Branch: _____ Proposal No. _____

This is to certify that Sri/Smt_____ Son/daughter/ wife of_____is the absolute holder of agricultural lands described below and that his/ her annual income derived from that property for the last three Revenue years is estimated as given herein. The property is not held jointly with any sharers :

_____

Village

_____

Survey No.

Extent (area)	Acre: Guntha	Acre: Guntha	Acre: Guntha
Class of land Plantations			
Whether irrigated			
If irrigated, Source of irrigation			
Nature of crops grown			

INCOME derived for the last three years

Year	Gross Income (In Figures)	(In Words)	Net Income (In figures)
	Rs.	Rupees Thousand only	Rs.
	Rs.	Rupees Thousand only	Rs.
	Rs.	Rupees Thousand only	Rs.

This certificate is issued on the basis of information available in the Taluk office obtained after due enquiries through concerned Revenue Inspectors.

Dated at _____ this _____ day of _____20

_____

Ref. No. _____ **(seal)** **Tahsildar**

Note : 1) A separate certificate in respect of each village shall be issued.
2) The certificate shall be signed by an official not below the rank of a Tahsildar
3) All corrections should be supported by full signature of issuing authority.

LIFE INSURANCE CORPORATION OF INDIA

CHARTERED ACCOUNTANT'S CERTIFICATE

1. Name of the Proposer			
2. Occupation			
3. PAN or GIR Number			
4. If the Number in 3 is not available reasons for the same			
5. Gross Income particulars before Tax for the last Three years (Please give detailed & accurate information about the nature of source of income)			
	Assessment Year _____	Assessment Year _____	Assessment Year _____
a) Employment			
b) Business or Profession			
c) Agriculture			
d) Investment			
e) Property			
f) Any other source			
Total:			

Details of Advance Tax paid for the Current year _____Date & Amount Remitted_____

I certify that Sri/Smt _____ is my client and the above informatioin is based on the IT returns filed in respect of my client for the concerned years.

_____

Signature of the Chartered Accountant
With Seal & Register Number

I certify that Sri/Smt _____
Is my Chartered Accountant

_____

Signature of the Proposer

Annexure A

LIFE INSURANCE CORPORATION OF INDIA

SPECIAL MORAL HAZARD REPORT

Proposal No_____

Branch Office _____

Instructions:

1. This Report is to be completed where the Sum under consideration is in excess of Rs. 25 lakhs.
2. Before completion of the report the reporting official should satisfy himself regarding the identity of the proposer. He should meet him preferably at his residence before completing the report. The reporting Official should make independent enquiries about the life to be assured's health and habits, occupation, income, social background and financial position etc.
3. This report must be completed immediately after the enquires are made.
4. See page no. 18 of CO Manual.

1. Full Name of the

   Proposer : _____ Age_____Years

   Full Name of Life to be Assured: _____ Age _____Years

   Occupation (Give exact nature of duties or nature of business) _____

   Sum Proposed _____

   Full Address _____

2. Total previous insurance in force (Sum Assured)	Rs.
3. Total Insurance premium per year for previous policies	Rs.
4. (a) By whom were you introduced to the Proposer/ Life Proposed? (b) Are you satisfied about the identity of the Life Proposed? (c) Give marks of identification, if any (d) Does the life proposed look older than the declared age? (e) What is the educational qualification of the life to be Assured? (f) What is your assessment about the general state of health of the life to be Assured? (g) Has he any physical deformity or impairment? (h) Does your enquiry indicate his having suffered from any illness or injury or undergone any operation or hospitalization or medical investigation in the past? If so, give details.	
5. Are you satisfied that no previous policy has lapsed within last three years on the life of the proposer/ life proposed, his family member. (The Reporting Official is expected to examine the entire family insurance portfolio).	

6. a) What is proposer's yearly income from all sources (before tax)
   b) (Give detailed, and accurate information about the nature of source)

(i)	Employment	:	Rs _____
(ii)	Business or Profession	:	Rs _____
(iii)	Agriculture	:	Rs. _____
(iv)	Investments	:	Rs. _____
(v)	Property	:	Rs. _____
(vi)	Any other source	:	Rs. _____
	Total	:	Rs. _____

(b) Give information about the income, Total Insurance in force, and total Premium amounts per year for the family members of the proposer		Yearly Income from all sources (Before Tax)	Total Insurance in force	Premium per year
i)	Father			
ii)	Mother			
iii)	Wife			
iv)	H.U.F. a) of self b) of father			

Contd…2

(If it is noticed that any earlier polices belonging to any one including the proposer's are financed from any of the H.U.F Funds, then give detailed information on the premium amounts so paid, which H.U.F. finances the policies, or whose life the policies are so financed and what are the premium amounts)

(c) Give information about the income, Total Insurance in force, and total Premium amount per year for the children of the proposer	Age	Yearly Income from all sources (Before Tax)	Total Insurance in force	Premium per year
Sons 1) 2) 3) Daughters 1) 2) 3)				

d) Give the figures of income tax paid, Total Assets (excluding life assurance) & Total Liabilities of the Proposer. Life Proposed & Family Members

	Income Tax	Assets	Liabilities
i) Proposer ii) Life Proposed iii} Father iv} Mother v} Wife/ Husband vi} Sons vii} Daughters			
e) Is he or his business solvent?			
f) State full particulars of the documents verified (remarks such as "as told by the party, agents" will not be accepted.			

7. Where the proposer is a businessman and the sum proposed is above 1 Crore, then please give the additional information: (a) Location of the business office / shop/factory [b] Reputation of the proposer and his business [c] Source of Income [d] Number of Employees [e] Turnover of the business for previous 3 years	
8. (a) Is there anything in the Life to be Assured's occupation, financial or social position, personal habits or any other circumstances which might add to the risk?	
(b) Whether KYC/AML norms are fulfilled for the proposer.	
(c) Are you satisfied that the life proposed and/or proposer is not connected with any terrorist activities.	
(d) Do you consider acceptance of the proposal as in order and recommend it as such?	

I hereby declare that the foregoing statements are true and correct and are made as a result of my detailed enquiries and on verification of documentary evidences.

Signature _____

Name _____

Place : _____

Date : _____

Designation _____

Address _____

_____

Form No. 3251 (Spl.)

ANNEXURE B

LIFE INSURANCE CORPORATION OF INDIA

From

Name _____
Address _____ Date _____

To

The Branch Manager,
LIC of India,
_____ Branch Office.

Dear Sir,

Re: Proposal for Rs. _____

On the Life of Shri / Smt. _____

With reference to the above proposal submitted by me I have to inform you as follows with regard to my income, insurance particulars etc.

1. My P.A. No. for Income-tax is _____
2. My yearly income from all sources before tax is as particularised below:

(i)	Salary	Rs. _____
(ii)	Dividends	Rs. _____
(iii)	Directors Fees	Rs. _____
(iv)	Interest on Loans	Rs. _____
(v)	Share of Retained Profits	Rs. _____
(vi)	Net income from Property	Rs. _____
(vii)	Agricultural Income	Rs. _____
(viii)	Any other income (Specify)	Rs. _____
	Total Income	Rs. _____

3. The total insurance on my life in force is to the extent of Rs. _____
4. Total amount of insurance premium per year for the above insurance is Rs. _____.

I give below information about the income, total insurance in force, total premium amounts per year for my family members.

Family Member	Yearly Income from all sources (Before Tax)	Total Insurance in force	Premium per year
i) Father ii) Mother iii) Wife iv) Sons v) Daughters			

Thanking you

Yours faithfully,

_____

(Signature and Name of the Proposer)

LIFE INSURANCE CORPORATION OF INDIA

BY DEVELOPMENT OFFICER

SPECIAL M.H.R. IN RESPECT OF PROPOSALS ON THE LIVES OF WIDOWS FALLING UNDER CATEGORY III LADY LIVES
[TO BE GIVEN IN ADDITION TO FORM NO 3251 (REV)]

Name of the Life to be Assured _____ Age _____ Years

Proposal No. : _____

1. Whether she is whole time employee and / or engaged in the business :

2. Exact nature of duties of the life proposed and details of business etc.,

3. How many hours per day she devotes to work :

4. Names of all children and their ages and insurance particulars:

Name	Age	Insurance

5. If standard age proof is not being submitted reasons for the same :

6. Whether the Dev. Officer/ BM / ABM(S) has visited the place of work of the life proposed and he is satisfied that she is having earned income.

_____

Signature of Official Giving Spl. MHR

Name : _____

Code No. : _____

No. of years of standing : _____

THE EMPLOYEES' PROVIDENT FUND SCHEME – 1952 (PARAGRAPH-62)

Application for financing of Life Insurance Policy out of the P.F. Account

To
The Regional Commissioner
EPF, Regional Office
_____.

I _____S/o _____an employee of _____ Code No. _____ hereby authorize the commissioner to,

(i) Withdraw a sum of Rs. _____ (Rupees _____) from my PF Account No. _____ and remit the same to the Life Insurance Policy / Proposal for Life Insurance details of which are given herein.

(ii) Make periodical withdrawal of Rs. _____ (Rupees _____) from my PF Account No. _____ each time the premium falls due for payment and remit the same to the Life Insurance Corporation of India towards the premia in respect of my Life Insurance Policy details of which are given herein, so as to reach the said corporation within the time allowed for such payment.

(iii) To convert the said insurance policy into a paid up one when the credit in my PF relating to my own contribution become inadequate for the payment of any premium unless the payment of further premium is arranged by me accordingly.

(iv) To pay the fees and / or interest out of my own contribution in my PF account, if any premium cannot be remitted to the said corporation in time because of delay in sending to the commissioner the policy duly assigned to the Central Board of Trustee of the Employees' PF or any other reason for which I or my employer may be responsible.

2. I accept that:

(i) The authorization at para 1(ii) above shall be effective only when my life insurance policy duly assigned to the CBT, EPF has been received by the Commissioner after proper registration of the assignment in the book of the said Corporation.

(ii) The said authorization shall thereafter remain or operative till such time as I continue to be a member of the Fund, have enough accumulation to my credit as my own share in the Fund, or till the maturity of the policy, whichever is earlier.

(iii) The terms of the policy shall not be altered nor shall the policy be exchanged for another policy without the prior written consent of the Regional Commissioner.

3. The policy is enclosed for inspection will be forwarded when received has already been assigned to the CBT of the EPF and accepted by the commissioner vide his letter No. _____ dated the _____.

4. I am aware that the policy is to be assigned to the CBT of the EPF as security within six months of the date of the first remittance by the said corporation and sent to the commissioner after registration of the assignment in the books of the said Corporation.

5. I declare that the policy is free from any encumbrance and the details of the policy proposal given therein are correct to the best of my knowledge.

6.	Details of the policy proposal:	
(i)	Address of the Branch Office or unit of the LIC where policy account is to be maintained.	
(ii)	Sum Assured / Proposed to be assured	
(iii)	Policy / Proposal No.	
(iv)	Probable date of purchase of the policy	
(v)	Whether the proposal has been accepted and if so, by what date the first premium is to be paid.	
(vi)	Cost of the policy (in the case of single payment pols.)	
(vii)	Whether the premium payable is to be paid yearly / half-yearly	
(viii)	Amount of yearly / half yearly premium	
(ix)	Due date(s) for payment of premium.	
(x)	Date of payment of last premium	
(xi)	Whether age has been omitted, if not state the nature of proof presented to LIC	
(xii)	Name(s) of the nominee(s) under sec.89 of the Insurance Act, 1938.	
(xiii)	Guardian appointed under sec.39 of the Insurance Act, 1938 in respect of minor nominees, if any.	
(xiv)	Details of any previous policy already assigned to the CBT.	
(xv)	Remarks	

Date_____

_____

Signature or left/right thumb impression of the member.

Certified that this form has been signed / thumb impression affixed before me by _____ Account No. _____ employed _____.

_____

Signature of the employer or his Authorized Officer.

Designation _____

Code No. of the Establishment _____

Name and address of the Establishment or its stamp

FORM 15

THE EMPLOYEES PROVIDENT FUND SCHEME 1952

Form of Assignment of Polices under paragraph 64 (1) to be endorsed on Policy

I _____.S/o./D/o. _____hereby assign unto_____ _____the Board of Trustees, Employee Provident Fund _____ _____ the within Policy of assurance as security for payment of all sums which under paragraphs 67 (1) and 68 of the Employee's Provident Fund Scheme, I may hereafter become liable to pay the Fund.

I hereby certify that no prior assignment of the within policy exists.

Dated at_____ this_____ day of _____ 200
Account No. _____
Station_____

_____

Signature of left/right hand thumb Impression of the member

Witness :
Certified that this Form has been signed before me by _____employed in _____ Regd. No. of Factory / Establishment
Code No. of the Factory / Establishment
Dated _____

Signature of the Employer or any Authorised Officer
Designation_____

Stamp of the Establishment

Note : 1) The policy is required to be assigned within six months after the first withdrawal in respect of it by endorsement thereon in terms of the above form.

2) While assigning the Policy the notice hereunder should be given to the Life Insurance Corporation.`

NOTICE

To
The Manager
The Life Insurance Corporation of India
Unit _____
Subject : Assignment of Policy No. _____
Notice is hereby given that Policy No. _____for Rs. _____ on the life of Sri./Smt. _____as on the _____day of _____ been assigned in favour of Central Board of Trustees Employee's Fund by Sri/Smt _____

2. The said policy is enclosed. Please have the assignment registered in your books and return the policy to the Regional Provident Fund Commissioner (give complete Address) _____ State.

Yours faithfully

(Signature of the Assignee)
Full Address _____

_____

LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM To Proposal for Multiple Proposals

Name of Proposer:

Sr. No	PLAN & TERM	Sum Assured	Term Rider SA	Critical Illness SA	Accident Benefit SA	Mode of Payment	Back Dating	Nominee	Age	Relation
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
Total										

_____
(Signature of the Proposer)

_____
(Signature of Witness)

Name:
Occupation & Address:

Place :
Date :

LIFE INSURANCE CORPORATION OF INDIA

PREVIOUS POLICIES ADDENDUM

Name of Proposer:

Sr. No	Policy Number	LIC Branch/ Pvt Company	Table-Term-PPT	Sum Assured	Term Rider SA	Critical illness Rider SA	Accident Benefit SA	Month and Year of issue	Whether Accepted at OR/Extra	Med/ NM	Infor-ce for full SA	If not then FUP/ Date of Surr-ender
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
Total												

(Signature of the Proposer)

(Signature of Witness)

Name:
Occupation & Address:

Place :
Date :

LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM TO PROPOSAL FOR ACCIDENT BENEFIT MORE THAN 25 LAKHS

DETAILS OF EXISTING ***ACCIDENT BENEFIT (AB)*** COVER BEFORE THE DATE OF THIS PROPOSAL

PART-I **UNDER LIC POLICIES**		**AMOUNT**
A	INDIVIDUAL ASSURANCES	
(i)	INDIVIDUAL ASSURANCES (INBUILT, EXCLUSIVE) (PLAN NO.91,111,123,124,125,126,128,140,149,150)	
(ii)	OTHER INDIVIDUAL ASSURANCES	
	SUB TOTAL OF A	
B	GROUP ASSURANCES	
	TOTAL OF A+B (SAY X)	
PART-II **UNDER OTHER INSURER'S POLICIES**		
(i)	INDIVIDUAL ASSURANCES	
(ii)	GROUP ASSURANCES	
	TOTAL (SAY Y)	
	GRAND TOTAL (X+Y)	

_____ Proposer/Life Assured

_____ Agent/DO

LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM TO PROPOSAL FOR ASSURANCE ON THE LIVES OF MINORS AND NON-EARNING MAJOR LIVES

Name of Life to be assured _____ Proposal No _____

Name of Proposer / Parent _____ Sum proposed _____

1. If the life to be assured is attending School/ College Please give :
   (i) Name and address of the school / College he/she attends:
   (ii) Class in which he / she is studying _____
   (iii) If studying in college, his/her subjects of study: (e.g. Chemical / Mechanical / Electrical Engineering, Mining etc. And whether training in hazardous processes)
2. Full Particulars of Insurance Policies in – force on the date of proposal, issued by any Existing Business Unit of Corporation on the Lives of other members of the family.

Members of L.A.'s Family Indicate Father/ Mother/ Brother/ Sister etc.,	Name of the Servicing Br.	Pol.No.	Sum Assured	Plan of Assurance	Due Date of last Premium Paid	Total Prem paid / payable during the year
			Total Premium (per year)			

3. Please state whether the premium under the resulting Policy would be financed from HUF Funds or individual income. If paid through HUF funds, please submit the relevant addendum.

I hereby declare that the above statements are true in every Particular and agree that they shall form part of the basis of the contract of Assurance between me and the Life Insurance Corporation of India.

I also agree to pay the Premia under the policy, if and when issued, till the life assured starts earning himself.

I am aware that the Policy to be issued on the basis of the above proposal given by me will automatically vest in the life to be assured:

(i) On the deferred date in terms of special Provisions incorporated in the policy.

(ii) On his attaining the age of majority as provided for in the policy, and agree to it.

Place : _____

Date : _____

_____

Signature of Proposer/ Father / Mother

N.B: If the proposer signs in any other language or affixes his thumb impression, usual vemacular declaration and / or illiteracy declaration must be obtained over his signature / thumb impression as the case may be

TO BE COMPLETED BY BM / ABM(s) / DO / Agent Authorised to give MHR

Name of the Life to be assured_____

Name of the Proposer / Parent _____

Full particulars about the Social, Cultural and Educational background of the proposer and his family.

(a) Health and Habits :	
(b) Particulars of the business and employment. Monthly income from : i) Employment : ii) Business / Profession : iii) Agriculture : iv) Other Sources : (Sources to be specified)	Rs. _____ Rs. _____ Rs. _____ Rs. _____
(c) Financial indebtedness :	
(d) Standard of education and outlook :	
(e) If the other insurable members of the family are not adequately covered, reasons thereof :	
(f) Details of sources from which the information given against the above questions have been gathered :	

I hereby declare that the above information is true in every respect and affirm that no moral hazard is involved in this case.

Place : _____

Date : _____

_____
Signature
Sr / Branch Manager / ABM(s) / DO / Agent

Name _____
Code No. _____
Address: _____
_____

LIFE INSURANCE CORPORATION OF INDIA

(Additional form to be completed by the proposers under Jeevan Sathi Policy)

Branch Office :_____ Proposal No._____

Division : _____ Agent's Name_____

Agent's Code No._____

We the undersigned, who desire to effect a Policy under the Jeevan Sathi Plan of Assurance of the Corporation for a sum of Rs._____hereby jointly and severally confirm the statements made in our respective proposals for Assurance, dated_____and_____and the replies to the questions to our respective Personal Statements given before the Medical Examiner(s) on the_____ and _____ respectively, and we hereby jointly and severally declare that all such statements and replies are true and accept joint responsibility in respect thereof. We further hereby jointly and severally declare that the said several statements and answers in the said document shall be the basis of contract of assurance between us and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at_____on the_____day of_____20

Signature of Witness:_____ **(1)**_____

Name & Occupation :_____ **(2)**_____

Address:_____

_____ **(Signature of the lives to be assured)**

If the answers to the questions in this form are given in Vernacular or if the answers to the questions are given in English but either one or more of the Proposers sign in vernacular, then the Proposer(s) should declare in his/their own handwriting above his/their respective signature(s) that the content in the form were explained to him/them and that his/their replies were given after fully and properly understanding the same.

LIFE INSURANCE CORPORATION OF INDIA

FORM OF NOMINATION UNDER JEEVAN SAATHI POLICY

We,_____the lives assured under the within policy, hereby nominate under Sec. 39 of Insurance Act, 1938 our (relationship)_____named _____aged_____years and whose address is_____ _____as the person to whom the moneys secured by the within policy shall be paid in the event of death of both of us either simultaneously or one after the other at any time before the date of maturity under the within policy.

Dated at_____ on the _____day of _____20

1._____

2._____

(Signatures of Lives Assured)

Signature of Witness

Full Name :_____

Designation :_____

Address : _____

_____

_____

"Certified that the contents of this nomination form has been explained by me to the life / lives assured and they have affixed their signatures after fully under--standing the same.

_____

Signature of Witness

Certified that the contents of this nomination form have been explained by me to the life / lives assured in vernacular and that he/she/they have affixed their signature(s) thumb impression(s) thereto in my presence after thoroughly understanding the same".

Full Name :_____

Designation: _____

Address :_____

_____

_____

Signature of Witness

Contd-----2

APPOINTEE : SRI / SMT _____

_____

If Nominee is a minor, Appointee's Full Name & Address

Relationship to the Nominee

_____

_____

_____

_____

Signature of the appointee As token of consent

INSTRUCTIONS :

(1) A nomination can be made only by the holders of a policy on their own lives. i.e., only by the Lives assured.

(2) After filling up the blanks as may be necessary in the form of nomination, printed on the reverse, the lives assured should copy it out on the back of the policy. The certificate of the witness should also be copied out if the signature/s of any or both lives assured is/are not in English (see 3 below)

(3) The Lives Assured must affix their signatures to the endorsement in the presence of a witness. If one or both the Lives Assured be not conversant with English he/she/they should sign the endorsement before an English knowing witness and if he/she/they be illiterate he/she/they must affix his/her/their thumb impression/s to the endorsement before a Magistrate, Justice of the peace, a Special Executive Magistrate, a Gazetted Officer, a Class I Officer of the Corporation or a Development Officer of the Corporation with at least five years service provided he/she is fully satisfied about the identity of the person/s executing the endorsement in such cases the witness should sign the certificate in the endorsement.

