

11. Date of Declaration	<input type="text"/>
12. Date of Acceptance	<input type="text"/>
13. Date of Birth	<input type="text"/>
14. Payment Type	<input type="text"/> Cash <input type="text"/> Cheque
15. Medical	<input type="text"/> Y <input type="text"/> N
16. Type of Policy	<input type="text"/>
17. Age at Maturity	<input type="text"/>
18. Sum Assured	₹ <input type="text"/>
19. Premium Amount	₹ <input type="text"/>
20. Mode of Payment	<input type="text"/> Cash <input type="text"/> Cheque
21. PAO Code	<input type="text"/>
PAO Sub code	<input type="text"/>
Address	<input type="text"/>
22. Proposal Number	<input type="text"/>
23. PAN Number	<input type="text"/>
24. Mobile Number	<input type="text"/>
25. E-mail Address	<input type="text"/>

26. If policy is proposed to be taken under Married Women Property Act 1874, state object particulars of beneficiary and particulars of trustee. **(Nomination in such cases not allowed)**

27. If policy is being funded by HUF, give particulars of HUF.

Proposer:- 1.
2.
3.

Spouse:- 1.
2.
3.

Total : (in ₹) _____

31. Family history :

Has any of your family members (living or dead) suffered from any hereditary or infectious disease like Insanity/ Epilepsy/ Gout/ Asthma/ Tuberculosis/ HIV/ Cancer/ Leprosy/ Diabetes etc.

(i) Proposer _____

(ii) Spouse _____

(Note: The term family includes Mother, Father, Brothers & Sisters.)

32. (a) Are you and your spouse at present in sound health

(i) Proposer _____ Yes/No _____

(ii) Spouse _____ Yes/No _____

(b) Have you and your spouse ever suffered from any of the following diseases

(i) Tuberculosis : Yes No

(ii) Cancer : Yes No

(iii) Paralysis : Yes No

(iv) Insanity : Yes No

(v) Any disease of heart and lungs : Yes No

(vi) Kidney disease : Yes No

(vii) Any disease of brain : Yes No

Yes No

Yes No

Yes No

(viii) Diabetes	:		
(ix) Hypertension	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(x) HIV Positive	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xi) Hepatitis-B	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xii) Epilepsy	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xiii) Nervous disorder	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xiv) Liver	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xv) Leprosy	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xvi) Any physical deformity or handicap	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(xvii) Any other serious disease	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(c) Have you availed of any kind of leave on medical ground or hospitalized during the last 3 years? If so, furnish the following information.

	<u>Kind of leave</u>	<u>Period of leave</u>	<u>Ailment</u>	<u>Name of Hospital</u>	<u>Period of Hospitalization</u>	
					<u>From</u>	<u>To</u>
1.						
2.						
3.						

(d) Particulars of the family doctor, if any: _____

DECLARATION OF PROPOSER AND SPOUSE

33. (a) We do hereby declare that (a) no proposal of insurance on our life has ever been adversely treated by any insurance company (b) the foregoing statements made are true to the best of our knowledge and belief (c) in case it is found that we have wilfully made any untrue statement or have concealed any relevant circumstances then all the premia which shall have been paid by us, shall be forfeited and this contract rendered absolutely null and void (d) We understand that our life shall be insured from the date our proposal is accepted (e) We have gone through the terms and conditions for insurance with PLI and a copy of which has been given to us and explained to us in our language. We hereby agree to abide by them.

33. (b) We hereby agree to pay the fee of ₹_____ (per individual) for the medical examination if our proposal is not accepted.

Dated The Day of 20

Proposer _____

Spouse _____

33. (c) Declaration for Sum assured of more than ₹ five Lacs

- (i) Our age does not exceed 50 years from our next birthday.
- (ii) We hereby declare and undertake that our aggregate outgo against payment of premium of insurance, contribution of GPF and other payments does not exceed 60% of my monthly income.
- (iii) We have not surrendered any PLI policy in the past.

Date :

Signature of proposer

Place :

Signature of spouse

34. CERTIFICATE OF IMMEDIATE SUPERIOR

Certified that _____ is a permanent/temporary employee in _____ and information furnished against column No. 1 to 8 & 13 of this proposal form is correct as per his/her service records.

Date :

Signature

Place :

Name

Designation/Seal

35. Certificate of Medical Officer

(For medical cases only)

I have carefully examined Sh./Smt. _____ Proposer and his/ her

Spouse Sh./ Smt. _____ whose signatures are given below today

_____ of _____ 20 _____ The Proposer

Sh. / Smt. _____ and spouse Smt./Sh. _____

are medically fit/unfit. I recommend/do not recommend acceptance of the proposal for a Yougal Suraksha policy.

Signature of the Medical Officer

Name (in block capital)

Date

Seal

Code

Signature of proposer :-

Signature of spouse:-

NOTE FOR MEDICAL OFFICER

- a) When there are two or more cases of diabetes in the family, report of Glucose” Tolerance Test and Urine would be required and if the proponent is overweight in addition to the family history of diabetes or there is a suspicion of sugar in the urine or personal history of glycosuria, a blood sugar report would be necessary.
- b) If the proponent is overweight or has doubtful family history an electrocardiogram and a report on the scanning of the chest would be required.
- c) If the proponent is underweight and has family history of TB, an X-Ray of the chest would be

required.

d) Expense of the above mentioned tests will have to be borne by the proponent.

36. TO BE FILLED IN BY DO/FO (PLI)/AGENT

Type _____ Sum Assured ₹ _____

Age at entry _____ Premium rate ₹ _____

Receipt(LI-7(a) No. _____ Date _____ Amount ₹ _____

Name of Medical Officer _____

Code No. of Medical Officer _____

Post Office where payment is to be made _____

I _____ Code No. _____
certify that the information in the proposal form has been furnished by the proponent in my presence.
All columns have been completed and are correct and no question is left un-answered. The proposal is
recommended for acceptance.

DATE :

SIGNATURE

37. CERTIFICATE OF DDM/ADM (PLI) /SR/SUPDT POs

Certified that the entries against column No. 1 to 31 and 34 to 37 have been verified by me and found
in order. The proposal is accepted.

The proposal is rejected due to the following reasons:

- 1.
- 2.
- 3.

DATE :

PA/ SS

ADM/DDM/Supdt Pos