(4) Immediately after a Nomination has been effected by an endorsement, the Policy must be sent to the servicing Office of the Corporation for registration of the Nomination. A Nomination will NOT be effectual unless it is communicated to and registered by the Corporation.

(5) If the Nominee be a minor, it is advisable to appoint in the manner prescribed by the Insurance Act an appointee to receive the moneys secured by the policy in the event of the simultaneous death of the lives assured during the minority of the nominee.

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

ADDENDUM TO PROPOSAL FORM NO. 300
FOR CONGENITAL DISABILITY BENEFIT RIDER

Q. 1. DO YOU HAVE A CHILD/ CHILDREN WHO IS / ARE CONGENITALLY DISABLED? IF YES, PLEASE FILL IN THE DETAILS BELOW.

	AGE	NATURE OF CONGENITAL DISABILITY
LIVING		
DEAD		

Place : _____

Date : _____

_____

WITNESS: **SIGNATURE OF LIFE PROPOSED**

SIGNATURE: _____

NAME : _____

ADDRESS: _____

_____

_____

LIC
LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM TO PROPOSAL UNDER " JEEVAN AADHAR" (PLAN 114)

Proposal No. : _____

Full Name of the life to be assured : _____

Full Name of handicapped dependent : _____

Relationship and Age : _____

1. Is the handicapped dependent : i. Physically handicapped ii. Mentally handicapped iii. Both	
2. Is the above stated disability permanent?	
3. In the case of physical disability, specify i. Exact parts affected and extent ii. Overall percentage of disability	
4. Is the person Mentally Retarded?	
5. Any other information	

I declare that the above information is true to the best of my knowledge and belief and further declare that the above named handicapped dependent is dependant on me/HUF and not on any other person.

Signature or Left Hand Thumb impression of Handicapped dependant _____

_____
Signature of Proposer

WITNESS:

Place :
Date :

Signature _____
Name _____
Address _____
_____

NOTE: This addendum should be submitted along with a certificate stating that handicapped dependant is suffering from a permanent physical disability (including blindness) or is subject to mental retardation, being a permanent physical disability or mental retardation specified in the rules made by the Board for the purpose of Section 80DD, which is certified by a physician, a Surgeon, an occulist or a psychiatrist, as the case may be, working in a Government hospital and which has the effect of reducing considerably such person's capacity for normal work engaging in a gainful employment or occupation.

LIFE INSURANCE CORPORATION OF INDIA

DECLARATION TO BE MADE BY PROPOSER UNDER JEEVAN VISHWAS PLAN - 136

Proposal No. _____ Proposal dated : _____

I hereby declare that _____

Aged _____ years is physically / mentally handicapped and is dependant on me.

Place : _____

Date : _____

_____
(Signature of the Proposer)

Name and address of the Proposer

_____
_____
_____

Witness :

Signature : _____

Name : _____

Address : _____

_____

_____

LIFE INSURANCE CORPORATION OF INDIA

Annexure - 3

Addendum to Proposal Form - 300

LIC's Jeevan Ankur (Plan No. 807)

I, _____ the life to be assured declare that my son /daughter Master / Kumari _____ was born on_____ day of _____ and is aged ____ years. I am awarethat the Life Insurance Corporation of India is considering issue of a policy underLIC's Jeevan Ankur on the basis of above declaration.

The benefits secured under the policy shall be paid to the above named child in the event of my death and Shri/ Smt. _____ has been named as Appointee to receive the policy monies during the minority of the nominee.

_____

Date: Signature or Thumb Impression of Life to be Assured

Signature of witness_____

Name _____

Occupation_____

Address _____

LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM TO PROPOSAL

(Reg. Female life, for consideration as Category I)

(To be filled in by the female proponent who is employed in an institution where NMS is not applicable)

1. Name of the life to be Assured	
2. Name of present employer Year of Establishment Address & Telephone Nos.	
3. Name of previous employer, if any, Address & Telephone No.	
4. Date of joining	
5. Salary per month	
6. Nature of Job	
7. Evidence of employment (attach Xerox copy duly signed by the person) a. Salary Slip / b. Identity Card c. ESIS Card / d. Employer's Certificate e. Copy of appointment letter / f. Any other evidence (to be specified)	
8. Whether pre-recruitment Medical exam done ?	
9. Whether leave records of employees are maintained by the Company ?	
10. Whether PF, Gratuity, Mediclaim etc., benefits are extended by the employer (specify the benefits) ?	

DECLARATION

I, Mrs./Ms. _____ hereby declare that foregoing statements are true and correct and shall form part of the proposal form for insurance on my life.

Dated at _____on the _____ day of _____ 20

Witnessed by:
Name: _____
_____

_____
(Signature of the Proposer)

I Recommend that the above Life to be assured may be treated as Category-I female life and there is no moral hazard involved.

1. Signature of Agent: _____ Code No._____

2. Signature of Development Officer: _____Code No._____

LIFE INSURANCE CORPORATION OF INDIA

HUF ADDENDUM TO PROPOSAL

(To be completed where the policy is desired to be financed through H.U.F. Funds. Please refer to Question No. 5 of the Proposal Form)

1. What is the object of this assurance ? Is it to be financed from Hindu Undivided Family Funds?	
2. Please state the full Name and Address of the Karta of H.U.F.	
3. Please state the names & ages of the present members / Co-parceners in the H.U.F.	i) _____ aged _____ ii) _____ aged _____ iii) _____ aged _____

Signed at _____ this _____ day of _____ 20 _____.

Witness :

Signature : _____
Full Name : _____
Occupation : _____
Address : _____
_____
_____

_____
(Signature of the Proposer)

Witness :

Signature : _____
Full Name : _____
Occupation : _____
Address : _____
_____
_____

I agree to the issue of the Policy and payment of premium as proposed

_____
(Signature of Karta – HUF)

NOTE : If this policy is proposed for the benefit of HUF so as to form a part of HUF Asset and premiums under the policy are to be paid from out of HUF funds, the policy will belong to the HUF and in consequence the life assured will not to be entitled to make an assignment or nomination under the policy and will not be entitled to draw any loan thereunder or surrender the same.

LIFE INSURANCE CORPORATION OF INDIA

ADDENDUM TO THE APPLICATION FOR INSURANCE UNDER SSS

I _____(Name) Son / Daughter of _____(Name) am submitting a proposal dated _____ for Life Insurance with the Life Insurance Corporation of India (hereinafter called the "Corporation") and I request that the policy for this proposal be issued by the Corporation under Salary Savings Scheme (hereinafter called the "Scheme") maintained with my Employer ___ _____ (hereinafter called the "Employer") on the under mentioned terms and conditions.

1) The instalment premium as mentioned on the Schedule of the Policy to be issued shall be payable on the due dated during the term of the policy or earlier death so long as I continue to be the employee of the present employer. If the premium is not paid during the days of grace, the policy will lapse.
2) I agree hat I shall be entirely responsible for keeping the policy to be issued by the Corporation in force by regular payment of premiums on due dates, but since I am an employee of _____ where Salary Savings Scheme of the Corporation is in operation, I hereby authorize my employer _____ to make monthly deduction of premium amount from my salary and remit the same to the Corporation acting as a representative on my behalf.
3) The premiums including arrears of premiums with interest, if any, as may be intimated by the Corporation to the employer, be deducted from my salary or any other compensation that may be payable to me by the employer for every due month regularly and remitted to the Corporation within the stipulated time upto the month and the year of the last instalment as may be indicated by the Corporation or till I give a specific notice in writing to the Corporation and to the employer or till I leave the services of the employer.
4) It is further declared and agreed that while deducting the premium from my salary and remitting it to the Corporation, the employer is acting on my behalf and in no way the employer is representing the Corporation.
5) As stated, I shall be entirely responsible for keeping the policy to be issued by the Corporation in force by ensuring the payment of premium to the Corporation within the stipulated time. In the event of the non-payment of the premium to the Corporation by the employer for whatever reason, it shall be my responsibility to make the payment of the premiums directly to the Corporation together with any additional charges as applicable for monthly payment of premium and with interest, if any, to keep the policy in force.
6) I agree that in the event of the said policy becoming lapsed on account of the non-payment of the premiums to the Corporation within the stipulated time for whatever reasons, the liability of the Corporation will be limited to the extent of the premiums actually received by it and the Corporation shall not be held responsible for any claim beyond this liability as accrued to the said policy at the time of its lapsation.
7) I also agree that the authorisation for the deduction of premium form my salary and its remittance to the Corporation will not be withdrawn by me until the premiums have been paid for a minimum period of three years from the date of commencement of this procedure.
8) I agree that in the event of the ceasation of the said policy from the Scheme on account of my leaving the employment of the employer or the Scheme being withdrawn from the employer, the premium shall stand increased by the imposition of the additional charges for the monthly payment that has been waived under the Scheme at the rate of 5% of the premium exclusive of any premium charges for the double accident benefit or any other extra premiums.
9) I undertake to inform the Corporation from time to time any change in my address for communication.
10) During the period in which the said policy is under the Scheme, the instalment premium will be deemed to fall due on 20th day of each month instead of the due date mentioned in the said policy.

Dated at _____ on the _____ day of _____20

_____

Signature of Witnesses

Name _____

Address: _____

_____

Signature of the Policy Holder

LIC
LIFE INSURANCE CORPORATION OF INDIA

POLICY CLAUSE NO..22 Policy No. _____

Re: Clause for payment of monthly premium under Salary Savings Scheme.

1) This policy having been issued under the corporation's Salary Savings Scheme, it is hereby declared that the instalment premium shall be payable at the rate shown in the Schedule of the policy so long only as the life assured / proposer continues to be an employee of his/her present employer whose name is stated in that proposal, and the premiums are collected by the said employer from the Salary of the life assured / proposer as authorized by him/her and remitted to the Corporation without any charge. It shall be the responsibility of the life assured/proposer to ensure that the instalment premium is deducted from his/her salary and remitted to the Corporation or failing that premium is paid directly to the Corporation within days of grace at increased rates.

2) In the event of the life assured / proposer leaving the employment of the said employer or the premium's ceasing to be so collected or the collected premium not remitted to the Corporation, the life assured / proposer must intimate the fact to the corporation and in the event of the Salary Savings Scheme being withdrawn from the said employer, the Corporation shall intimate the fact to the life assured / proposer and all premiums falling due on and after the date of his/her leaving the employment of the said employer or cessation of collection of premiums or remittance thereof in the manner as aforesaid or withdrawal of the Salary Savings Scheme, as the case may be, shall stand increased by the imposition of the additional charge for monthly payment that has been waived under the Salary Savings Scheme at five percent of the premium exclusive of any premium charged for Accident Benefit and any other extra premium charged.

3) During the period in which the premium is remitted to the Corporation through the employer, the instalment premium will be deemed to fall due on the 20th day of each month instead of the due date mentioned, in the said policy.

4) It is also declared that this policy shall stand lapsed if the due premium is not received by the Corporation within 15 days of the due date as mentioned above and the Life Assured / Proposer, being primarily responsible to keep the policy in force, shall remit the defaulted premium dues together with the additional charges applicable for monthly payment and with interest, if any, at the prevailing rates charged by the Corporation for the belated payment of premiums. In the event of the premium dues not remitted to the Corporation either by the employer or by the Life assured / Proposer and the policy becoming lapsed, the liability of the Corporation under the within mentioned policy will be restricted to the extent of the premiums actually received by it and to the provisions of the conditions and privileges governing the policy and no further relief for any claim shall lie with the Corporation.

_____

p.Sr./Branch Manager

I HEREBY GIVE MY CONSENT FOR THE IMPOSITION OF THE ABOVE CLAUSE NO. 22 ON THE POLICY.

_____ _____

SIGNATURE OF THE WITNESS **SIGNATURE OF THE POLICY HOLDER**

Name : _____

Address: _____

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

PROPOSAL NO. _____

POLICY NO. _____ **NAME OF BRANCH** _____

SELF DECLARATION OF AGE

I _____ **Son/Daughter/Wife of** _____ **by occupation** _____ **residing at** _____ **do hereby affirm and declare that to the best of my knowledge and belief I was born at** _____ **on** _____ **and I am of** _____ **years of age and that I have no other reliable (state date of birth I known)**

documentary evidence of age to produce in proof of my age. I make this declaration consciously believing it to be true and knowing that on the faith/hereof the LIFE INSURANCE CORPORATION OF INDIA will admit my age in their records.

_____

Signature of Proposer/ Life Assured

DECLARED BEFORE ME at _____ **and certified that the declaration has been read over to and understood by the declarant this** _____ **day of** _____**20** _____**.**

Secretary of the Panchayat /
Member of the Panchayat/
Block Development Officer /
Tahsildar/ Class I Officer of LIC/
Development Officer of LIC

To be completed by an appointed Medical Examiner of Corporation

I hereby certify that Shri / Smt. _____ **was identified before me by Sri.** _____ **and from his appearance he/she looks to be approximately** _____ **years old.**

_____
Signature of Proposer/ Life Assured

_____
Signature of Medical Examiner
Code No.
Name & Qualification
Address:

FORM NO. 3260, ANNEXURE-A

LIFE INSURANCE CORPORATION OF INDIA

_____Division Branch _____

STATEMENT TO BE SUBMITTED BY THE PROPOSER / AGENT / DEV. OFFICER WHEN A STANDARD AGE PROOF VIZ, SCHOOL/UNIVERSITY/BIRTH CERTIFICATE IS NOT SUBMITTED ALONG WITH THE PROPOSAL.

1. Name of proponent	4. Proponent's occupation
2. Place and date of birth	5. Nature of age proof submitted
3. Proponent's educational qualification and year of Leaving School or College	6. His employer's name and address
7. Reasons for not submitting a standard proof of age	
(i) If the proponent is educated, state why a School/ University Certificate is not submitted	
(ii) The reason why birth certificate cannot be submitted.	
(iii) If the proponent is in service, state why an extract from service register cannot be produced.	
(iv) If the submitted age proof is horoscope state reason for the same.	
(v) If the submitted age proof is either an elder's declaration or self declaration state reasons for the same.	

I hereby agree that the foregoing questions and answers shall form part of the proposal for Insurance made by me to the Life Insurance Corporation of India on _____and they shall be of the same effect as if contained in the original proposal.

Dated at _____ on the_____ day of _____ 20

Signature of the Agent. (Signature of the proposer).

I have discussed the question of standard proof of age with the proposer, I am satisfied that he cannot submit a standard proof of age for the following reasons:

I further certify that according to my estimation his apparent age is _____

(Signature of the Agent)

I have discussed the question of standard proof of age with the proposer and I am satisfied that be cannot submit a standard proof of age for the following reasons:

I further certify that according to my estimation, his apparent age is _____

(Signature of Dev. Officer)

LIFE INSURANCE CORPORATION OF INDIA

ADDITIONAL FORM FOR ASTHMA/BRONCHITIS

Full Name of the life to be assured _____Age _____Years

Occupation and exact nature of duties _____

QUESTIONS TO BE ANSWERED BY THE PROPOSER/LIFE ASSURED.

1. (a) Was your first attack in childhood or in adulthood? Please give exact age at onset	
(b) Have the attacks of childhood asthma disappeared on reaching age 20 years? If not, are they of same frequency and severity as earlier childhood attacks?	
(c) How many attacks on an average do you have in a year and when was the last episode?	
(d) How long do the attacks usually last?	
(e) Does your work environment have high level of pollution?	
(f) How many days (total) you have been away from work due to asthma during last 2 years?	
2. (a) What treatment do you take for asthma usually?	
(b) Are you required to take Cortico Steroids (Medicines like Predhisolene etc) for relief and if so for how many years and what dose?	
(c) Are you still taking such Medicines as Cortico Steroids?	
3. (a) Are you a Smoker or a Non-Smoker?	
(b) If a Smoker, how many cigarettes, bidis etc., do you smoke per day?	
(c) If a smoker, for how many years you have been a smoker?	
(d) Do you have a Smoker's Cough?	
(e) Are you taking treatment for chronic bronchitis? If so, give details.	

(f) Have you given up smoking? If so, total period of abstinence.	
(g) Is there any family history of asthma? If so, mention the number of family members and their relationship.	
(h) Have you ever been hospitalized for treatment of acute asthma? If so, details with particulars.	
(i) Have you ever undergone pulmonary Function Test/s or Chest X-Ray examination/s? If yes, submit copies of the Reports	
4. Do the attacks occur during any particular season of the year?	
5. What is the level of your effort/exercise tolerance? Mention distance you can walk and number of stairs you can climb without causing breathlessness.	

I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the Life Insurance Corporation of India on _____ and they shall be of the same effect as if contained in the original proposal.

Dated at _____on the _____ day of _____20 _____

Signature of Introducer:

Name of Agent/Dev.Officer:

Code No:

_____

Signature of the Proposer

Questions to be answered by the Family Physician / Personal Medical Attendant or the Medical Examiner

1. Is this person, in your opinion, a case of acute intermittent asthma? Or Caronic obstructive Pulmonary Disease (COPD) Cor pulmonale	
2. Do you have any reasons to suspect Cardiac Asthma as a cause of breathlessness in this person. If yes, please give your reasons.	
3. Do you find any evidence of congestive cardiac failure clinically, secondary to COPD?	
4. Remarks :	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

Agents Name:

Code No:

Place: _____

Date : _____

Signature of the Medical Examiner

Name:

Qualifications / Code:

Seal

LIFE INSURANCE CORPORATION OF INDIA

PERSONAL HISTORY OF AN OPERATION FOR GASTRIC OR DUODENAL ULCER

Proposal No._____

Full Name of Life to be Assured_____Age_____Years

Questions to be answered by the Proposer	
1. (A) What was the date and duration of the first attack of pain in the upper part of the abdomen? (B) How many attacks have you had since then? Give the dates and duration (C) Given the dates and duration of the last attack.	
2. Was the condition diagnosed as gastric or duodenal ulcer?	
3. (A) What was the date of the operation? Give the name and the address of the operating surgeon. (B) What is the nature of the operation performed? State whether i) Gastroenterostomy ii) Subtotal gastrectomy, or iii) Vagotomy (C) Were there any signs or suspicion of malignancy present?	
N.B.:-Please submit a certificate from the operating surgeon giving full details of the history of illness, the nature of operation performed and the result of the same.	
4. (A) Since when have you completely recovered after the operation? (B) Have you been X-rayed since then? If yes, please give the dates of the X-ray examinations and submit the X-Ray plates with the Radiologists' reports thereon. (C) Has there been any recurrence of symptoms such as epigastric discomfort, pain, nausea, vomiting, indigestion, gaseous distension, eructations, etc., since the operation? If yes, give full particulars.	

Contd…2

(D] Have you been observing any restriction on or modifications in the diet since the operation? (E) (i) Did you lose weight during your illness? If yes, how many Kgs. did you lose?. (ii) Have you regained the lost weight by now? (iii) Is the weight now stationary? If yes, since when?.	

I agree that the foregoing questions and answers shall form part of the proposal for assurance made by me to the Life Insurance Corporation of India on_____

Dated at_____on the _____day of_____20 _____

Signature of Witness_____

Occupation_____

Address_____

_____

_____

_____

Signature of Proposer

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER

1. Is there any tenderness, rigidity or increased resistance over the area of the stomach and duodenum at present?	
2. Is the scar of operation firm and healthy?	
3. Is there any bulging or hernia present at the site of the operation?	
4. Does the applicant appear anaemic or to have lost weight?	
5. Any further remarks you wish to offer	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

_____

Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

_____

Signature of the Medical Examiner
Name:
Address:
Qualification:

Code No. :

LIFE INSURANCE CORPORATION OF INDIA

PERSONAL HISTORY OF INDIGESTION, DYPSPEPSIA, GASTRIC OR DUODENAL ULCER (NOT OPERATED) ETC.

Proposal No._____

Full Name of Life to be Assured_____Age_____Years

Questions to be answered by the Proposer

1. (a) When did you first suffer from indigestion or dyspepsia and for what period?	
(b) How many attacks have you had during the last five years? Give their dates & durations.	
(c) Give the date and duration of the last attack.	
2. (a) What was probably the cause of these attacks of indigestion?	
(b) Were they mild or severe?	
(c) Were they accompanied by acute pain or frequent vomiting?	
(d) Was there any haemorrhage or vomiting of blood at any time? If yes, state how often, give the dates and state whether haemorrhage was small or profuse in quantity.	
(e) Were there any attacks of jaundice? If yes, give the dates and durations.	
3. Have there ever been any signs or suspicion of gastric or duodenal ulcer?	
4. Has an X-Ray examination of the digestive tract after a barium meal ever been made? If yes, state the dates of the examinations and their results and submit the X-ray plates with the radiologists' reports thereon.	
5. (a) How long were you under the treatment of a doctor?	
(b) Have you been under treatment in a hospital or nursing home? If yes, give full particulars	
[c] Please send a report of your attending physician giving full details regarding your ailment, investigations made and their results and the nature of treatment given.	

Contd…2

6. (a) Since when have you been completely cured of your ailment?	
(b) Have you been observing any restrictions on diet since recovery?	
[c] i) Did you lose weight during your illness and if so, how many Kgs. did you lose?	
ii) Have you by now regained the lost weight?	
iii) Is the weight now stationary? If so, since when?	
7. Give the names and addresses of the doctors who attended you.	

I agree that the foregoing questions and answers shall form part of the proposal for assurance made by me to the Life Insurance Corporation of India on_____

Dated at_____on the _____ day of_____20 _____

Signature of Witness_____

Occupation_____

Address_____

_____

_____

Signature of the Proposer

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER

1. (a) Is there any tenderness, rigidity, or increased resistance over the area of stomach and duodenum?	
(b) Is there any tenderness or rigidity over the region of the gall-bladder or appendix?	
2. Do you suspect the presence of gastric or duodenal ulcer?	
3. Does the applicant appear anaemic or to have lost weight?	
4. Any further remarks you wish to offer	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

_____

Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

_____

Signature of the Medical Examiner
Name:
Address:
Qualification:

Code No. :

Date: _____

LIFE INSURANCE CORPORATION OF INDIA

PERSONAL HISTORY OF KIDNEY DISEASE, COLIC OR STONE ETC.

(Questions to be answered by the Proposer)

Proposal No. _____

Full Name of the Life to be Assured _____ Age _____

(IN BLOCK LETTERS)

1. (a) Have you ever had pain in the region of your kidneys? (b) If yes, give. (i) The number of attacks: (ii) The date & duration of the first attack: (iii) The dates & duration of the subsequent attacks. (iv) The date & duration of the last attack.	
2. (a) Was the pain colicky in nature or was it dull and continous? (b) Was it accompanied by fever?	
3. Were attacks accompanied by retention of or scanty urine, or passage of blood or stone in urine? If yes, give full particulars.	
4. (a) Were you confined to bed with any or all of the attacks? (b) How long did such attacks keep you away from work?	
5. (a) Was an X-Ray of your kidneys and urinary tract taken? (b) If yes, state : (i) Whether it was taken with or without an intravenous injection of dye? (ii) The dates (iii) Findings.	

Please submit all X-Ray plates with the radiologists' reports thereon.

Contd...2.

6. Was an operation performed on your kidneys, ureters or bladder? If yes, give the dates & state whether a stone alone was removed or whether the kidney was removed with the stone. Please submit the operating surgeon's report which should state the reason for the operation, its nature and findings.	
7. Has there been recurrence of pain, colic or discomfort at any time after the operation? If yes, give full details.	
8. a) Has your urine been examined during or after the attacks of pain? If yes, give the dates of the examinations. b) Was any blood, pus, albumin casts, or oxalates, uric acid or urates found in any such examination? If yes, give full details. Please submit reports of the urine examinations.	
9. Give the names and addresses of the doctors who attended you.	

I agree that the foregoing questions and answers shall form part of the proposal for assurance made by me to the Life Insurance Corporation of India on_____

_____

Date _____ ***Signature of the Proposer***

Signature of Witness_____

Name _____

Occupation_____

Address_____

_____

_____

LIFE INSURANCE CORPORATION OF INDIA

DIVISION _____ Branch Office _____

PERSONAL HISTORY OF GALL-BLADDER DISEASE

QUESTIONS TO BE ANSWERED BY THE PROPOSER

Proposal No. _____

Full Name of the Life to be Assured _____ Age _____Years

(IN BLOCK LETTERS)

1. a) Have you ever had attacks of pain in the region of the gall-bladder? b) If yes, give: i) The date and duration of the first attack ii) The dates and duration of subsequent attacks iii) The date and duration of the last attack	
2. Was the pain colicky in nature, or was it dull and continous?	
3. a) Were any of the attacks accompanied by jaundice? b) If yes, give dates and durations	
4. Have you had any digestive symptoms accompanied by loss of appetite, belching of gas, pain or distension at the pit of the stomach, nausea, vomiting, constipation etc, before or subsequent to the attacks of gall-bladder trouble?	
5. a) Were you confined to bed during any of the attacks? b) How long did each attack keep you from work?	
6. a) Was an X-ray of gall-bladder taken? b) If yes, give dates and findings, Please submit the x-ray plates with radiologist's reports	
7. a) Was an operation performed on your gall-bladder? b) If yes, state (i) the date of the operation: (ii) Whether the gall-bladder was drained or removed? Please submit a certificate from the operating surgeon which should give the reasons for the operations its nature and findings.	

Cont..2.

8. a) Have you had any digestive disorders since the operation b) If yes, give details	
9. Give the names and addresses of the doctors who attended you	

I agree that the foregoing questions and answers shall form part of the proposal for assurance made by me to the Life Insurance Corporation of India on _____

Dated at _____ on this _____ day of _____ 20 _____

_____
Signature of the Proposer

Signature of Witness _____

Occupation _____

Address _____

_____

QUESTIONS TO BE ANSWERED BY THE MEDICAL EXAMINER

1. Has the applicant pain, discomfort or tenderness in the region of the gall-bladder?	
2. Is there any Jaundice present?	
3. Did you find or have any suspicion of the applicant suffering from disturbance of the digestive functions or having any digestive symptoms such as anorexia, flatulence, epigastric pain, tenderness or gaseous distension, nausea, vomiting, constipation, etc.?	
4. Any further remarks you wish to offer	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

_____
Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

_____
Signature of the Medical Examiner
Name:
Address:
Qualification:

Code No. :

Date: _____-

LIFE INSURANCE CORPORATION OF INDIA

GOITRE (WITH OPERATION)

Proposal No._____

Full Name of the Life to be Assured_____Age_____

QUESTIONS TO BE ANSWERED BY THE PROPOSER	
1. a) Give full history prior to the operation, including information regarding the approximate date when the swelling was first noticed, symptoms, diagnosis, treatment, name of the doctor who treated you, etc.	
b) Why was operation advised?	
c) What was the date of operation? N.B. Please submit a certificate from the operating surgeon, stating why the operation was performed, what was done, what was found and the results.	
2. Since the operation a) Have you noticed your heart beating forcibly i) after moderate exercise ii) after excitement iii) at rest?	
b) Do you perspire freely?	
c) Is your appetite good?	
d) Have you lost or gained any weight? If yes, how much?	
3. Does your feet or ankles swell	
4. Are there any signs of hyperthyroidism/ hypothyroidism?	

I agree that the foregoing questions and answers shall form part of the proposal for assurance made to the Life Insurance Corporation of India on_____

Dated at_____on the _____ day of _____20 _____

Signature of Witness: _____

Name _____ _____

Occupation _____ **Signature of the Proposer**

Contd…2

Goitre (with operation)

Questions to be answered by the Medical Examiner

1. Was the goitre removed on account of toxic symptoms?	
2. What type of goitre was found on operation adenomatous or diffuse?	
3. Are there any fine tremors of the tongue or out stretched fingers?	
4. Are there any signs of hyperthyroidism?	
5. Is there any exophthalmos?	
6. Any other remarks you may wish to offer?	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

_____
Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

_____
Signature of the Medical Examiner
Name:
Address:
Qualification:

Code No. :

Date: _____

LIFE INSURANCE CORPORATION OF INDIA

GOITRE (WITHOUT OPERATION)

Proposal No._____

Full Name of the Life to be Assured_____Age_____

QUESTIONS TO BE ANSWERED BY THE PROPOSER	
1. Since when has the swelling in the neck been noticed?	
2. a) Is the size of the swelling stationary? b) Is the size of the swelling increasing or decreasing? If yes in (a) or (b), since when?	
3. Does the swelling cause any discomfort?	
4. a) Have you noticed the heart beating forcibly i) After moderate exercise ii) After excitement;, or iii) At rest? b) Do you perspire freely c) Have you notices any undue nervousness or fatigue ? d) Is your appetite good ?	
5. Have you gained or lost weight during the last two years?	
6. Have you undergone any treatment for goitre? If yes, state i) What was the diagnosis made by the doctor?	
ii) What was the nature of treatment?	
iii) When was the treatment discontinued?	
iv) The name and address of the doctor who treated you.	
7) Have you been advised or do you propose to undergo an operation for goitre? If yes, state why.	

I agree that the foregoing questions and answers shall form part of the proposal for assurance made to the Life Insurance Corporation of India on_____

Dated at_____on the _____day of_____20 _____

Signature of the Witness_____

Name & Design. Of Witness_____ _____

_____ ***Signature of the Proposer***

Contd...2

Questions to be answered by the Medical Examiner

1. a) i) Is the whole gland enlarged? ii) If not, which part is enlarged?	
b) Is the swelling firm, soft, nodular or diffuse?	
c) What is the size of the neck? i) At the maximum circumference? ii) At the minimum circumference?	
2. a) Are there any fine tremors of the tongue or outstretched fingers?	
b) Does applicant perspire freely during examination?	
3. Are there any signs of hyperthyroidism	
4. Is there any exophthalmos?	
5. Any other remarks you may wish to offer	

_____

Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

_____

Signature of the Medical Examiner
Name:
Address:
Qualification:

Code No. :

Date: _____

LIFE INSURANCE CORPORATION OF INDIA

FILARIASIS FORM

Additional Queries to be answered by the Medical Examiner in cases where a Proposer has a past or present history of Filariasis or Elephantiasis.

Full Name of the Life to be Assured_____ Age _____

1. Has the proposer ever suffered from or is now suffering from attacks of the diseases known as Filariasis, Lymphangitis, Chyluria or Elephantiasis?	
2. If so, state the variety of the disease: (a) Whether it is Filariasis with an inflammatory swelling and redness of the skin, fever and pain, with mild or severe constitutional disturbance and whether of one or more limbs of the upper or lower extremities. (b) Whether it is of the scrotum and/or penis (if a male) or of the external organs of generation (if a female) (c) Whether there has been any ulceration or discharge of foul matter (or lymph) from the ulcerated skin, at any time. (d) Whether there has been any passage of milky fluid known as Chyle (Chyluria), or a mixture of blood and chyle (Haematochyluria) from urine, and if so, when, for how long and how often.	
3. State the date of the first and last attacks, the number and frequency of the recurrent attacks, whether mild or severe and their duration.	
4. Give the approximate size, whether large or small and the circumferential measurements of the swelling in cms at its thickest and thinnest part.	
5. Since how many months or years have the attacks CEASED COMPLETELY and has there been any perceptible increase in the size of the swelling during the last two or three years?	
6. Are the swellings of such size as to interfere materially with the freedom of easy movements, exercise and daily work?	
7. Can the proposer submit a certificate from his usual medical attendant, testifying to a complete cessation and absence of even a single attack during the last three or five years.	

I Certify that the proposer / Life Assured has put his / her signature alongside in my presence

_____

Signature of the Proposer

_____

Signature of Agent/Development Officer
Name:
Code No.

_____

Signature of the Medical Examiner
Name & Qualification
Code No.

Place:
Date:

LIFE INSURANCE CORPORATION OF INDIA

CHEST PAIN QUESTIONNAIRE

(To be completed by Proposer's Medical Attendant)

Proposal No. _____ Office _____

Name of the Life to be Assured _____ Age _____Years

Date of Birth _____ Occupation _____

Residence _____

1.	Has this applicant ever had an attack of epigastric or chest pain, radiating to: Neck .... Left or right jaw .... Left or right shoulder .... Left or right arm .... Left or right little finger .... And if so, please state nature of pain or discomfort Compressive or constriction sensation .... Tightness or constriction under the sternum .... Vice-like ache .... Stabbing .... Burn	
2.	If these pains were of clearly non-cardiac origin (e.g. due to gastric or duodenal ulcer, diaphragmatic hernia, arthritis or cervical or thoracic spine, lung disease, pleurisy, neuralgia or neurocirculatory asthenia etc.) Please give diagnosis and details...	
3.	If the pains were of definite cardiac origin (a) due to coronary insufficiency (functional).... (b) due to myocardial infraction (thrombosis and / or disease of the coats of the coronary arteries e.g. due to arterosclerotic changes and /or atherosclerotic narrowing) please give diagnosis and details.	
4.	Please give date and duration of first attack	
5.	Please give date and duration of the following attacks, if any	
6.	Did these attacks occur: after exertion and /or excitement ..... after meals ..... during the night (give details)	
7.	Were these attacks accompanied by complications such as ..... Embolism auricular fibrillation ..... Venous thrombosis ..... Paroxysmal tachycardia ..... Auricular flutter	

Contd..2

8. If ECGs have been made and are available, please attach the original records and a copy of the ECG reports (All original records will be returned immediately after inspection).

9. If an X-ray or radioscopy of the chest has been made, please state date and result:

10. If the special examinations mentioned hereunder have been carried out, please give dates and results:

Date					
Sedimentation Rate of Erythrocytes					
Leucocytes					
Transaminase units in the Blood Serum					

11. If the patient was hospitalized or bed confined at home, please state when and how long, giving dates:

	Place	From	To
Hospitalized			
Convalescent			
Date of return to:	Restricted activity		
	Full activity with medical approval		

If returned to full activity with some special restrictions.
Please give details.

12. Therapy?

13. To the best of your knowledge is there any other impairment of the cardio-vascular system?

14. Prognosis?

Dated at _____ on the _____day of _____20 _____

_____

Signature of the Medical Attendant

Name and Address (In Block Letters)

Qualifications :

Code No

Form No. 3334
(Revised – 2006)

LIFE INSURANCE CORPORATION OF INDIA

C. N. S. QUESTIONNAIRE

Division_____ Branch Office _____

Proposal No._____
Full Name of the life to assured _____ Age _____

Special Questions in relation to the examination of Central Nervous System
To be completed by the Medical Examiner (By PG – Physician – MD or a Neurologist only)

The medical examiner should give his remarks against each item mentioned below:

1.	Headache	
2	Memory	
3	Temper	
4	Speech	
5	Sleep	
6	Delusions	
7	Fits, Fainting, Giddiness, Epilepsy	
8	Ataxia	
9	Nervousness	
10	Tremors	
11	Sight	
12	Strabismus	
13	Hearing / Tinnitus / Ear discharge	
14	Taste	
15	General weakness	

16	Type of paralysis Upper Motor neuron type Lower motor neuron type	
17	Cramps	
18	Sphincters: Rectal Vesical	
19	Reflexes Elbow Wrist Knee Ankle Planter Reflex	
20	Sensory functions	
21	Motor system: i. Involuntary movements ii. Atrophy or hypertrophy iii. Tone iv. Power v. Co-ordination	
22	Trophic changes	
23	Posture and Gait	
24	Any mental retardation/disorder	
25	General remarks	

Dated at _____on the _____day of _____20 _____.

_____

Signature of the proposer / Policyholder

_____

Signature of the Introducer
Name of Agent/Dev.officer
Address

Code No.

_____ _____

Signature of the Medical Examiner / Medical Attendant
Code No.
Qualifications
Registration No.
Address

LIC
LIFE INSURANCE CORPORATION OF INDIA

TUBERCULOSIS QUESTIONNAIRE

N.B.- This form should be accompanied by all X-Ray plates together with all other reports and hospital discharge certificates.

Full Name of Life to be Assured_____Age_____

1.	Date of first diagnosis of Tuberculosis	
2.	Details of illness prior to diagnosis of T.B., if any	
3.	Date of complete recovery from Tuberculosis	
4.	Date of joining full time duties.	
5.	What was the nature of treatment?	
	(a) Rest	(a)
	(b) Medication? Type and when discontinued?	(b)
	(c) Pneumothorax or Pneumoperitoneum? When discontinued.	(c)
	(d) Surgery? Types, and date, Hospital or operating surgeon's certificate should be enclosed	(d)
6.	Date of all X-Rays taken, Report and plates should be enclosed.	
7.	Dates of all Blood, E.S.R. and Sputum report done. Reports should be enclosed.	
8.	Weight : a) before illness …	(a)
	b) during illness …	(b)
	c) after complete recovery …	(c)
9.	Names & Addresses of Medical Attendants & Sanatorium	
10.	Whether any treatment was continued after recovery and/or joining duties? If so, give particulars.	
11.	Are you undergoing or have you undergone any check-ups after complete recovery? If so, give details.	

It is hereby declared that the particulars given above are true and complete and together with the life assurance proposal dated_____ Shall be the basis of the contract of assurance.

Dated at_____ on the _____day of _____20 _____

_____ **Signature of the Life to be Assured**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence**
_____ **Witness Signature** **Name: _____** **Occupation:_____** **Address:**	_____ **Signature of the Medical Examiner** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

PLEURISY QUESTIONNAIRE

N.B.- This form should be accompanied by all X-Ray plates together with all other reports and hospital discharge certificates.

Full Name of Life to be Assured_____Age_____Years

1.	Date of diagnosis	
2.	Details of illness prior to diagnosis of pleurisy, if any.	
3.	Date of complete recovery	
4.	Date of joining full time duties.	
5.	Whether the pleurisy was dry, or with effusion or purulent	
6.	Whether there was any suspicion of tuberculous lesion in the lungs?	
7.	What was the nature of treatment? Please give details of treatment (Drugs and Surgical Treatment)	
8.	Whether any treatment was continued after recovery and/or joining duties? If so, give particulars.	
9.	Dates of all X-Rays taken. Reports and plates should be enclosed.	
10.	Dates of Blood, E.S.R. and sputum reports done. Reports should be enclosed.	
11.	Weight : a) before illness b) during illness c) after complete recovery	a) b) c)
12.	Names & Addresses of Medical Attendants & Sanatorium	
13.	Are you undergoing or have you undergone any check-ups after complete recovery. If so, give details	

It is hereby declared that the particulars given above are true and complete and together with the life assurance proposal dated_____ shall be the basis of the contract of assurance.

Dated at_____ on the _____day of _____20 _____

_____ **Signature of the Life to be Assured** _____ **Witness Signature** **Name: _____** **Occupation:_____** **Address:**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Medical Examiner** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

EPILEPSY QUESTIONNAIRE

Name of the Proposer : _____ Age: _____ Years

1. Give the date of first fit, convulsion or seizure:	
2. How frequently did the attacks occur?	
3. Were the attacks increasing in severity?	
4. Were the intervals (Between two attacks) lengthening?	
5. Was there complete unconsciousness during the attacks?	
6. Were the spasms colonic in character?	
7. Did you ever bite your tongue during the attacks?	
8. Did you go to sleep after the fits?	
9. Was there any involuntary micturation?	
10. What was the type of treatment given to you?	
11. Are you taking any drugs now? If not now, state when they were last taken.	
12. Since when are you free from any manifestation of Epilepsy?	
13. Were any investigations like X-ray, ECG, CSF, Blood examinations done? If so, give details	

I hereby agree that the foregoing questions and answers shall form part of the Form of Proposal for insurance made by me to the Life Insurance Corporation of India on the _____ day of _____20_____ and they shall be of the same effect as if contained in the Form of Proposal for insurance.

Dated at _____ on the _____ day of _____20 _____

_____

Signature of the Life Proposed

Contd..2

Medical Attendent's Report:	
1. Did the attacks resemble the Petit Mal variety or the Grand Mal variety?	
2. Are there scars on the tongue or elsewhere which might be due to Epileptic seizures?	
3. Has there been any mental deterioration?	
4. What are the effects of drugs and fits on his mental condition?	
Remarks:	

I Certify that the proposer / LA has put his /her Signature alongside in my presence

_____

Signature of the Medical Attendant

Place : _____

Date : _____

Name: _____

Qualifications : _____

Address : _____

_____

Signature of the Introducer

Name of the Agent / Dev.Officer

Code No.

(Revised – 2006)

LIFE INSURANCE CORPORATION OF INDIA

Division _____ Branch Office _____

DEFORMITY QUESTIONNAIRE

Name of the proponent / Life Assured_____ Age _____Years

Questions to be answered by the proponent's / policyholder's Personal Medical Attendant / Medical Examiner regarding Deformity/ies and / or Impairment/s

1.	a. What is the cause of deformity? Whether it is i. Congenital ii. Due to an accident or injury iii. Due to any underlying disease?	
	b. Since when the deformity is present?	
2.	If the deformity is due to any underlying disease, please state the following: i. What was the disease leading to deformity? ii. When did it occur? iii. Whether the disease is stationery or progressive? iv. If stationery, since when	
3.	Does he/she have control on bowel movements and bladder?	
4.	Exact parts of the body affected and extent	
5	Are there any restrictions in movements and function of the limbs or affected parts? Please give degree of disability	
6.	Has he/she a limp?	
7.	Whether he /she can walk and run fast without any aid (in case of deformity in the leg)?	
8.	Can he/she squat, sit and get up properly?	
9.	Whether the affected limb is shorter than the other , and if so, to what extent (in cms)	
10.	If the deformity is due to poliomyelitis, please state whether the wasting of muscles is i. mild ii. moderate iii. severe	

11.	How many limbs are affected?	
12	Are there any respiratory complications? If yes, give details	
13	Is there any restriction in movement of any of the fingers? Are any of the fingers removed? If so, upto which phalanx. Whether thumb and forefinger have been affected / removed?	
14	a. Whether he / she can lift articles without any difficulty and hold the articles without losing the grip (in case of deformity in the hands)? b. Is the grip firm and strong?	
15	Are there any residual complications?	

My diagnosis as to the cause of the disability is _____
_____

I do for the reasons explained below / do not have any reason to suspect on clinical grounds a recent deterioration causing more pronounced disability:

a. He / she is able / not able to perform routine self-care activities.

b. He / she is / is not required to use wheel chair / crutches.

c. Any other factors which are likely to add to the risk on account of the deformity / ies.

Please submit details of previous treatment, previous special reports, x-rays etc. for perusal and return.

Dated at _____on the _____day of _____20 _____.

_____
Signature of the proposer / Policyholder

_____
Signature of the Medical Examiner / Medical Attendant
Code No.
Qualifications
Registration No.
Address

LIFE INSURANCE CORPORATION OF INDIA

HERNIA QUERY FORM

Proposal No. _____

Name of Proposer _____ Age _____ Years _____

1. State the type of Hernia, whether inguinal, or ventral (Post operative) or umbilical.	
2. Whether reducible or irreducible	
3. Size of the Hernia in the scrotum (in cms., if incomplete)	
4. Whether on the right side or left side or double	
5. Give the full History of Hernia (since when affected) whether primary or recurrent, whether there were any complications such as strangulation obstruction or inflammation etc ?	
6. Whether operated, if so, date of operation and results.	
7. Is a well fitting truss being constantly worn?	
8. What is the nature of occupation? Does it require much moving about? Any manual work?	
9. Any other findings or remarks in the opinion of the Medical Examiner is likely to affect the longevity of the life proposed for assurance.	

Date : _____

Place : _____

_____

(Signature of the Proposer Life to be assured)

Name & Address of M.E.

_____

_____

_____

_____

(Signature of the Medical Examiner)

Seal of M.E. _____

With Code No. _____

Limit of Examination. _____

LIC
LIFE INSURANCE CORPORATION OF INDIA

HEARING QUESTIONNAIRE

Should be obtained from ENT Specialist

Additional information to be obtained from the Medical Examiner in the case of persons whose hearing is impaired

Branch Office _____ Proposal No _____
Name of the Life to be Assured _____Age ____ Years

Type of Voice	Left Ear		Right Ear	
	Without Hearing Aid	With Hearing Aid	Without Hearing Aid	With Hearing Aid
(1)	(2)	(3)	(4)	(5)
1. Whisper : Is the voice heard? If so, kindly indicate whether It is heard well or with difficulty				
2. Ordinary Conversation: Is the voice heard? If so, kindly indicate Whether it is heard well or with difficulty.				
3. Loud voice : Is the voice heard? If so, kindly indicates whether it is heard well or with difficulty.				
4. Opinion:				

Note: Answers to all columns should be given in case where hearing aid is being used, while in other cases only answers to columns Nos. 2 &4 to be given.

_____ _____

Signature of life to be assured **Signature of the Medical Examiner**
Address _____
_____

Date : _____

Seal _____

Place : _____ Code No. _____

उच्च रक्तचाप प्रश्नावली – आवेदक
High Blood Pressure Questionaire- Applicant

पूरा नाम:
Full Name:

आवेदन कमांक
Application Number

1. पहली बार आपके उच्च रक्तचाप का पता कब चला था?
1.When was your High Blood Pressure first Diagnosed?

2. उस वक्त आपका रक्तचाप क्यों जांचा गया था? उदाहरण के लिये यह सामान्य परीक्षण था या किन्हीं लक्षणों के कारण किया गया?
2.Why was your Blood Pressure measured at that particular time?i.e.routine examination,due to symptoms etc.

3. क्या आपको पता है परीक्षण के समय आपका रक्तचाप क्या था हां ना
यदि हां तो कृपया विवरण दें
3.Do you know what your blood pressure reading were at diagnosis? YES NO
If YES please provide details.

4. क्या आपको आपके उच्च रक्तचाप का कारण पता है? यदि हां, तो कृपया विवरण दें
4.Do you know the cause of your High Blood pressure? If YES, please provide details.

5. क्या कभी आपने ईसीजी, एक्सरे, ब्लड लिपिड टेस्ट, एकोकार्डियोग्राम या अन्य परीक्षण करवाए है ? हां नहीं
यदि हां तो कृपया जांच की तारीखों और परिणामों का विवरण दें
5.Have you had an ECG,X-Ray,Blood Lipid Test ,Echocardiogram or other investigations? YES NO
If YES , please provide details including dates of investigation and results.

6. कृपया अपने इलाज का विवरण दें जिनमें दवाइयों के नाम (उदाहरण के लिए इडीरल, टेनोर्मिन आदि),खुराकें और यह कब कब ली जाती है।
6.Please provide details of your treatment.Include names of medication(i.e. Inderal, Tenormin, etc.), dosage and how often it is taken.

अ. अभी चल रही है
a) Currently:

ब. यदि पिछले 12 महीनों में परिवर्तन किया गया है
b) If changed within last 12 months:

7 आपकी हालत पर नजर रखने के संबंध में
7.Regarding the monitoring of your condition:

अ) आपके फालोअप का प्रभारी कौन है?
a) Who is in charge of your follow up ?

ब) आप कब कब फालोअप कराते हैं?
b) How often do you attend for follow up?

स) आपने आखिरी बार कब डॉक्टर को दिखाया था? उस समय आपका रक्तचाप क्या था, उसका विवरण दें यदि आपको पता हो तो

c) When was your last consultation? Please provide details of your blood pressure reading at that time , if known,

8. क्या आपके मूत्र में प्रोटीन, रक्त या शुगर संबंधी कोई असामान्यताएं पायी गयी हैं? हां नहीं

8.Have any abnormalities , such as protein , blood or sugar, ever been found in your urine? YES NO.

यदि हां तो कृपया तारीखों सहित पूरा विवरण दें

If YES , please provide date(s) and full details.

9. इस हालत के साथ क्या कभी आपने एक सप्ताह से ज्यादा अपने काम से छुट्टी ली है हां नहीं

9. Have you had more than one week off work with this condition ? YES NO.

यदि हां तो कृपया तारीखों और छुट्टी की अवधि सहित विवरण दें

If YES, please provide details including dates and duration of time off work.

10. अपनी हालत के बारे में जो भी अतिरिक्त जानकारी हो, मुहैया कराये जो आपके आवेदन के निबटान में सहायक साबित हो सके।

10.Please provide any additional information on your condition which you feel will be helpful in processing your application.

मैं घोषित करता हूं कि जो जवाब मैंने दिये हैं, मेरी जानकारी के अनुसार सत्य हैं और मैंने कोई ऐसी महत्वपूर्ण जानकारी छुपाई नहीं है जिसका प्रभाव आवेदन पर विचार करने या उसे स्वीकार करने पर प्रभाव डाल सके।
मैं सहमति देता हूं कि यह फॉर्म बीमा के लिये मेरे आवेदन का हिस्सा बनेगा और मेरी जानकारी में कोई महत्वपूर्ण तथ्य जाहिर करने में असफलता की सूरत में करार को अवैध कर सकता है।

I declare that the answers I have given are , to the best of my knowledge , true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me invalidate contract.

हस्ताक्षर

Signature

तारीख

Date:-

LIFE INSURANCE CORPORATION OF INDIA

GENERAL OCCUPATION QUESTIONNAIRE

Proposal No._____ Name of the Proposal _____ Age _____

Please State : a. Full Name of the Employer (Please do not use abbreviations) b. Department in which you work c. Your designation or occupation d. Full details of the nature of your duties. e. If you are supervisor, nature of work done under your supervision		
Please answer ticked Item No/s below :		
1.	Construction workers a. Are you engaged in scaffolder/steel erector activity b. Are you a painter – exterior	
2.	Drivers a. Do you drive public carriers (goods/passenger vehicles) having national permit.	
3.	Manufacturing a. Acids - Are you a lead burner working in vats or chambers? b. Explosives & Ammunitions - - Are you employed in salvage and reconditioning department? - Are you handling explosives ?	
4.	Tunnelling a. Are you air compressor operator, Civil Engineer, Engineering geologist, Structural engineer? b. Are you dumper shovel driver / Foreman (above ground)/ Mechanical shovel driver / Winch driver? c. Are you conveyor operator / Foreman (below ground) / Manhole maker / Power loader operator / Roof Bolter / Timberman? d. Are you Borer / Driller / Tunnel Miner (no explosives) / Tunneller (no explosives)? e. Are you Shotfirer / Tunnel miner (using explosives) / Tunnel miner's labourer / Tunneller (using explosives)?	
5.	Mining Industry a. the type of mine b. Whether you work underground and the average number of hours spent underground per week? c. Are you an underground rescue worker? d. Are you a short firer in colliery?	
6.	Motor Cycle sport – Circuit racing a. Do you take part in motor cycle circuit racing (closed, restricted or national events) b. What is the engine capacity of the motor cycle? c. Number of events per annum d. Do you take part in international events?	

7.	Oil & Natural Gas Industry a. Are you based offshore or do you expect to be based offshore in future? b. Do your duties involve underwater work? c. Do your duties involve working at heights? d. Do you ever travel to and fro from rigs by helicopter? e. Can your occupation be described as : Drilling assistant, Fire fighter, Connection Mechanic, Crane Operator, Top-man, Rigman, Derrickman, Roughneck, Roustabout (not handling explosives)?	
8.	Sewers & Sewage Disposals Are you a labourer, Cleaner, Inspector of underground duties?	
9	*	

DECLARATION

I_____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance dated _____and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at_____on the_____day of_____20 _____.

Signature of Witness_____

Full Name_____

Occupation _____ _____

Address _____ **Signature of the Life to be assured**

In case the Proposer signs in Vernacular or is Illiterate:

1. This declaration should be made by the person filling in the form :

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

_____

Name & Address of the Declarant **Signature of the Declarant**

_____

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in_____(language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

_____

Name & Address of the Declarant **Signature of the Declarant**

*** Q.No.9 has been left blank to enable the underwriter to add any other query which is relevant..**

LIFE INSURANCE CORPORATION OF INDIA

ARMY PERSONNEL QUESTIONNNAIRE

Proposal No._____ Name of the Life to be assured _____Age_____

1.	Give particulars regarding the branch of the Defense Forces, Regiment, etc. to which you belong and your present rank.	
2.	a. Are you, at present, engaged in i. Any flying duties as a Pilot or member of aircrew or other duties requiring you to remain aboard an aircraft otherwise than as a passenger for the purposes of transport. ii. Duties as a Paratrooper iii. Duties as a Glider Pilot iv. Duties as a member of aviation operating personnel or ground personnel. b. Were you engaged in the past in any of the duties mentioned under (a) above, and if so, are you likely or liable to return to the same in future? c. Have you undergone or are you now undergoing training for any of the duties mentioned under (a) above? d. Have you, under the terms and conditions of your service, any special liability to engage in Aviation, Gliding, Parachuting, Bomb disposal, Special Service group, mine laying etc. N.B. : The liability referred to herein is not the general liability imposed on all Defence Service Personnel in terms of which they can be called upon to take up any type of work in any of the Defence Services.	
3.	Are you a member of any Flying or Gliding Club? If so, state : i. Whether you are undergoing training in flying, or gliding or whether you have completed such training? ii. The member of flights made per annum	
N.B. In addition to the duties to be performed by you as a member of Armed Services, in case your duties require you to engage yourself in any other hazardous duties such as in a. Manufacture and / or reconditioning of Ammunitions. b. Construction work requiring use of explosives and / or compressed air. c. Welding and spray painting. d. Handling Electrical equipments carrying a voltage of & over and / or working at heights, e. Handling or remaining exposed to fumes, gas, acids or other chemicals, f. Driving trucks or lorries or, g. Any other hazardous occupation, **A separate Occupational Query Form (Form No. LIC03-500) should also be completed in addition to completing this form**.		

Cont..2

DECLARATION

I_____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance dated _____and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at_____on the_____day of_____20 _____.

Signature of Witness_____

Full Name_____

Occupation _____ _____

Address _____ **Signature of the Life to be assured**

In case the Proposer signs in vernacular or is illiterate :

1. This declaration should be made by the person filling in the form :

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

_____

Name & Address of the Declarant **Signature of the Declarant**

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2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in_____(language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Name & Address of the Declarant

_____ _____

_____ **Signature of the Declarant**

_____

LIFE INSURANCE CORPORATION OF INDIA

AVIATION (ARMED SERVICES) QUESTIONNAIRE

Proposal No._____ Name of the Life to be assured _____ Age _____

1.	State i. Whether you are in Army, Navy or Air Force ii. Branch of the Service to which you belong iii. Your Rank in Service.	
2.	If you belong to a Flying Branch, or Unit, state in what capacity do you fly – pilot, navigator, instructor, etc.,	
3.	If you are a qualified pilot, state i. When and where did you learn to fly? ii. The date on which you qualified as a pilot? iii. The date on which you made first solo flight iv. Which aircraft do you fly? v. Number of hours of solo flying done during the last 12 months. vi. Number of hours of solo flying done to date. vii. Are you under orders to fly a different type of aircraft.	
4.	State whether you have ever been or have any prospect or intention of being involved in a) Test flights on proto-type models b) Racing for establishing flying records or aerobatics c) Exhibitions or displayflying	
5.	If you belong to a ground duties branch or unit, state : a) The nature of your duties. b) Whether you are required to fly in a capacity involving duties aboard an aircraft while in flight c) Whether you have undergone training as a pilot or other member of flying crew and if not, whether you intend to undergo such training.	
6.	If answer to Question 5(b) is "Yes", state : a) The number of hours flown in a capacity involving duties aboard an aircraft while in flight i) during the current calendar year to date ii) during the last full calendar year iii) during the previous to last full calendar year b) Whether you expect that the extent of flying to be done by you in future would differ from that done in the past and if so, explain how.	

Cont..2

DECLARATION

I_____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance dated _____and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at_____on the_____day of_____20 _____.

Name & Signature of Witness_____

Full Name_____

Occupation _____ _____

Address: _____ **Signature of the Life to be assured**

In case the Proposer signs in vernacular or is illiterate :

1. This declaration should be made by the person filling in the form :

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

_____

Name & Address of the Declarant **Signature of the Declarant**

_____

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in_____(language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Name & Address of the Declarant

_____

_____

_____

_____

Signature of the Declarant

LIC
LIFE INSURANCE CORPORATION OF INDIA

AVIATION (CIVIL) QUESTIONNAIRE

Proposal No._____ Name of the Life to be assured _____Age _____

1.	Please state whether you fly as a. Commercial Pilot • Scheduled airline passenger flying • Flight instructor • Non-Scheduled passenger flying • Freight carrying service • Charter and sight seeing flying • Aerial photography • Business flying in Company owned planes • Crop dusting • Flying for testing prototype models • Flying for checking flights of repaired and new-not prototype-planes • Any other purpose b. Non-commercial pilot – pleasure, business, instructor, etc. c. Student Pilot d. Members of crew of aircraft and other persons flying in a capacity involving duties aboard an aircraft while in flight (other than pilots) e. Members of Ground Staff f. Passengers flying in aircraft other than scheduled airline planes.	
2.	Whether you expect your future flying to differ from that done in the past. If so, give details	
3.	Particulars of the extent of flying done in the capacity shown under (1) above in the past and expected to be done in the next twelve months.	

Period	In what capacity	No. of hours
Current calendar year to date Last full calendar year Previous to last full calendar year All calendar years to date Estimated for next 12 months		

4.	The type of aircraft	
5	Who owns the aircraft and does the owner hold an Air Operactor's Certificate?	
6.	Nature of arrangements for the maintenance and periodical overhaul of the aircraft	
7.	Whether the aircrafts are flown only between Government and public aerodromes? If not, give full details	
8.	Questions to be answered if you are a **pilot**. a. What type of licence do you hold? b. Which type of aircraft are you authorised to fly? c. When did you learn to fly? d. Have you been involved in any flying accidents? If yes, please give full details e. Have you ever had your licence revoked or been grounded? If yes, please give full details.	

Cont..2

	f. Do you intend to participate in air competitions of any kind, formula air racing, exhibitions, aerobatics or stunt flying. g. Do you intend to undertake any low-level or specialized flying or manoeuvering	
9.	Questions to be answered by **test pilots** a. The name of the flying club or school where you are receiving training. b. The flying certificate or licence for which you are undergoing training c. Whether you hold any flying certificate or licence? d. Whether you intend to qualify as a commercial pilot?	
10.	Questions to be answered by **crew members** a. Exact nature of duties on board the aircraft b. Whether you intend to undergo training as a pilot?	
11.	Questions to be answered by **Ground Sftaff** a. Exact nature of duties b. Are you required to fly in a capacity of involving duties aboard an aircraft while in flight? c. Are you required to fly as a passenger? d. Whether you intend to undergo training as a pilot or member of air crew? If so, please give details.	
12.	Questions to be answered by **passengers flying in aircraft other than scheduled airline planes** a. Are you a member of an Aeroplane Club? b. Name of the Club c. Whether the non-schedule flying done by you is done entirely in aircraft owned by the Club? d. Whether you intend to take training as a pilot?	

DECLARATION

I_____dohereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance dated _____and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at_____on the_____day of_____20 _____.

Signature of Witness_____

Full Name_____

Occupation _____

_____ _____

Address_____ **Signature of the Life to be assured**

In case the Proposer signs in vernacular or is illiterate :

1. This declaration should be made by the person filling in the form :
I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the proposer.

_____

Name & Address of the Declarant **Signature of the Declarant**

_____

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:
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Name & Address of the Declarant **Signature of the Declarant**

LIFE INSURANCE CORPORATION OF INDIA

CIVIL GLIDING QUESTIONNAIRE

Proposal No._____ Name of the Life to be assured _____Age _____

i) Name of the gliding club of which you are a member	
ii) Whether you are an Instructor or an ordinary member of the Club?	
iii) Have you ever been engaged in the past or do you intend to engage in future in advance competition flying?	
iv) Have you undergone training as a pilot or other member of aircrew of a powered aircraft or do you intend to undergo such training?	

DECLARATION

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Dated at_____on the_____day of_____20 _____.

Signature of Witness_____

Full Name_____

Occupation _____ _____

Address. _____ **Signature of the Life to be assured**

In case the Proposer signs in vernacular or is illiterate :

1. This declaration should be made by the person filling in the form :
I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the proposer.

_____

Name & Address of the Declarant **Signature of the Declarant**

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_____

Name & Address of the Declarant **Signature of the Declarant**

LIC
LIFE INSURANCE CORPORATION OF INDIA

NAVY PERSONNEL QUESTIONNAIRE

Proposal No._____ Name of the Life to be assured _____Age _____

1.	Give particulars regarding the branch of the Naval Forces, etc. to which you belong and your present rank.	
2.	A. Are you, at present, engaged in : a. Any flying duties as a Pilot or member of aircrew or other duties requiring you to remain onboard an aircraft. Otherwise than as a passenger for the purpose of transport. b. Duties as a Paratrooper c. Duties as a Glider Pilot or d. Duties as a member of aviation operating personnel or ground personnel. B. Were you engaged in the past in any of the duties mentioned under (A) above, and if so, are you likely or liable to return to the same in future? C. Have you undergone or are you now undergoing training for any of the duties mentioned under (A) above? D. Have you, under the terms and conditions of your service, any special liability to engage in Aviation, Gliding, Parachuting. N.B. : The liability referred to herein is not the general liability imposed on all Defence Service Personnel in terms of which they can be called upon to take up any type of work in any of the Defence Services.	
3.	Are you a member of any Flying or Gliding Club? If so, state : a. Whether you are undergoing training in flying, or gliding or whether you have completed such training? b. The number of flights made per annum	
4.	A. Have you ever been or do you intend to or are you liable or likely to be engaged to do any work in a Submarine, Minelayer or Minesweeper and if so, in what capacity? B. Have you received any training to work in a Submarine, Mine-layer or Mine-sweeper or are you liable or likely to receive any training? If so, give details.	
5.	A. Have you ever been required to or do you intend or are you liable or likely to do diving in the course of your duties? B. State the maximum depth upto which you have dived or have been trained to dive and number of dives undertaken during the last 12 months.	

Cont..2

DECLARATION

I_____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance dated _____and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at_____on the_____day of_____20 _____.

Signature of Witness_____

Full Name_____

Occupation _____ _____

Address _____ **Signature of the Life to be assured**

In case the Proposer signs in vernacular or is illiterate :

1. This declaration should be made by the person filling in the form :

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

_____

Name & Address of the Declarant **Signature of the Declarant**

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2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in_____(language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Name & Address of the Declarant

_____ _____

_____ **Signature of the Declarant**

_____

LIFE INSURANCE CORPORATION OF INDIA

Diving (Armed Services And Commercial) Questionnaire

Proposal No._____

Name of the Life to be Assured in full_____

1.	Do you dive professionally / as an amateur / for pleasure?	
2.	For how long have you been engaged in diving?	
3.	Did you undergo special training for diving? If yes, please state Name and Address of the Training Institute Your qualification / grade	
4.	Are you a member of any Diving Club? If yes, state Name and address of the Club	
5.	Who is your current employer?	
6.	Do you use any equipment for diving? If yes, state Make & Model of equipment	
7.	Where do you normally dive? Countries / states Whether in deep sea, coastal waters, rivers, lakes	_____
8.	Please describe your precise duties whilst diving?	
9.	Do you ever use explosives?	
10.	How many dives do you make per month? a. What is the average time you remain underwater?	
11.	Depth of dives i) Maximum depth to which you dive ii) Average depth of dives	_____ _____
12.	Length of dives i) Maximum length of dive ii) Average length of dive	_____
13.	Do you engage in saturation diving?	
14.	Do you dive as a part of a team or solo? If part of a team – How many divers are in the team? If solo – How many solo dives do you make per month?	_____
15.	Have you ever suffered from any complaints during or after diving or had an accident while diving? If yes, a. On what date b. Nature and duration of symptoms c. Nature and duration of treatment d. Any sequelae	_____ _____ _____
16.	Name and address of the Institution / Hospital / Doctor who treated you	
17.	Do you undergo regular medical check-up? If yes, Name and address of the Institution / Hospital / Doctor where these check-ups are conducted.	
18.	Were you ever advised to abstain from diving as a result of medical checkups? If yes, give details	

Contd.2..

DECLARATION

I_____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance dated _____and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at_____on the_____day of_____20 _____.

Signature of Witness_____

Full Name_____

Occupation _____ _____

Address _____ **Signature of the Life to be assured**

In case the Proposer signs in vernacular or is illiterate :

1. This declaration should be made by the person filling in the form :

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

_____

Name & Address of the Declarant **Signature of the Declarant**

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2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

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Name & Address of the Declarant _____

_____ **Signature of the Declarant**

_____

_____

LIFE INSURANCE CORPORATION OF INDIA

MERCHANT MARINE QUESTIONNAIRE

Proposal No._____ Name of the Life to be assured _____Age _____

1. On what type of vessel do you normally serve Cargo, Passenger, Container, etc.?	
2. In what country is the vessel registered?	
3. What is the gross tonnage of the vessel?	
4. What type of cargo does the vessel carry?	
5. What is your specific job title?	
6. What are your precise duties?	
7. In what areas does the vessel operate? If this includes the Middle East areas, Please give full details	

DECLARATION

I_____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance dated _____and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at_____on the_____day of_____20 _____.

Signature of Witness_____

Full Name_____

Occupation _____ _____

Address _____ **Signature of the Life to be assured**

In case the Proposer signs in vernacular or is illiterate :

1. This declaration should be made by the person filling in the form :

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

_____

Name & Address of the Declarant **Signature of the Declarant**

_____

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in_____(language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Name & Address of the Declarant

_____

_____

Signature of the Declarant

LIC
LIFE INSURANCE CORPORATION OF INDIA

EMPLOYER – EMPLOYEE SCHEME QUESTIONNAIRE

1. Name of the Employer	
2. What is the object of the insurance contract	
3. How many employees are working in your unit	
4. a) Name of the employee being covered b) His designation/occupation c) Nature of duties assigned d) His annual income	
5. Who will be the person authorized by the employer to sign the proposal on behalf of the employer.	
6. Do you wish to impose any restriction / conditions in respect of surrender, loans etc, by the employee after you assign the policy in favour of the employee.	
7. Are you agreeable to abide by the conditions of acceptance which shall rest solely with the LIC of India.	

I agree that I will assign the policy in favour of the above employee and the declarations made by me will form a part of the Insurance contract being entered into in respect of the employee of mine.

Place : _____

Date : _____

_____

Signature and seal of the employer/
Authorised representative with designation
Name :
Designation:
Address:

LIFE INSURANCE CORPORATION OF INDIA

ANNEXURE 'A'

DRAFT OF RESOLUTION TO BE PASSED BY COMPANY BOARD FOR KMI

Copy of the resolution passed in the meeting of the Board of Directors of _____Ltd. held on _____

Resolved that the Company do take Key Man Insurance cover in the year _____ in respect of Shri/Smt/Kum _____ (Designation) of this Company for Rs. _____ with all profits, bonuses and other benefits on the said policy to accrue to the Company. This policy shall be taken from Life Insurance Corporation of India for a term of _____ years, the premiums of which will be paid by the Company to safeguard the company from probable losses in the event of his/her demise/exit from the Company.

Further resolved that Shri/Smt./Kum. _____ (Name & Designation) of the Company be and is authorized to negotiate the terms and conditions with Life Insurance Corporation of India in this behalf and sign all the papers and documents, including proposal papers, required by LIC in this behalf.

Certified true copy

For M/s. _____

Signature _____

Designation _____

Dated : _____

Place : _____

Seal of the Company

(REVISED -1999)

ANNEXURE –'B'

LIFE INSURANCE CORPORATION OF INDIA

Name of Division : _____

Proposal No. : _____

KEYMAN QUESTIONNAIRE

1.	Name of the Employer / Company	
2.	Detailed nature of Business / Activities of the company.	
3.	(a) Name of the Keyman (b) His date of birth	
4.	(a) Status / Occupation of Keyman (b) Give full details of the Keyman's duties	
5.	His academic and Professional Qualification What special knowledge / expertise does keyman possess or why the Company is so dependent on him.	
6.	What basis had been used to arrive at the sum proposed?	
7.	State Employer's turnover and gross / net profit over the last 3 years. (G.P. = N.P. + Tax + Depreciation) [Replies such as "as per Balance Sheet and P & L A/c enclosed" not acceptable. Summary Must be given here.]	Year _____ _____ _____ Turnover _____ _____ _____ G.Profit _____ _____ _____ Net Profit _____ _____ _____
8.	What are the realistic immediate & future prospects of the keyman?	
9.	Give details of the Keyman's Salary (Including commission payment/profit sharing etc.) bonus earned by him during last 3 years.	Year : _____ _____ _____ Salary : _____ _____ _____ Value of Perks If any _____ _____ _____

10. IF the Keyman or member of his family, is a shareholder, what is the holding in relation of the total issued capital?		No. of Shares held	% of the total shares issued
	Keyman:	_____	_____
	Spouse:	_____	_____
	Minor Children	_____	_____
	Total :	_____	_____
11. What are the details of the Keyman's Service Agreement? Attach copy of the agreement also.			
12. Has the Board authorized the purchase of policy? If so, attach the original copy of Board Resolution.			
13. What is the normal retirement date of the Keyman?			

14.	(a)	Does the company already hold any Keyman policies? If so, give details:	Name of Keyman	Pol.No.	DOC	S.A.	Whether Inforce
	(b)	Has the Company simultaneously proposed KMI on the lives of any other Key personnel? If so, give details					
	(c)	Does Company intend to effect Keyman insurance policies on the lives of any other key personnel? If so, give details					

15. Whether the above employee is also considered as Keyman in any other Company? If so, give details thereof.	
16. What permanent health or other sickness insurance arrangements have been / will be made for the Keyman.	
17. If the company is an unquoted Public Limited Company or a Private Limited Company, Give following details. (i) Total No. of shareholders (ii) Total No. of employees	

Place : _____

Date : _____

_____

Signature of Official authorized

In Board Resolution & his seal

LIFE INSURANCE CORPORATION OF INDIA

ANNEXURE – C

To,
The Sr. DM,
LIC of India,

Dear Sir,

Ref: Key man Insurance proposal for Rs_____ on the life of Shri_____

"It is hereby agreed and declared that in the event of the employee life assured leaving the employment of the employer, the within mentioned policy shall be :

i) either surrendered to corporation for its cash value or

ii) Assigned absolutely in favour of the employee life assured.

It is further agreed and declared that the within mentioned policy shall not be allowed to be assigned to anyone except the life assured himself absolutely.
This letter will form part of the proposal.
Yours faithfully,

Authorised Signatory.

LIFE INSURANCE CORPORATION OF INDIA

S P E C I M E N OF SUPPLEMENTARY DEED OF PARTNERSHIP

The supplementary deed of partnership is made between _____

_____

_____

on _____

where as all the partners in the firm working in the name of _____ felt it necessary to make provision of money in case of premature death of any or more partners, it has been decided and agreed in between all the partners to include the following clause in the original deed of partnership signed and registered on _____ Clause No _____. "It has been agreed that in case of premature death of any of the partners, to provide the money to settle his account with the firm, a Life Insurance Policy be taken on the life of all insurable partners with the Life Insurance Corporation of India for the sum mutually agreed between all the partners. Premium for the said insurance/s be paid from the account of the partnership firm and the same will be shown as business expense in the books of account of the firm. This insurance is purchased with the express understanding to make the money available to the firm to settle the Claim of deceased partners".

Signed at_____ this _____day of_____20_____.

Witness : **Signature of Partners**

[1] _____ **(1)** _____

[2] _____ **(2)** _____

[3] _____ **(3)** _____

[4] _____ **(4)** _____

[5] _____ **(5)** _____

ANNEXURE-I

MAIL ORDER BUSINESS UNDER MEDICAL SCHEME

1. Proposal form may please be filled completely and precisely leaving no question unanswered.

2. The signature of the proposer on the proposal form must be witnessed by one of the following after due verification of proposer's passport.
   a) Designated Official of the local Indian Embassy
   b) Other Indian Diplomatic Representative
   c) Notary Public or Justice of Peace
   d) Medical Examiner
   e) In case of students, by the Dean/Principal of his/her college.
   f) Employer
   g) Banker

3. The witness must affix his Office Seal below his signature.

4. Photocopy of the first page of the Passport should be got attested by the witnessing authorities mentioned above and should be produced along with the proposal form. Any fees payable for getting witness or attestation would be borne by the proposer.

5. **Special Medical Reports:**
   i. The examiner / pathologist should establish the identity of the proposer on the basis of his passport and should mention this fact on the report.
   ii. The proposer should sign on the report in the presence of the examiner / pathologist.
   iii. The proposer should collect the report duly completed and signed from the examiner / pathologist in a closed envelope.
   iv. The special reports in closed envelopes alongwith the proposal form should be handed over to the doctor conducting medical examination for sending the same to the branch office of the corporation.

6. Medical examination would be done by a qualified doctor as per details given below:
   Post Graduate Doctor with 10 years Standing.

7. Female lives should be examined by a lady doctor only.

8. The proposer would approach the doctor for medical examination along with:
   a. Completed proposal form with Medical Report form.
   b. NRI Questionnaire (Annexure-II),
   c. Passport and its copy,
   d. Special Questionnaire (Annexure-III),
   e. Special Reports forms collected in closed envelope.
   f. A stamped envelope with the address of the LIC Branch Office in India.

The doctor would examine the proposer, obtain signature of the proposer on bottom portion of the proposal form, Medical Report and special reports and sign the proposal form and medical reports form and forward all papers directly to LIC Branch Office. The doctor would return original passport to the proposer after verification and attestation of its copy.

LIC
LIFE INSURANCE CORPORATION OF INDIA

AGENT'S CONFIDENTIAL REPORT / MORAL HAZARD REPORT FOR MAIL ORDER BUSINESS

Agency Code	Dev. Officer's Code	
Agent's Name & Address	Club Membership	
Licence No.	Date of Expiry	
Name of proposer	Age	SP
When did you meet the proposer?		
Are you related to him/her? If so, give details.		
What is the educational qualification of the life proposed?		
Give details of his source of income: Employment / business, etc.,		
Details of proofs of income verified		
Are you personally satisfied with the financial standing of the proposer and justify the current proposal?		
What is the general state of health of the proposer?		
Does he have any physical deformity? – (impaired sight or hearing, physical impairment or mental retardation)		
Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation or medical investigation?		
Status of his previous policies – inforce / lapsed?		
Status of previous proposals – dropped / postponed / declined / accepted with extra?		
For Non-medical Cases only		
Marks of identification		

Height (cms)	Weight (kgs)	Girth of abdomen (cms) (over navel)	Chest (cms) (over nipple)	
			Full expiration	Full inspiration

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

I also declare that I met the proposer when he visited India and explained to him the terms and conditions of the plan. However, all the other formalities were completed during my visit to the present country of the proposer's residence.

Dated at_____on the_____day of_____20 _____.

_____
Signature of the Agent
Name of the Agent: _____
Agents Code No: _____
Branch Office: _____

LIFE INSURANCE CORPORATION OF INDIA

Division Office_____ Branch Code _____

SPECIAL QUESTIONNAIRE TO BE COMPLETED IN RESPECT OF NRIs

Proposal No._____

A. **To be filled in by the Dean/Principal in respect of students and employer in respect of employed persons**

Name of the proposer	
When did he join your College / University / Firm?	
Date of Birth and age	
Educational qualification	
General appearance	
Any identification mark/s?	
Does he have any physical deformity? – (impaired sight or hearing, physical impairment or mental retardation)	
His professional status (type of duties performed)	
Has he remained absent from college/duties on medical ground? If so, period of absence and reasons thereof	
What are his habits/hobbies? Does he consume tobacco, snuff or other narcotic substances in any form, alcoholic drinks?	
His per month salary / stipend / teaching allowance	
Results of any routine medical check-up	

_____

Date: _____ **Signature of Dean / Principal / Employer**

B. To be filled in by the Personal Physician in respect of self-employed persons

Name of the proposer	
Since how long do you know the proposer?	
Age of the proposer	
General appearance	
Any identification mark/s?	
Does he have any physical deformity? – (impaired sight or hearing, physical impairment or mental retardation)	
Has he taken any treatment from you? Yes/No If yes, full details and the period of treatment	
What are his habits/hobbies? Does he consume tobacco, snuff or other narcotic substances in any form, alcoholic drinks?	
Any information about his financial status?	

_____

Date: _____ **Signature of Physician**

Name

Address (Seal)

Divisional Office_____ LIFE INSURANCE CORPORATION OF INDIA Branch Code_____

QUESTIONNAIRE TO BE COMPLETED BY NON-RESIDENT INDIAN

Proposal No._____ **Policy No._____**

Sr. No.		Particulars	
1.		Your Nationality	
2.	a.	Your country of permanent residence	
	b.	Date from which you became a permanent resident of country mentioned in (a) above	
3.	a	Date of leaving India for the first time	
	b.	Details of exchange facility availed of	
	c.	Full particulars of Reserve Bank Permit Number	
	d.	Visa status, if any	
	e.	Name of Office of the Reserve Bank which granted the above facilities	
4.		Duration of your stay abroad	
5.	a.	Purpose of your stay abroad	
	b.	Are you gainfully employed abroad?	
	c.	Your monthly income from employment in the foreign country (including Scholarship, Assistantship etc for students or trainees). Please enclose true copies of the appointment letter received from your employer or educational institutes.	
6.	a.	Passport Number	
	b.	Date of issue	
	c.	Place of issue	
	d.	Date of birth	
7.		Whether you hold any Bank account in India and if so, whether it is a Resident Account or Non-resident Account. Furnish full details thereof	
8.		The source from which the premiums will be paid	

9.		Please indicate by which of the following manner you propose to remit the premiums to LIC of India	
	a.	By direct remittance from the country of your residence to India through Banking channels (preferably by Rupee Draft in favour of LIC) Or by remittance through postal channels like foreign money orders.	
	b.	By cheques drawn on your Non-Resident (External) or Foreign Currency (Non-Resident Bank) Account with a Bank in India	
	c.	By cheques drawn on your Resident / Non-resident Account with Bank in India	
	d.	By cheques drawn on account maintained by resident parent or spouse of the policyholder in their name or joint name with other close relatives	
	e.	By any other manner (please specify)	
10.		Your full address in the country of your residence abroad	
11.		State full name and address of an Indian National permanently residing in India to whom the policy may be despatched	
12.		Date of your leaving India / Date you left India (current visit)	
13.		If you are a student state the nature and full details of your studies	

I hereby declare that the foregoing statements and answers are true in every respect and I am agreeable for treating this as a part of the original Proposal Form dt._____. I am also aware that claims of any nature arising under the policy will be settled in Indian currency in India only. I have taken note of the restrictions applicable as given in the enclosed annexure.

Dated at_____this_____day of_____20 _____

_____

Signature of the life to be assured

Witness
Signature: _____
Name: _____
Address: _____
Designation: _____

ANNEXURE TO NRI QUESTIONNNAIRE

LIFE INSURANCE CORPORATION OF INDIA

Conditions

CONDITIONS ON WHICH PROPOSALS ARE ENTERTAINED BY THE CORPORATION ON THE LIVES OF NON-RESIDENT INDIANS (AS PER EXCHANGE CONTROL REGULATIONS LIFE INSURANCE MEMORANDUM (LIM))

i. The life to be assured must be an Indian National or a person of Indian origin temporarily residing in the country of his / her present residence.

ii. The life to be assured must hold a valid Indian passport.

iii. Policies in Indian Rupee currency only will be allowed either during their temporary visit to India or on Mail Order Basis.

iv. The premiums under the policies shall be paid by any of the following manners:

(a) By direct remittance from the country of his / her present residence through banking channels.

(b) By cheques drawn on his / her Non-Resident (External) Account or Foreign Currency (Non-Resident) Account with a Bank in India (or Joint Account provided the policyholder is one of the account holders).

(a) By cheques drawn on bank accounts held in India in their own names, either solely or jointly with the resident member of their family, i.e., father, mother, husband, wife, children, brother or sister, whether the accounts have been designated as Non-Resident or not.

(b) By cheques drawn on an account maintained by a resident parent or spouse of the Non-Resident policyholder with a bank in India, held solely or jointly with their close relatives. If the life assured is a bonafide student, premiums can be accepted if paid in India, by somebody else on his behalf.

(c) By the absolute assignee in India wherever such policies have been assigned to a resident in India.

(d) By the employers in respect of policies issued to their employees who have been deputed abroad by them.

(e) Premiums can be paid in cash by a resident parent or spouse of the Non-Resident policyholder subject to his / her submitting a letter stating the relationship with the policyholder.

(Note: In respect of premium collection in cash or from sources mentioned in c, d, e & f above, it should be noted that the policy moneys cannot be paid abroad in foreign exchange but has to be paid in India only)

v. Settlement of Claims

- The basic rule – settlement of claims on Rupee life insurance policies in favour of claimants resident outside India will be permitted in foreign currency only in proportion in which the amount of premiums paid in foreign currency in relation to the total premiums payable.

- Non-resident beneficiaries
  (a) Non resident beneficiaries of insurance claims / maturity / surrender value settled in foreign currency may be permitted to credit the same to NRE (Non-Resident External) / FCNR (Foreign Currency Non-Resident) account, if they so desire.
  (b) Claims / Maturity proceeds /Surrender value in respect of Rupee life insurance policies issued to non-resident Indians for which premiums have been collected in non-repatriable rupees may be paid only in rupees by credit to NRO (Non-Resident Ordinary) account of the beneficiary. This would also apply in cases of death claims being settled in favour of non-resident assignees / nominees.

- Resident beneficiaries of insurance claims / maturity / surrender values settled in foreign currency may be permitted to credit the same to RFC (Resident Foreign Currency) accounts - if they so desire.

vi. The restrictions in regard to export of policies have been withdrawn.

DATA SHEET for TPA Medical

Name of Proposer_____

Address_____

_____

_____

Telephone/Mobile Number_____

E-mail ID_____

REPORTS REQUIRED

Please tick the relevant box

	FMR		CTMT
	Rest ECG		HbA1c
	FBS		Chest X-Ray
	Lipidogram		Physician Report
	Hb%		Deformity Questionnaire
	Elisa for HIV		Gynecologist Report
	RUA		
	SBT-13		
	Haemogram		

Kindly arrange to get the above proponent medically examined under the TPA system.

_____

Signature of Agent/DO

Name of Agent/DO_____

Agency/DO Code_____

Branch Name/Code_____

Mobile Number_____

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

REPORT OF FLUOROSCOPIC EXAMINATION (SCREENING)

Proposal No. _____ Name of the Life Assured _____Age _____Years

Instructions for Fluoroscopic Examination

1. The Fluoroscopic Examination should be done in the posterior anterior and the right and left oblique views.

2. In conclusion, please state whether you consider the condition of heart and lungs to be quite normal.

(1)	**Lungs :**	
	Movements _____	
	(Apices –Bases) Translucent Marking _____	
	Hilar Shadows _____	
	Phrenico -Costal angles _____	
	Posterior-Mediastinum _____	
(2)	**Pleura :**	
	Right _____	
	Left _____	
(3)	**Diaphragm:**	
	(Right-Left) Movements _____	
	Contour _____	
(4)	**Heart :**	
	Pulsations _____	
	Positions _____	
	Size _____	
	Pulmonary conus _____	
(5)	**Aorta:**	
	Size _____	
	Density _____	
(6)	**Bony Thorax:** _____	

Cotd..2

(7) Conclusions:

_____

Dated at _____on the _____day of _____20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No. _____**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Medical Examiner/Radiologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

REPORT OF GLUCOSE TOLERANCE TEST OF URINE

Proposal No. _____Name of Life to be Assured: _____Age_____Years
Sex: _____

INSTRUCTIONS FOR THE PATHOLOGIST

1. Please ensure that life to be assured presents himself before you in the morning and that his bladder is completely emptied in your presence. Test the urine then passed by the usual Fehling's and Benedict's Test.
2. Then administer 75 gms. of pure glucose dissolved in four ounces of water. Examine a specimen of the urine passed two hours later.
3. Each column should be filled completely in every case.
4. Please give both quantity as well as the specific gravity of urine while examining the urine.

Sample	Time O' Clock	Quantity	Specific Gravity	Urine Glucose %
Before administration of Glucose				
2 Hrs. after administration of 75 gms. of Glucose.				

QUERIES TO BE ANSWERED CORRECTLY BY THE LIFE TO BE ASSURED IN HIS OWN HANDWRITING:

a) Have you ever been under medical treatment for Glycosuria and, if so, when and for what period ?

b) Have you had any occasion to take Insulin Injections or even advised to restrict your diet ? If so, give full details.

Dated at _____ on the _____ _____day of _____20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Pathologist** **Name:** **Address:** **Qualification:** **Code No:**

Form No. 3313

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

REPORT ON X-RAY (PLAIN) OF GENITO URINARY TRACT KUB AREA

(N.B.: Take two Skiagrams: Kidneys, Ureters, Bladder and Prostrate)

Proposal No. _____Name of the life to be assured _____Age. _____Years

(1) KIDNEYS :

Outlines _____ Size _____ _____

Position _____ Calculi _____

Calcification : _____

Psoas Shadows _____

(2) URETERS:

Calculi _____

Calcification : _____

Phleboliths _____

(3) BLADDER: [Prostate (Male), uterus (Female)]

Calculi _____

Calcification _____

Phleboliths _____

ANY OTHER ABNORMALITIES :

CONCLUSIONS :

Dated at _____ on the _____ day of _____ 20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Radiologist** **Name:** **Address:** **Qualification:** **Code No:**

Form No. 3314

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

REPORT ON X-RAY OF STOMACH & DUODENUM (BARIUM MEAL)

(N.B. Take FIVE Films as follows : One film Standing – Stomach and Duodenum.
Four Small Spot Films: Pyloro-Duodenal Services.)

Proposal No. _____ Name of Life Assured. _____ Age _____Years

(1) STOMACH :

Rugae of mucosal pattern :_____

Position _____ Size _____

Contours _____ Niche _____

Filling Defects _____ Spasm _____

Incisura _____ Tenderness _____

Evacuation _____ Flexibility _____

Patency of the Pylorus _____

(2) DUODENUM-DUODENAL CAP:

Size _____ Position _____

Regular or deformed _____ Tenderness _____

Peristalsis or antiperistalsis _____ Crater or niche _____

Residue _____

(3) DUODENAL CANAL BEYOND THE CAP :

Size _____ Position _____

Crater _____ Spasm _____

Irritability _____

_____

(4) CONCLUSIONS :

Dated at _____ on the _____ day of _____ 20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Radiologist** **Name:** **Address:** **Qualification:** **Code No:**

Form No. 3315

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

REPORT ON X-RAY OF CAECUM AND COLON (BARIUM ENEMA)

Proposal No. _____Name of the Life to be Assured _____Age _____Years

_____

(1) CAECUM AND COLON (BARIUM ENEMA):

Size and length _____

Position _____

Mobility _____

Contours _____

Filling Defect _____

Mucosal Pattern _____

Peristalsis _____

Naustra _____

Tenderness _____

Any obstruction _____

Any palpable mass or diverticulosis _____

Any other abnormality _____

CONCLUSIONS:

_____

Dated at _____ on the _____ day of _____ 20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Radiologist** **Name:** **Address:** **Qualification:** **Code No:**

Form No. 3316

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

REPORT ON INTRAVENOUS – PYELOGRAPHY

N.B.: (1) TAKE FOUR PYELOGRAMS AS FOLLOWS:
(a) Pyelograms – Kidneys & Ureters – 5 Minutes
(b) Pyelograms – Kidneys & Ureters – 15 Minutes
(c) Pyelograms – Kidneys & Ureters – 30Minutes
(d) Pyelograms – Bladder – 40 Minutes

(2) Before doing intravenous pyelography plain skiagrams of the kidneys, ureters, bladder and prostate should be taken, unless satisfactory skiagrams taken previously within 3 months of the date of examination are available.

Proposal No. _____Name of the Life to be Assured _____ Age _____Years

(1) KIDNEYS :
Function _____ Outlines _____
Size _____ Position _____
Calyces _____ Pelvis _____
Any other abnormality _____

(2) URETERS:
Position _____ Obstruction_____
Any other abnormality _____

(3) BLADDER:
Outlines _____ Filling Defect _____
Any other abnormality _____

(4) CONCLUSIONS:

Dated at _____ on the _____ day of _____ 20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Radiologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

REPORT OF CHOLECYSTOGRAPHY

Oral Method

N.B. : Take Five Skiagrams as Follows :

Skiagram 1. Plain gallbladder.
Skiagram 2. 15 to 16 minutes after dye –prone.
Skiagram 3. 15 to 16 minutes after standing.
Skiagram 4. 20 to 30 minutes after fatty meal
Skiagram 5. 2 hours after fatty meal

Proposal No. _____Name of the Life to be Assured _____ Age _____Years

(1) GALLBLADDER:
Concentration _____ Size and Position _____
Filling defect _____
Calculi (Radio-opaque & non Radio opaque)
Calcification _____ Emptying _____

(2) BILE DUCTS :
Size _____ Stasis _____
Any Calculi _____

(3) SCREENING :
Tenderness : _____
Mobility _____

(4) ANY OTHER ABNORMALITY:

(5) CONCLUSIONS:

Dated at _____ on the _____ day of _____20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Radiologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

_____**DIVISION**

Proposal No._____ Age_____Years

Name of the Life to be Assured_____

(IN BLOCK LETTERS)

EXAMINATION OF SPUTUM

Quantity_____Blood_____Consistency_____

Reaction_____Layer Formation_____

COVER SLIP

ELASTIC TISSUE _____

Red Blood Cells_____

Pus Cells _____

MORPHOLOGICAL EXAMINATION

(a) GRAM STAIN :-

(b) LEIHMAN STAIN (for eosinophilia) :-

Eosinophils_____

(c) Z.N. METHOD : (direct & Concentration) :

Dated at _____-on this _____day of_____20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Pathologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

REPORT OF EXAMINATION OF STOOL

Proposal No. _____
Full Name of the Life to be Assured _____ Age _____
(IN BLOCK LETTERS)

Specimen examined:
(i) Whether natural or passed after saline _____ (ii) Time _____

Microscopic Examination:

Colour _____ Form & Consistency _____
Odour _____ Mucus _____
Blood (Gross) _____ Parasites _____
Instestinal Sand _____ Gall Stones _____

Chemical Examination

Reaction _____ Bile _____
Blood (occult) _____ Stercobilin _____

Microscopical Examination :

Ova _____ Fat _____
Protozoa _____ Striped muscle fibres _____
Amoebae _____ Starch (Undigested)_____
Flagellates _____ Vegetable fibres _____
Erythrocytes _____ Crystals _____
Pus Cells _____ Mucus cells _____
Leucocytes /Eosinophils _____ Yeast _____
Macrophages _____
Epithelium _____

Concentration Method for Ova:

Ova
Z.N.Method _____
Due Date _____ Time _____ Disposal _____

Dated at _____ on the _____ day of _____20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Pathologist** **Name:** **Address:** **Qualification:** **Code No:**

N.B.: The pathologist should insist on the proposer signing on this form in his presence. A form on which the proposer has already put his signature should not be used.

LIFE INSURANCE CORPORATION OF INDIA

SPECIAL BLOOD SUGAR TOLERANCE REPORT

Proposal No. / Policy No. _____

Full Name of Life to be Assured: _____Age _____Years Sex_____

INSTRUCTIONS FOR THE PATHOLOGIST

1. The observations should be made in the morning in the fasting state and 2 hours after meals.
2. The pathologist should indicate the method of Blood sugar estimation employed and the normal values.
3. Each column should be filled completely in every case.
4. Please insist on the proposer signing in your presence. A form on which the proposer has already put his signature should not be used.

SAMPLE	Time O' clock	Blood Sugar %	Urine Glucose %	Acetone Bodies	Normal Value
Fasting					
2 Hrs after meals					

INTERPRETATION : _____

_____

Please state the method of Blood Sugar Estimation employed _____

Queries to be answered by the Life to be Assured

1. Time of taking food on the day of the test : _____
2. Details of food taken on the day of the test: _____
3. Any Medication – Name of the drug & its dosage _____

Dated at _____ on the _____ day of _____20 _____ at _____ am / pm

_____

Signature of the Life to be Assured

_____

Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No.

I Certify that the proposer / LA has put his /her Signature alongside in my presence

_____

Signature of the Pathologist
Name:
Address:
Qualification:
Code No:

Form No. 3341
(Revised in Feb. 97)

LIFE INSURANCE CORPORATION OF INDIA

REPORT FROM GYNAECOLOGIST / ATTENDING PHYSICIAN

The Gynaecologist completing this form is requested to satisfy himself/ herself

1) About the identity of the Life to be Assured and

2) to obtain signature of the Life to be Assured on this form in his/her presence.

Proposal No. _____ Name of the Examinee _____

1.	a)	Whether the Life to be Assured has any past history of abortion and /or miscarriage? **Yes/No.** (If yes, give full details including cause/reasons thereof).	
	b)	Whether the Life to be Assured has previous history of delivery by Caesarean Section? **Yes/No** (If yes, give cause / reasons for such Caesarean section)	
2.		Whether there is any previous history of hysterectomy? Was any malignancy detected? **If yes, give full details**	
3.		Whether there is any previous history of any other impairments generally associated with females? **If yes, give full details**	
4.		Whether the Life to be Assured has previous history of Hypertension, Diabetes, Urinary Tract infection, cardiac or Pulmonary diseases? **If answer is 'Yes' give full details of diseases**	
5.		What is the Blood Group –Rh Factor?	
6.	a)	Does your Examination show that Life to be Assured is pregnant?	
	b)	Does your examination reveal any symptoms indicative of any abnormal pregnancy and/or expected delivery. If so, give details	
	c)	What in your estimate is the approximate period of pregnancy? (No. of weeks)	
	d)	Findings of the Current Pathological and Radiological examination (Done already for the check-up) i) Blood Group – Rh Factor: ii) Blood Sugar (Post prandial) iii) Haemoglobin iv) Urine - Albumin v) Any other investigations vi) Sonography of the Foetus	

7.		Does your examination indicate (f) any disease of uterus, vagina or ovaries? (g) Any weakness, injury or sore resulting from child bearing or miscarriage: If so, give details.	

Dated at _____ on the _____ day of _____20 _____

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Gynaecologist** **Name:** **Address:** **Qualification:** **Code No:**

I hereby declare that the statements and answers given above are true and complete and I do hereby agree and declare that these will form part of the proposal dated _____ given by me to LIC of India.

Witness:

Signature and Address :

_____

_____

_____

_____

_____

_____
Signature of the Life to be Assured

LIFE INSURANCE CORPORATION OF INDIA

ELECTRO CARDIOGRAM

Zone:_____ Division : _____ Branch: _____

Proposal No. _____Name of Life to be Assured: _____ Age / Sex _____

INSTRUCTIONS TO THE CARDIOLOGIST:

i. Please satisfy yourself about the identity of the examinees to guard against impersonation.
ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also, obtain signatures on ECG tracings.
iii. The base line must be steady. The tracing must be pasted on a folder:
iv. Rest ECG should be 12 leads along with standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If VI shows a tall R-wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the following answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness: _____
_____

_____.
Signature / Thumb impression of Life Assured

NOTE: Cardiologist is requested to explain following questions to LA and to note the answers thereof.

i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?	**Y/N**	
ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or Kidney disease?	**Y/N**	
iii. Have you ever had chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done?	**Y/N**	

If the answer/s to any / all the above questions 'Yes', submit all relevant papers with this form.

Dated at _____ on the _____ day of _____ 20 _____.

_____
Signature of the Life to be Assured

_____
Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No.

I Certify that the proposer / LA has put his /her Signature alongside in my presence

_____
Signature of the Cardiologist
Name:
Address:
Qualification:
Code No:

(A) Clinical findings:

Height (Cms)	Weight (Kgs)	Blood Pressure	Pulse Rate

(B) Cardiovascular System

_____

_____

Rest ECG Report:

Position		P Wave	
Standardisation IMV		PR Interval	
Mechanism		QRS complexes	
Voltage		Q-T Duration	
Electrical Axis		S-T Segment	
Auricular Rate		T-Wave	
Ventricular Rate		Q-Wave	
Rhythm			
Additional findings, if any			

Conclusion:

Dated at _____ on the _____ day of _____ 20____

_____

Signature of the Cardiologist
Name:
Address:
Qualification:
Code No :

(Signature of the Life Assured to be obtained on Tracings)

LIFE INSURANCE CORPORATION OF INDIA

_____ **DIVISION**

COMPUTERIZED TREADMILL TEST

Zone:_____ Division : _____ Branch: _____

Proposal No. _____

Full Name of Life to be Assured: _____Age _____Years

Sex _____

DECLARATION

I hereby declare that the following answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____given by me to LIC of India.

Witness _____ _____

Signature / Thumb impression of Life Assured

_____

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?	**Y/N**	
ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or Kidney disease?	**Y/N**	
iii. Have you ever had chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done?	**Y/N**	

If the answer/s to any/all above questions 'Yes', submit all relevant papers with this form.

Dated at _____ on the _____ day of _____20 _____.

_____ **Signature of the Life to be Assured**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence**
_____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	_____ **Signature of the Cardiologist** **Name:** **Address:** **Qualification:** **Code No:**

Contd…2

(a) Pre-test: Supine
Standing
Hyperventilation

(b) Exercise: Stage I)
Stage II) 3 minutes each
Stage III)
…….peak exercise

(c) Recovery Recovery
Recovery
Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used – BRUCE : _____

Total Exercise Time – _____

Maximum Blood Pressure – _____

Maximum Workload _____

Maximum Heart Rate _____ Maximum predicted Heart Rate _____%

Reason for Termination – _____

Comments : _____ _____

_____ **Signature of the Cardiologist**

_____ **Name :** _____

_____ **Address :** _____

_____ **Qualification:** _____

_____ **Code No.** _____

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)

LIFE INSURANCE CORPORATION OF INDIA

HAEMOGRAM

Zone:_____ Division : _____ Branch: _____
Proposal No. _____Name of Life to be Assured: _____ Age / Sex _____

1.	Red Blood Cell Count		
2.	HB %		
3.	Haematocrit		
4.	Indices (a) MCV (Mean Corpuscular Volume) (b) MCh (Mean Corpuscular Hb) (c) MCHC (Mean Corpuscular Hb Concentration)	a) b) c)	
5.	Morphology Macrocytes: Poikilocytosis:	Microcytes: Anisocytosis:	Hypochromia:
6.	Target Cells Spherocytes:	Eliptocytes:	
7.	White Blood Cells: Total Count: Differential count: a) Neutrophils c) Eosinophils: b) Lymphocytes: d) Monocytes: e) Basophils:		
8.	Platelets:		
9.	Erythrocytes sedimentation rate : (Method)		

I declare that the person examined signed (affixed his / her thumb impression) in the space earmarked below, in my presence and I am not related to him / her or the Agent or the Development officer:

Dated at _____on the _____ day of _____20 _____ at _____ am / pm

_____ **Signature of the Life to be Assured**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence**
_____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	_____ **Signature of the Pathologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

LIPIDOGRAM

Zone:_____ Division : _____ Branch: _____

Proposal No. _____

Full Name of Life to be Assured: _____Age / Sex _____

Sl.No.	Type of Test	Actual Reading
01	Total Cholestrol	
02	(i) High Density Lipid (HDL)	
	(ii) Low Density Lipid (LDL)	
03	S. Triglycerides	

I declare that the person examined signed (affixed his /her thumb impression) in the space earmarked below, in my presence and I am not related to him / her or the Agent or the Development Officer.

Dated at _____on the _____ day of _____20 _____ at _____ am / pm

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Pathologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

BLOOD SUGAR TOLERANCE REPORT

Zone:_____ Division : _____ Branch: _____

Proposal No. _____

Full Name of Life to be Assured: _____ Age _____Years / Sex _____

INSTRUCTIONS FOR THE PATHOLOGIST:

- The observations should be made in the morning in the fasting state before and after the ingestion of 75 grams of Glucose.
- The pathologist should indicate the method of blood estimation employed and the normal values.
- Each column should be filled in every case.
- Please insist on the proposer signing in your presence. A form on which the proposer has already put his signature should not be used.

Sample	O' clock	Blood Sugar %	Urine Glucose %	Acetone Bodies	Normal Value
Fasting					
2 Hrs. after 75 grm. of Glucose					

Interpretation: _____

Method of Blood Sugar estimation employed. _____

I declare that the person examined signed (affixed his / her thumb impression) in the space earmarked below, in my presence and I am not related to him / her or the Agent or the Development officer.

Dated at _____on the _____ day of _____ 20 _____ at _____ am / pm

_____ **Signature of the Life to be Assured**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence**
_____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	_____ **Signature of the Pathologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

ROUTINE URINE ANALYSIS

Zone:_____ Division : _____ Branch: _____
Proposal No. _____
Full Name of Life to be Assured: _____ Age / Sex _____

1.	Physical Examination (i) Colour (ii) Sediment (iii) Transparency (iv) Reaction
2.	Chemical Examination (i) Protein (ii) Sugar (iii) Bile Salt (iv) Bile Pigments
3.	Microscopic Examination (i) Red Blood Cells (ii) Epithelial Cells (iii) Crystals (iv) Pus Cells (v) Casts (vi) Deposits (BACTERIA _____)

Remarks

If pus cells are present GRAM STAIN is necessary
If heamaturia is present ZIEHL NEELSEN METHOD is necessary

I declare that the person examined signed (affixed his /her thumb impression) in the space earmarked below, in my presence and that I am not related to him / her or the Agent or the Development Officer.

Dated at _____on the _____ day of _____ 20 _____ at _____ am / pm

_____ **Signature of the Life to be Assured**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence**
_____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	_____ **Signature of the Pathologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

REPORT ON X-RAY OF CHEST (P.A. VIEW)

Zone:_____ Division : _____ Branch: _____
Proposal No. _____
Full Name of Life to be Assured: _____ Age / Sex _____

INSTRUCTIONS TO RADIOLIGIST:

a. Film-focus distance should be 72 inches.
b. Exposure time should not be longer than $1/10^{th}$ second
c. The x-ray plate should be taken in the vertical position of the patient in deep inspiration.
d. The x-ray plate must bear name of the proposer, your initials and date.

Report:

1. Condition of Lungs and Pleura (Full details of abnormality if any, should be given)

2. Heart and Aorta.
   a. Transverse diameter of heart. _____
   b. Transverse diameter of Aortic Arch _____
   c. Cardio-thoracic Ratio _____
   d. Any changes, such as Arteriosclerotic changes and calcification of aorta etc. _____

3. Conclusions. _____

I declare that the person examined signed (affixed his /her thumb impression) in the space earmarked below, in my presence and I am not related to him / her or the Agent or the Development Officer.

Dated at _____on the _____ day of _____20 _____ at _____ am / pm

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Radiologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

ELISA FOR HIV

Zone:_____ Division : _____ Branch: _____
Proposal No. _____
Full Name of Life to be Assured: _____ Age / Sex _____

EXAMINATION OF BLOOD FOR HIV I & II TEST

HIV I & II RESULT : _____

METHOD : _____

I declare that the person examined signed (affixed his / her thumb impression) in the space earmarked below, in my presence and I am not related to him / her or the Agent or the Development officer:

Dated at _____ on the _____ day of _____20 _____ at _____ am / pm

_____ **Signature of the Life to be Assured**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence**
_____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	_____ **Signature of the Pathologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

PHYSICIAN'S REPORT

DECLARATION

I, hereby authorize Dr._____ to intimate LIC of India all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and Answers to Questions in Part One and Part Two of this report are true and complete and do hereby declare that these will form part of the proposal dated _____ given by me to LIC of India.

_____

Signature of the L.A.

PART-I

1. Full Name of Life to be assured (L.A.) _____
2. Has the L.A. suffered from _____

Heart Disease (Y/N)	Hypertension (Y/N)	Diabetes (Y/N)

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. consume tobacco, snuff, other narcotic substances in any form?

No of Years	Quantity used	Date of cessation, if any

4. Does L.A. consume alcoholic drinks?

No of Years	Quantity used	Date of cessation, if any

Dated: _____

_____

Signature of Physician

Name: _____

Address: _____

Qualification: _____

Reg.No. _____

Note: if Q.2 of Part-I is negative, no need of filling up Part-II

Part II

1. If L.A. ever treated/hospitalized for any heart disease, hypertension, and diabetes Y / N *
(If 'Yes', then details of –

Investigations	Treatment	Hospitalisation	Present Status	Prognosis

2. Blood Pressure Reading:-

Current	At the time of detection of HT	Duration of HT, if taking regular treatment Prognosis

3. Diabetes:

Date of Diagnosis	Type	Duration

4. Are there any symptoms / signs of

(a)	Renal Disease	
(b)	Neurological involvement	
(c)	Eye Involvement	
(d)	Peripheral Vascular Disease	
(e)	Any other infectious disease (esp: TB)	

5. Is L.A. taking regular treatment for above disease / s?

(Enclose all relevant papers with this form)

_____
Signature of the L.A.

Date:_____

_____
Signature of Physician
Name:
Address:
Qualification:
Reg.No.

Form No. LIC03 – 013

LIFE INSURANCE CORPORATION OF INDIA

SPECIAL BIO-CHEMICAL TESTS – 13 (SBT-13)

Zone Division Branch

Proposal No.

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured:

Age/Sex :

	Type of Test	Actual Reading
1	Fasting Blood Sugar (Method_____)	
2	Total Cholesterol	
3	High Density Lipid (HDL)	
	Low Density Lipid (LDL)	
3	S. Triglycerides	
4	S. Creatinine	
5	Blood Urea Nitrogen (BUN)	
6	S. Proteins	
	(a) Albumin	
	(b) Globulin	
	(c) AG Ratio	
7	S.Bilirubin	
	(a) Direct	
	(b) Indirect	
	(c) Total	
8	SGOT (AST)	
9	SGPT (ALT)	
10	GGTP (GGT)	
11	S. Alkaline Phosphatase	
12	HbsAg (Australia antigen)	
13	Elisa for HIV (Method)	

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at on the day of 200 at a.m./p.m.

Signature of the L.A.

Signature of the Pathologist
Pathologist's name & Address, Qualification

Proposer was identified on the basis of _____

SIGNATURE OF PATHOLOGIST

LIFE INSURANCE CORPORATION OF INDIA

Ophthalmic Report
[SHOULD BE OBTAINED FROM EYE SPECIALIST]

Branch Office _____ Agent's Name _____

Proposal No. _____ Agent's Code No. _____

Name of the Life to be Assured : _____

Age : _____

OPHTHALMIC REPORT

	Right Eye	Left Eye
1. What is the present visual occucity far and near, naked eye and with glasses _____ Without Glasses _____ With Glasses		
1A. (Power of Glasses)		
2. What is the nature of his refraction? Hypermetropia, Myopia etc.,		
3. If myopia, how long he has been wearing Glasses? Is the Myopia progressive or stationary?		
4. Describe the condition of media.		
5. Has he any cataract? If so, which side? Is it mature or not? Whether operated or not?		
6. Are iris and pupil normal? If not describe the abnormality. State pupillary reaction.		
7. Is there any squint? If so, paralytic or non-paralytic.		
8. Did he have any occular operation? If so, give details.		
9. Is the fundus normal? If not, describe in detail the abnormality and its significance.		
10. Opinion Regarding vision: Present Position:		

Dated at _____on the _____day of _____20 _____.

_____ **Signature of the Life to be Assured** _____ **Signature of the Introducer:** **(Agent / Development Officer)** **Name : _____** **Code No.**	**I Certify that the proposer / LA has put his /her Signature alongside in my presence** _____ **Signature of the Ophthalmologist** **Name:** **Address:** **Qualification:** **Code No:**

LIFE INSURANCE CORPORATION OF INDIA

JUVENILE FMR

Zone:_____ Division : _____ Branch: _____
Proposal No. _____
Full Name of Life to be Assured: _____ Age / Sex _____
Introduced by _____ Agent / Dev.Officer Code _____

Name of the child: (Master/ Miss)				
Marks of identification: Mole/Scar/any others (specify location)				
Current Identity provided	School/college Identity card	Passport	Latest School Report Card	Others(specify)
Age of the child: _____Years/Months			SEX: M ☐ / F ☐	
Birth History: FTND / Forceps / Caesarean/ Others (Please tick the relevant)				

A. Details of Physical Examination

For all children:

Height of the child: _____ cms Weight of the child: _____ kgs
Pulse and character _____ Blood Pressure _____ mm of Hg
Presence of any congenital defects or abnormalities: Yes / No
(If yes, please provide details)

For Children Below 2 yrs:

Head Circumference _____ cms Chest Circumference _____ cms

B. Medical History:

1) Is the proposed insured presently in good health?	Yes ☐ / No ☐
2) Does the proposed insured have any physical and mental handicap or deformity?	Yes ☐ / No ☐ If yes provide details:
3) Has the proposed insured been hospitalized and/or has been advised for any treatment/surgery and/or has undergone any general checkup in the last five years?	Yes ☐ / No ☐ If yes provide details of the tests conducted and treatment if any.
4) Has the proposed insured ever been treated or hospitalized for any Heart ailment/cancer/ kidney disorder/ epilepsy/ mental disorder/ diabetes/ musculoskeletal disorder/ blood disorder/ respiratory disorder like Bronchitis or Asthma/congenital or hereditary disorder	Yes ☐ / No ☐ If yes provide details:
5) Is the child's behaviour / appearance / mental ability in line with his current age?	Yes ☐ / No ☐ If No provide details:
6) If school going, has proposed insured taken any sick leave from school in the last 2 years?	Yes ☐ / No ☐ If yes provide details:
7) Please give details of proposed insured's family history: Is any family member/s either suffering or have suffered or have died from heart disease, thallassaemia, cancer kidney disease, any other hereditary / familial disorders	Father : Mother: Sibling 1 Sibling 2

C. Immunization History: (Mandatory for ages < and equal to 5 yrs)	
Vaccinated for	
1. OPV: Yes ☐ / No ☐	2. DPT: Yes ☐ / No ☐
3. BCG: Yes ☐ / No ☐	4. Hepatitis B: Yes ☐ / No ☐
5. Mumps, Measles, Rubella: Yes ☐ / No ☐	6. Typhoid (above 1 Yr): Yes ☐ / No ☐
7. Hepatitis A (Above 1 Yr) : Yes ☐ / No ☐	

D. Medical Examination			
Do you find any evidence of abnormality, disease or surgery of:			If yes please elaborate
1) the respiratory system?	☐ Yes	☐ No	
2) the central and peripheral nervous system?	☐ Yes	☐ No	
3) the genito urinary system?	☐ Yes	☐ No	
4) the abdominal organs?	☐ Yes	☐ No	
5) the head, face, mouth, throat, eyes, ears, nose and neck?	☐ Yes	☐ No	
6) the skin, muscles, bones and joints?	☐ Yes	☐ No	
7) The Cardiovascular system:			
a) Are the peripheral pulses abnormal?	☐ Yes	☐ No	
b) Is there any evidence of heart enlargement?	☐ Yes	☐ No	
c) Are there murmurs or abnormal heart sounds?	☐ Yes	☐ No	
d) Do you suspect any abnormality of the cardiovascular system?	☐ Yes	☐ No	

Declaration by the parent accompanying the child:

I hereby confirm that all facts regarding the child as recorded by the doctor are true and complete.

Signature of the parent: _____ Name of the parent _____

Doctor's Declaration

- I hereby confirm that I have, this day, examined the above individual personally, in private and recorded the above information in my own handwriting. I certify that I have personally recorded the history as informed by the examinee/parent accompanying the child.
- Place of Examination: Clinic ☐ Examinee's Residence ☐
- I declare that the examinee has signed/affixed his/her thumb impression in my presence.

Dated at _____on the _____day of_____ 20 _____ at _____ a.m./p.m.

_____

Signature /Thumb impression of the Examinee

_____ _____

Signature of the Introducer:
(Agent / Development Officer)
Name : _____
Code No. _____

Signature of the Medical Examiner
Name: _____
Address: _____
Qualification: _____

Code No. : _____

_____

Confidential Comments from Doctor

Are there any points on which you suggest further information be obtained? YES ☐ NO ☐

- For physical investigations
- For mental level assessment

_____

LIFE INSURANCE CORPORATION OF INDIA

Format of separate sheet to be sent along with computer generated special reports

To
LIC of India,
Branch Office
_____

Proposal No. _____

Name of the Life to be assured _____

The Life to be assured was identified on the basis of _____

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

_____
Signature of the Pathologist / Doctor
Name:

The examination / tests were done with my consent.

_____
(Signature of the Life to be assured)
Name:

Reports enclosed:
1._____
2._____
3._____

Rubber stamp of TPA

FORM – A

LIFE INSURANCE CORPORATION OF INDIA

To,
The Sr. Divisional Manager
LIC of India
Divisional Office

Dear Sir,

Re: Salary Savings Scheme P.A. Code No. _____

1. In order to make the benefits of your salary savings scheme available to our employees, we agree to make the payroll deductions authorized in writing by our employees, in amounts sufficient to pay the premiums included under your Salary Savings Scheme.
2. It is understood that you will send us for convenience in accounting every month, in duplicate, a statement showing the premium payable under each policy (or only a statement of additions if so agreed upon) and that we are to remit to you an amount equal to the total of the premiums shown in the statement, subject to such adjustments as may be necessary on account of any additions to or subtractions from the items listed in your statement. It is also agreed that along with the remittance a reconciliation statement as to how the amount remitted is arrived by addition to, and subtraction from, the total of the premiums shown in your statement, will also be sent to you and a copy of your statement will be returned to you after showing therein the individual items added to or subtracted from those listed there in together with the reasons for such additions or subtractions.
3. It is further agreed that only one consolidated amount accompanied by the premium demand invoice copy and reconciliation statement as mentioned herein above, should be remitted to you and no stray remittance towards premia in respect of individual policies covered by the Scheme should be made by us unless specifically called for by you.
4. It is also understood that no amount such as policy loan and / or interest on loan etc., (other than the premium) should be deducted from the salary and remitted to the LIC either separately or along with the premiums under the Scheme, unless specifically requested by you.
5. It is agreed that the amount so deducted from the salaries of our employees towards premiums, should be remitted to the LIC of India within seven days from the date of deduction.
6. It is also agreed that in case for special reasons the amount so deducted from the salaries are not remitted to the LIC within seven days, interest at the prevailing market rate calculated for the period from the date of deduction to the date of remittance of the consolidated amount should also be paid to you along with such delayed remittance, showing such interest amount separately in the reconciliation statement.
7. It is also understood that no form of individual premium due notice or receipt will be issued by you.
8. It is further understood that the employees coming under the Scheme will give an undertaking that they will not revoke the letter of authority for a period of 36 months from the date of commencement of the policy and accordingly we agree not to take notice of any letter of revocation within the said period of three years.
9. It is also understood that the employee-policy holder shall have the right to discontinue participation in the Scheme at any time subject to the Terms and Conditions of letter of authority. If an employee exercises this right or if he is terminated, we will notify to you in writing at the office where the remittance is forwarded and thereafter we will not be responsible for collecting his premium.

10. It is also understood that the Salary Savings Scheme should be introduced only if, in an institution where the total number of employees is less than 100, the minimum number of employees joining the Scheme is atleast 15 in one office, and, where the total number of employees is more than 100, the minimum number of employees joining the scheme is 25 in one office. Should the total number of employees holding policies under the Scheme fall below 15/25, the LIC has the option to discontinue or withdraw the Scheme from the Institution.

11. It is further understood and agreed that the Scheme may be modified or discontinued either by you or by us upon sixty days notice in writing.

12. If this agreement is terminated or if an employee for any other reason ceases to be a participant, in the Scheme, the payment of premium thereafter will be a matter of accounting between him and you.

13. In all transactions made by us pertaining to this Scheme and any policies issued by you there under, we shall not act as the agent of our employees and not as your agent for any purpose.

Place _____ **Yours faithfully**

_____

Date: _____ **(Signature of Employer)**

Seal of office :

Countersigned by the Life Insurance Corporation of India

_____

Sr./Branch Manager

Branch Office _____

N.B.: The above letter is to be completed in **Triplicate** under signature of the Chief of the Organisation indicating thereby acceptance of the conditions on behalf of the Organisation.

FORM – **B**

LIFE INSURANCE CORPORATION OF INDIA

QUESTIONNAIRE FOR INTRODUCTION OF SALARY SAVINGS SCHEME

1. Name of the Institution with full postal address:	
2. Year of commencement of the present office / institution.	
3. Nature of Business – Manufacturing / Marketing / Financial Institution etc., give details.	
4. Total number of permanent employees on roll: Officials Administrative / Clerical Workers / Operators Others (please specify) Total:	
5. Whether the Office is a Head Office or Branch ? If a Branch Office, please give the name and full address of the Head Office:	
6. Are there frequent transfers among the Head Office and the Branch Offices ? If so, at what level and the approximate number of transfers for each year ?	
7. Is there Salary Savings Scheme in vogue in your Office / Head Office / other Branches ? If so, give particulars, such as name and address of H.O./ Branches, LICs Office to which attached and PA Code Numbers.	
8. Number of employees who have applied for insurance now under the proposed salary savings scheme.	
9. If the employees who have existing policies under direct payment wish to bring those policies also under salary savings scheme, whether they have applied for such conversion, and if so, give details:	

10. Whether there is provision for Medical Examination of employees at the time of recruitment and / or later at periodical intervals? If so, give details:	
11. a. Do you maintain detailed and accurate leave record of your employees, and if so, from when? b. Do you agree to furnish the details of leave taken on medical grounds or otherwise by your employees whenever required by us?	
12. a. Do you maintain Service Register for all the employees? b. What is the documentary evidence obtained for entering the age particulars in the Service Register ? c. Do you agree to furnish an extract from the service register for admitting the age of your employees in the insurance policies ?	
13. Do you agree to affect recovery from the salary on the basis of an itemized invoice (Demand Invoice) supplied by us in the policy serial order ?	
14. If you wish to have the Demand Invoice, in any other order, please state how you would like to have it?	
15. Please furnish the name and designation of the Pay Drawing Officers and the name and address of the office to whom our Demand Invoice and other communication should be sent:	
16. The probable date by which the Demand Invoice is required to be sent:	
17. Are you covered by any Group Insurance Scheme at present or any time previously ? If so, please give the particulars:	
18. Date of disbursement of salary to the different categories of staff:	

We hereby declare that the foregoing answers are true in every particular. We agree to the conditions for the introduction of the salary savings scheme in our institution.

Place: _____
Date: _____

_____
Signature and Designation with Office Seal

FORM – C

LIFE INSURANCE CORPORATION OF INDIA

Branch Office _____ Division _____

1. Name of the Institution and Address	
2. Total Number of employees permanently employed	
3. What is the number of proposers to insure under SSS ?	
4. How many proposals are expected to be secured and within what period ?	
5. How many proposals are secured and are ready for registration ?	
6. a. The Name and Designation of the LIC Official who has visited the Employer for introduction of SSS (Agent / DO). b. Has he impressed upon the Employer the necessity of strictly following the Terms and Conditions of the Scheme ?	
7. Have you verified whether the information given in the questionnaire is correct ?	
8. Do you recommend extension of Salary Savings Scheme to this institution ?	

_____

Place: _____ **Sr./ Branch Manager / ABM(Sales)**

Date: _____ **Name : _____**

Branch Office seal: _____

LIFE INSURANCE CORPORATION OF INDIA

PERSONAL STATEMENT REGARDING HEALTH

(For a new policy on Own Life)

Divisional Office: _____ Branch Office :_____Proposal No_____
Agent's Name & Code No. _____

1. Full Name of the life proposed _____
(IN BLOCK LETTERS)

Full Address:

Occupation :

2. Since the date of your above-mentioned proposal:	Answer 'Yes' or 'No'	If Yes, give details of ailment, date & duration, doctors consulted, etc.,
a) Have you suffered from any illness/disease requiring treatment for a week or more?	a)_____	
b) Did you ever have any operation, accident or injury?	b)_____	
c) Did you undergo Electrocardiogram, X-Ray, Screening, Blood, Urine or Stool Examination?	c)_____	

3. a) Has a proposal or an application for revival of a policy on your life made to this or any other office of the Corporation or any Insurer ever been:
   - i) Withdrawn or dropped? _____
   - ii) Accepted with an extra premium or lien? ____
   - iii) Deferred or declined? _____
   - iv) Accepted on terms otherwise than those proposed?

   If so, give details _____

b) Is any proposal or any application for revival of a lapsed policy on your life under consideration of this or any other office of the Corporation.	If answer is 'Yes' give the following details: (i) Division _____ (i) Proposal No. _____ (ii) Division _____ (ii) Policy No. _____
4. Are you at present in sound health?	

5. For Females only:
   (a) Since the date of your above mentioned proposal,
   (i) Have you been menstruating regularly? _____
   (ii) Have you had any miscarriages?_____
   (iii) Are you pregnant now? _____
   (b) State the date of last menstruation_____
   (c) State the date of last delivery_____

Contd..2

DECLARATION

I _____ do hereby declare that the foregoing statements and answers are true in every particular, and agree and declare that these statements and these declarations along with my proposal for insurance shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 20_____

Signature of witness_____

Name _____

Occupation & Address _____

_____ _____

_____ **Signature or thumb impression of the Proposer**

1. If in this form the answers to the questions and/or signature of the proposer are given in vernacular, then the proposer should declare in his own hand writing above his signature that all questions were explained to him and that his replies were given after fully and properly understanding the same. In such event, the following declaration should be made by the person filling in the form:

Name in full _____ I hereby declare that I have fully explained the above

Occupation _____ Questions to the proposer and I have truthfully

Address _____ recorded the answers given by the proposer

_____ _____

(**Signature)**

2. In case the proposer is illiterate:

The thumb impression of the proposer 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.

Name in full _____

Occupation _____

Address _____

_____

I hereby declare that I have explained the contents of this form to the proposer in _____ (language in which explained) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents there of.

_____

(Signature)

Form No. 680
(4 Pages)

LIFE INSURANCE CORPORATION OF INDIA

Date of Receipt:
Inward No:

PERSONAL STATEMENT REGARDING HEALTH

(Revival of *Lapsed Policies on both Medical* & *Non-Medical basis)*

Agent's Name : _____ **Code No:** _____

Divl. Office:		**Branch Office:**		**Policy No**	
1. Full name of the Life Assured					
Full Address	Address1				
	Address2				
Email Address			Phone/Mobile No		
Occupation					
Name of Employer			Length of Service with him		years
2. Since the date of your Proposal for the above mentioned Policy:			Answer 'Yes' or 'No'		If 'Yes" give details of ailment such as nature of illness, date of onset, duration of illness etc.
(a) Have you ever suffered from any illness/disease requiring treatment for a week or more?					
(b) Did you ever have any operation, accident or injury?					
(c) Did you ever undergo ECG, X-Ray, Screening, Blood, Urine or Stool examination?					
3. Has a proposal or an application for revival of a policy on your life made to this or any other Office of the Corporation or any Insurer ever been:					

(i) Withdrawn or dropped?		
(ii) Accepted with an extra premium or lien?		
(iii) Deferred or declined?		
(iv) Accepted on terms otherwise than those proposed?		
If so, give details:		
(b)Is any proposal or an application for revival of a lapsed policy on your life under consideration of this or any other Office of the Corporation?		
If answer is 'Yes' give the following details:	(i) Proposal No.	
	(ii) Policy No.	
4. Are you at present in sound health?		
N.B. - For Revivals under Non-medical scheme (Question Nos. 5 & 6)		
5. (i) State your height (without shoes)	cm.	
(ii) Your weight (with thin clothes.)	kgs	

6. State below, details of all your policies issued and/or revived under any of the Non-Medical Schemes of the Corporation:

Name of the Divl. Office /Unit Br. Office Servicing the Policy	Policy Number	Sum Assured	Status of the Policy
For Females only:			

7. Since the date of your proposal under the above mentioned policy:	(i) Have you been menstruating regularly?	
	(ii) Have you had any miscarriage/s?	
	(iii) Are you pregnant now?	

	(iv) State the date of last menstruation:	
	(v) State the date of last delivery:	

DECLARATION

I _____

do hereby declare that the foregoing statements and answers are true and complete in every particular, and agree and declare that these statements and this declaration along with my Proposal for Insurance under the lapsed policy shall be the basis of the contract of revival of the lapsed policy between me and Life Insurance Corporation of India, and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

And I further declare that if between the date of this declaration and the date of revival of the policy (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any member of my family occurs or (ii) a Proposal for assurance or any application for revival of a policy on my life made to any Office of the Corporation is pending or has been withdrawn or dropped, deferred or declined or accepted at an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of Revival of the Policy. Any omission on my part to do so shall render the Revival absolutely null and void and all moneys which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

Dated at _____on the _____ day of _____ 20

Signature of Witness

Name :

Occupation :

& Address :

Signature or Thumb impression of *the* Life *Assured*

"If in this form, the answers to the questions and/or signature of the Life Assured are given in vernacular, then the Life Assured should declare in his own handwriting above his own signature that all questions were explained to him and that his replies were given after fully and properly understanding the same."

(1)This declaration should be made by the person filling in the form Name & Address of the Declarant	(1) I hereby declare that I have fully explained the above questions to the Life Assured and I have truthfully recorded the answers given by the Life Assured.

	Signature
In case the Life Assured is Illiterate:	
(2) The thumb impression of the Life Assured 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: Name & Address of the Declarant	(2) I hereby declare that I have explained the contents of this form to the Life Assured in _____(language) and that I have read out to the Life Assured, the answers to the questions dictated by the Life Assured and that the Life Assured has affixed his thumb impression to this form after fully understanding' the contents thereof. *Signature*

Form No. 700

LIC
LIFE INSURANCE CORPORATION OF INDIA

For Office use only: Date of Receipt: Inward No.:

PERSONAL STATEMENT REGARDING HEALTH FOR MINORS

For a policy on another life except for C.D.A. Plan with deferment period 10 years or more on the date of proposal or revival of a Policy. Do not use this form if the policy has vested in the life assured or has been assigned to the life assured.

Divl. Office:	Branch Office:	Prop./Policy No	Agent's Name	Agent's Code No.

Following questions to be answered by the Proposer

1. Name in Full of the Proposer (IN BLOCK LETTERS)				
Full Address	Address1			
	Address2			
	Address3			
Email Address			Phone/Mobile No	
2.Name in Full of the Life to be Assured/Life Assured (IN BLOCK LETTERS)				
Occupation	Name of Employer			Length of Service with him
3. Is this application for			If the answer is 'YES' please give the Proposal Number or the Policy Number	
(a) Issue of a new Policy?			(a) Proposal No.	
(b) Revival of lapsed Policy?			(b) Policy No.	

Following questions to be answered by the Life to be assured / Life Assured

4. Since the date of your above mentioned Proposal / since the date of proposal for the above mentioned policy :	Answer 'Yes' or 'No'	If 'Yes' give details of ailment date and duration, doctors consulted.
(a) Have you suffered from any illness/disease requiring treatment for a week or more?	a)	
(b) Did you ever have any operation, accident or injury?	b)	
(c) Did you ever undergo ECG, X-Ray, Screening, Blood, Urine or Stool examination?	c)	

5.(a) Has a proposal or an application for revival of a policy on your life made to this or any other Office of the Corporation or any Insurer ever been:			
(a) Withdrawn or dropped?			
(b) Deferred or declined?			
(c) Accepted with an extra premium or lien?			
(d Accepted on terms otherwise than those proposed?			
If so, give details:			
5. (b) Is any proposal or an application for revival of a lapsed policy on your life under consideration of this or any other Office of the Corporation?			
If answer is 'Yes' give the following details:	(i) Proposal No.		
	(ii) Policy No.		
N.B. Q Nos. 6 & 7 to be replied in case of revival under Non Medical Scheme :			
6.(i) State your height (without shoes)	cms		
(ii) Your weight (with thin clothes.)	kgs		
7. State below, details of all your policies issued and/or revived under any of the Non-Medical Schemes of the Corporation:			
Name of the Divl. Office/Unit Br. Office Servicing the Policy	Policy Number	Sum Assured	Status of the Policy
8.Are you at present in sound health?			
9. Are you a student? If so give particulars such as name of the institution and course.			
10. For females only :			
a. Since the date of your above mentioned proposal or policy:			
(i) Have you been menstruating regularly?			
(ii) Have you had any miscarriage/s?			
(iii) Are you pregnant now?			
(b) State the date of last menstruation:			
(c) State the date of last delivery:			

DECLARATION BY THE LIFE TO BE ASSURED/LIFE ASSURED	
I _____do hereby declare that the statements and answers under heading 4 to 10 have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information. Dated at _____on the _____day of _____ 20	
Signature of Witness Name & Occupation & Address	*Signature or thumb impression of the Life to be Assured/Life Assured*
Signature of Witness Name Occupation & Address	I do hereby declare that the foregoing statements and answers are true and complete in every particulars Signature of the Proposer (if the life to be assured/life assured is under 18 years)

DECLARATION BY THE PROPOSER

I, (name of Proposer) _____

do hereby declare that the statements and answers under heading 1 to 3 are true and complete in every particular and I do hereby agree and declare that these statements and this declaration together with statements and answers under heading 4 to 10 made by the *life assured/ life to be assured and relative declaration thereto shall be the basis of contract of *assurance/revival of the policy, between me and Life Insurance Corporation of India, and that if any untrue averment be contained therein, the said contract shall be null and void and all moneys which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

(*Delete words not applicable)

** And I further declare that if between the date of this declaration and date of revival of this policy, (i) any change in the occupation of the life assured or any adverse circumstances connected with my financial position or general health of the life assured or that of any member of his family occurs or (ii) a Proposal for assurance or any application for revival of a policy on the life of the life assured made to any Office of the Corporation has been withdrawn or dropped, deferred or declined or accepted with an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance . Any omission on my part to do so shall render this Assurance invalid and all moneys which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

(Not Applicable in case of an application for issue of a new policy.)**

Dated at _____on the _____day of _____ 20	
Signature of Witness Name Occupation & Address	*Signature or thumb impression of the Life to be Assured/ Life Assured*

N.B. If in this form, the answers to the questions and/or signature(s) of the Proposer/Life Assured/Life to be assured are/is in vernacular then the Proposer/Life Assured/Life to be assured should declare in their/ his/her own handwriting above his/her own signature that all questions were explained to him/her and that his/her replies were given after fully understanding the same.

In case the proposer/Life assured/Life to be assured is illiterate:

(1)This declaration should be made by the Person filling in the form Name & Address of the Declarant	(1) I hereby declare that I have fully explained the above questions to the proposer/Life Assured/Life to be assured and I have truthfully recorded the answers given by the Proposer / Life Assured/ Life to be assured. *Signature*
(2) This thumb impression of the Proposer/Life Assured/Life to be assured 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: Name & Address of the Declarant	(2) I hereby declare that I have explained the contents of this form to the Proposer/ Life Assured/ Life to be assured in …….. (language) and that I have read out to the Proposer / Life Assured/ Life to be assured , the answers to the questions dictated by the Proposer/Life Assured / Life to be assured and that the Proposer / Life Assured / Life to be assured has affixed his thumb impression to this form after fully understanding' the contents thereof. *Signature*

Form No. 720

For Office use only: Date of Receipt: Inward No.:

LIFE INSURANCE CORPORATION OF INDIA

PERSONAL STATEMENT REGARDING HEALTH
(FOR MINORS UNDER CDA PLAN)

For a policy on another life under C.D.A. Plan with deferment period 10 years or more on the date of proposal or revival of policy

Divl. Office:	Branch Office:	Prop./Policy No	Agent's Name	Agent's Code No.

1. Full name of the Proposer (IN BLOCK LETTERS)				
Full Address	Address1			
	Address2			
	Address3			
Email Address			Phone/Mobile No	
2. Full name of the Life Assured/Life to be Assured (IN BLOCK LETTERS)				
Occupation		Name of Employer		Length of Service with him
3. Is this application for		If the answer is 'YES' please give the Proposal Number or the Policy Number		
(a) Issue of a new Policy?			Proposal No :	
(b) Revival of lapsed Policy?			Policy No :	

4. Since the date of your above mentioned Proposal/ since the date of proposal for the above mentioned policy :	Answer 'Yes' or 'No'	If 'Yes' give details of ailment, date and duration, doctors consulted
(a) Has he/she suffered from any illness/disease requiring treatment for a week or more?	a)	
(b) Did he/she have any operation, accident or injury?	b)	

(c) Did she undergo ECG, X-Ray, Screening, Blood, Urine Examination ?	c)	

5(a). Has a proposal or an application for revival of a policy on his/her life made to this or any other Office of the Corporation or any Insurer ever been:	
(i) Withdrawn or dropped?	
(ii) Accepted with an extra premium or lien?	
(iii) Deferred or declined?	
(iv) Accepted on terms otherwise than those proposed?	
If so, give details:	
5. (b) Is any proposal or any application for revival of a lapsed policy on his/her life under consideration of this or any other Office of the Corporation?	**Yes/No.**
If answer is 'Yes' give the following details:	(i) Proposal No.
	(ii) Policy No.
6. Is he/she now in sound health?	
7. Is he/she a student? If so in which Standard?.	

DECLARATION BY THE PROPOSER

I, (Name of Proposer) _____

do hereby declare that the foregoing statements and answers are true in every particular, and agree and declare that these statements and this declaration along with my Proposal for Insurance shall be the basis of the contract of *****assurance/ revival of the lapsed policy, between me and Life Insurance Corporation of India, and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

(* Delete words not applicable)

** And I further declare that if between the date of this declaration and the date of revival of the policy (i) any change in the occupation of the life assured or any adverse circumstances connected with the financial position or general health of the life assured or that of any member of his family occurs or (ii) a Proposal for assurance or an application for revival of a policy on the life of the life assured made to any Office of the Corporation has been withdrawn or dropped, deferred or declined or accepted with an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance . Any omission on my part to do

so shall render this Assurance invalid and all moneys which shall have been paid in respect thereof, shall stand forfeited to the Corporation. **(** Not Applicable in case of an application for issue of a new policy.)**
Dated at _____on the _____day of _____20

Signature of Witness Name Occupation & Address	*Signature or thumb impression of the Proposer.*

If in this form, the answers to the questions and/or signature of the Proposer are given in vernacular, then the Proposer should declare in his own handwriting above his own signature that all questions were explained to him and that his replies were given after fully and properly understanding the same.

(1)This declaration should be made by the person filling in the form Name & Address Of the declarant	(1) 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. ***Signature***
In case, the Proposer is Illiterate: (2)The thumb impression of the Proposer 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: Name & Address of the Declarant	(2) I hereby declare that I have explained the contents of this form to the Proposer in …….. (language) and that I have read out to the Proposer, the answers to the questions dictated by the Proposer and that the Proposer has affixed his thumb impression to this form after fully understanding' the contents thereof. ***Signature***

LIFE INSURANCE CORPORATION OF INDIA
POLICYHOLDERS' MANDATE FORM FOR PAYING PREMIUM THROUGH ELECTRONIC CLEARANCE SERVICE (DEBIT CLEARING) OR DIRECT DEBIT

FORM A : ECS / DIRECT DEBIT Mandate Form. (Direct Debit facility is for ICICI, Corporation bank Account Holders) (MANDATE FORM IS TO BE SUBMITTED TO BANK AS WELL AS LIC BRANCH OFFICE)
IMPORTANT : Kindly go through the terms & conditions on page-2 before filling the form

NEW APPLICATION		CHANGE IN BANK DETAILS		CANCELLATION	

(Tick which is applicable and strike off the others; 3 copies of the mandate form to be taken one each for Bank, LIC and for self)
LIC's User code(Utility Code) for ECS is 4009056

1.(a) Name of the policyholder/s _____

(b) **Policy Details:**

Sr. No.	New proposal/* Policy No.	Name of the Insured Self &/spouse/children	Mode	Premium Amount Or Not over than
1.				
2.				
3.				
4.				
5.				

(c) Tel. No. Res :_____ Off : _____ Mobile No. (Mandatory) : | | | | | | | | | | |

2. Particulars of Bank A/C (from which you want to pay the premium) :

a) Bank Name _____

b) Bank Address _____

_____

_____

c) Name of the Account Holder/s (As appearing in the Bank account)

_____

d) Account Type (Savings Bank Account -10 /Current A/c-11 or Cash/Credit - 11) _____

e) Account Number (as appearing on the Cheque Book) | | | | | | | | | | | | | | | |

f) 9 Digit MICR CODE NUMBER of the Bank and Branch (Should not begin or end with "000") | | | | | | | | | |

3.(a) **I / We hereby authorize and instruct the bank to debit my/our above Account No. and pay LIC Premium** of Rs._____ as above/as per demand sent by LIC.

(b) If in future my/our Bank Account is transferred to a city where ECS facility is not available, a change of mode will be necessary which will involve change in premium (in case of ECS(MLY) mode)

(c) I/We agree that this Mandate will form an integral part of my/our proposal (Only for new proposals)

I/we, hereby, declare that the particulars given above are correct and complete. I/we being the holder/s of the above policy/policies express my/our willingness to remit the premium/s referred to above through participation in ECS of National Clearing Cell of Reserve Bank of India/Auto Debit and **hereby authorize the Life Insurance Corporation of India to raise the debits on my/our Bank Account towards the said premium/s due referred above. I also authorize my bank to debit my account for LIC premium as per the invoice raised by LIC of India.** If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of Accounts etc. I would not hold LIC or the user institution responsible. I understand that the first transaction after authorization may take one month time in getting the process commenced. I also understand that I can pay the premium only on behalf of my near relatives as prescribed by the Income-Tax Act, 1961. **I/We have read the terms and conditions and I/we agree to the same and also have submitted a copy of the mandate form to my Bank.**

Place: Date : **Signature/s of the Policyholder/s**

Relation of A/C holder to the policy holder (Ist Policy) **Signature of the A/c holder**
(in case the policyholder differs from that of the A/c holder)

1. We certify that the Bank particulars furnished above are correct as per our records and the account is active.
2. We acknowledge the receipt of the mandate and note to carry out the customer' instructions as per mandate given.
3.

Date : Bank Seal Signature of the Bank Official

TERMS AND CONDITIONS FOR ECS FACILITY

1. ECS is allowed at NB stage for new Policies and also at PS stage for the completed policies.
2. All modes are allowed at NB Stage. Extra 5% premium charged for MLY mode is waived under ECS(MLY) mode.
3. At the time of opting for ECS all the premiums due till that date must be paid. Arrears of premium cannot be collected through ECS.
4. ECS mandate form can be submitted in any LIC Branch Office subject to at least one policy being serviced at that branch. ECS facility can be opted if the bank account is in any city where LIC ECS facility is enabled, in other cities premium deduction can be through Direct debit through select banks as mentioned in point 20.
5. ECS mandate form must be attested by the bank and copy of same should be submitted to the bank for their records. Banks may charge some amount for signature verification and/or ECS/Direct Debit registration. The applicable charges may be enquired from the bank which may be charged at the counter or debited to the account by the bank. Policy holders are advised to keep a copy of the mandate form acknowledged by the bank and LIC with them for their records.
6. Debit dates allowed: only 7th, 15th and 28th of the month. (Both at NB & PS Stage) which are calculated automatically on the basis of Date of commencement as follows :

   Date of commencement 1st to 7th – 7th of the same month
   8th to 15th – 15th of the same month
   16th to 31st - 28th of the same month.
7. There is no option to choose the debit date at present and complete grace period for premium payment may not be available.
8. Premium for ECS mode policies cannot be paid at the Branch cash counter or through any other alternate channels. Premium can be paid at cash counter only for dishonoured cases or after the grace period.
9. Policy holder must maintain sufficient balance on the debit date. If mandate is dishonoured, premium is to be paid at any branch cash counter in cash or by DD with dishonour charges (as applicable) and interest due for late payment (if due) up to the date of payment. For dishonours, banks too may charge some amount as applicable for the bank.
10. While making the payment for dishonoured installment, all the premiums due till the month of payment including the installment due in that month irrespective of the debit date is to be paid. If any premium is due within 15 days of the next month that too should be paid.
11. **LIC will not be responsible for any dishonour raised by the Bank for whatsoever reason. Any dispute regarding dishonour should be taken up with the bank only.**
12. For changing the bank details, request is to be given to the respective service branch only. A new mandate form duly attested by the bank is to be submitted and a copy is to be submitted in the bank also.
13. For ECS(MLY) mode no receipt or notices will be dispatched. Premium payment certificate can be obtained through LIC website www.licindia.in after enrolling the policies.
14. For other modes receipts will be sent by ordinary post to the address mentioned in the branch policy master. Receipts may be received from 15 to 20 days. If receipt is not received due to any reason, premium payment certificate can be obtained from any LIC Branch office or from LIC website.
15. Sometimes it is possible that due to some technical or other reason premium is not debited on the debit date and is delayed or advanced by few days. Kindly ensure the availability of funds for at least 7 days before and after debit date to avoid dishonours.
16. If any Ban Orders are issued by RBI to the bank from where premium is to be debited or the bank is not participating in clearing operations due to any reason, ECS demand will not be raised by LIC and premium for that duration of non-participation is to be paid by the policy holder to LIC directly.
17. If a policy holder desires to discontinue the ECS facility, request for same should be given to the servicing branch at least 20 days in advance of the debit date for MLY mode policies and 30 days in advance for other modes.
18. If your account number is of less than 15 digits, same might have been changed or may change with the bank's migration to Core Banking System. Kindly provide the correct and modified CBS compatible account number only after confirming from the Bank. This account number may be modified if the bank provides any modified number.
19. Acknowledgement letter received from the branch must be verified and any discrepancy should immediately be informed to the branch..
20. Direct Debit facility is available Pan India for ICICI and Corporation Bank account holders at present and will be extended to a few more banks in future. If bank account is in any of these banks, debit of the premium will be through Direct Debit, all the conditions for ECS are applicable for Direct Debit also.

LIFE INSURANCE CORPORATION OF INDIA
NATIONAL ELECTRONIC FUNDS TRANSFER – MANDATE FORM

To
LIFE INSURANCE CORPORATION OF INDIA
Branch :-_____

Sub : Receipt of policy payment through NEFT

I am giving below the details of my Bank account for receiving policy payment through NEFT.

(1) Policy No/s

Name of policy holder/ claimant : _____

(2) Bank Name : _____

(3) Bank Branch Address : _____

(4) Account Type : Savings/Current/Cash Credit/NRI _____

(5) Account No.

(Bank account number should be written from left to right)

(6)

IFS	Code :								

(7) Mobile number. :

+	9	1										

(8) E-Mail Id : _____

(9) Are you willing to receive SMS/E-mail, on matters related to your LIC policies : Yes / No

I have enclosed the following document to this effect. (Please √ appropriate item)

A. Cancelled cheque leaf ☐

B. if cheque is not having the name of bank holder then Photo copy of the page of Bank pass book containing details of Bank accounts number, IFS code ☐

_____
Signature of the policy holder Date :

(In case of change in Bank details, please fill this mandate form again and submit the same to Our Branch office)

INFORMATION TO POLICYHOLDERS ABOUT POLICY PAYMENT BY NEFT

The payment under your policy/ies will be to be credited, directly to your Bank account through electronic mode of payment only. For this purpose, we require your bank details for making the policy payment through NEFT (National Electronic Fund Transfer). The details of NEFT are described below. You are requested to submit the NEFT mandate along with necessary enclosures to settle the payment under your policy through NEFT. Kindly note, it is not possible for us to settle the policy payment in any other mode of payment like cheque.

1. **What is a NEFT** ?

   It is a nationwide system that facilitates to transfer a fund from one account of any bank branch to another account of any bank branch. This system is operated by Reserve Bank of India. For transfer of funds the participating banks have to be NEFT enabled. At present around 74000 Banks all over India are participating under NEFT system. For details please refer to RBI website on *http://www.rbi.org.in/scripts/neft.aspx*

2. **Advantages of NEFT system for LIC Policy holders / Annuitants** :

   a) The policy holder / claimant will get the credit in his own account irrespective of the location of his bank on the same day of the due date.
   b) NEFT will ensure speedier and secure mode of payment.
   c) There will be no extra charges to the policy holders / claimant.
   d) SMS and E-mail alert facility may also be provided by our bank whenever the fund is transferred to the policy holder /claimant's account through the NEFT system.
   e) Each payment from LIC through NEFT will create one UID(Unique Identity No). If there is any problem in credit to the account, policy holders / claimant can confirm from their bank by quoting this UID no. In other words it is easy to track a transaction of NEFT.

3. **important information to the Policy holder / claimants opting for NEFT** :

   a) All the items mentioned in the enclosed mandate form should be filled correctly. This mandate can be used for 6 different policy numbers.
   b) The application for NEFT should be sent to our Branch servicing at least one of the policies, listed in the mandate.
   c) The policy holder / claimant should also submit either a cancelled blank cheque leaf or the photo copy of the page of the passbook / cheque book where details of the account are mentioned.
   d) If within two days of the due date the amount is not credited to the account of the policy holder, then contact should be made to contact our branch from where payment under the policy is due.
   d) The account of the policy holder / annuitant should be operational at the time of receipt of policy payment.
   e) Before submitting the mandate form, the policyholder/ claimant should confirm from his bank that it is NEFT enabled.
   f) Policy holder's name under the policy should match with that of Bank A/c, else it is likely to be rejected by Reserve Bank of India.
   g) As NRI accounts are guided by FEMA regulations, LIC has decided not to include NRI accounts for fund transfer. So policy holders / annuitants are requested not to submit their NRI account details.
   h) After submission of NEFT details, if there is any change in bank details then fresh mandate form will be required to be submitted.
   i) If you are getting the annuity payments through ECS mode from our IPP cells, you may opt for payment by NEFT by submitting the mandate or continue to receive the annuity payment in the existing ECS mode.

(TO BE COMPLETED IN CASE OF NEPALI NATIONALS RESIDENT IN INDIA / ON TEMPORARY VISIT TO INDIA)

Date:
To
The Senior Divisional Manager
Life Insurance Corporation of India

Dear Sir,
Re.: Proposal for Assurance of Rs. _____ on my own life/on the life of_____

I, _____, have placed proposal for assurance with the Life Insurance Corporation of India through _____ Branch Office under_____Division on my own life / on the life of Sri/Smt._____ (relationship).

I hereby declare that I am a Nepal National resident in India / on temporary visit to India.

I also declare and agree that the resultant Policy will be serviced by the Life Insurance Corporation of India and I shall make my own arrangements to remit the premiums to the servicing Division/Branch Office of the LIC direct and if and when the policy results into a claim either by maturity or death or in the event of my applying for loan or surrender value, I or my legal heir/heirs, as the case may be, shall take payment in INDIAN CURRENCY. I am aware that any request from my side / or from the Life Assured in case of vesting of the policy in him or her in future to transfer this proposed policy to RASHTRIYA BIMA SANSTHAN, Nepal, should not be entertainable by the L.I.C. of India. I further agree and declare that this declaration shall also form the basis of contract of assurance between me and the Life Insurance Corporation of India.

_____
(Full signature of Proposer)

_____
(Full signature of Life Assured)

WITNESS :
1. Signature : _____
Full Name : _____

2. Signature : _____
Full Name

Form No. 7554

LIFE INSURANCE CORPORATION OF INDIA

SPECIMEN OF AUTHORISATION LETTER

(To be obtained from the proposer along with the proposal papers)

Place: _____
Date: _____

The Branch Manager
LIC of India
Branch Office
_____

Dear Sir

Re: Delivery of my Policy Bond Bearing No. _____

I hereby authorize Sri _____ Agent / Dev.Officer, Code No. _____ to receive my Policy Bond Bearing No. _____ on my behalf at my risk and responsibility.

Thanking you

Yours faithfully

PROPOSER / POLICY HOLDER

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Form No. 7554

LIFE INSURANCE CORPORATION OF INDIA

SPECIMEN OF AUTHORISATION LETTER

(To be obtained from the Policyholder after handing over the Policy Bond)

Place: _____
Date: _____

The Branch Manager
LIC of India
Branch Office
_____
_____

Dear Sir

Re: Acknowledgement of Receipt of my Policy Bond Bearing No. _____

Further to my authorization to hand delivery of Policy Bond, I hereby acknowledge the receipt of my policy bond bearing no. _____ from Sri _____ Agent / Dev.Officer, Code No. _____, LIC of India.

Thanking you

Yours faithfully

PROPOSER / POLICY HOLDER