(LI-24)

Affix Combined Photograph of Proposer and Spouse

DEPARTMENT OF POSTS
PROPOSAL FORM FOR POSTAL LIFE INSURANCE
(YUGAL SURAKSHA)

FOR OFFICE USE ONLY

Name of the Development Officer/FOs/Agent/ Postal employees (ASP/ IPO/ PM/ PA/ SA/ Postman/ Mail guard/ GR'D/ GDS-BPM/ GDS-DA/ GDS-MC)

Agent Code

Proposal No.

Date of receipt

No. of LI-7(a)

Amount deposited ₹

Post Office at which deposited

ACG- 67 Receipt No and Date

Policy No.

All entries should be filled in capital letters:

1. Name

2. F/H Name

3. Name of Spouse

4. Date of Birth of spouse

5. Category
(Department/ Organisation)

6. Address Details for Correspondence

Pin code

Permanent Address

Pin code

7. Employment Details

Designation

Date of Entry

Designation of Immediate Superior

Address

Pin code

8. Sex **M** **F**

9. (a) Doctor's Code

(b) Doctor's Name

10 Date of Proposal

11. Date of Declaration

12. Date of Acceptance

13. Date of Birth

14. Payment Type Cash Cheque

15. Medical Y N

16. Type of Policy

17. Age at Maturity

18. Sum Assured ₹

19. Premium Amount ₹

20. Mode of Payment Cash Cheque

21. PAO Code

PAO Sub code

Address

22. Proposal Number

23. PAN Number

24. Mobile Number

25. E-mail Address

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.

28.Nomination (refer section 39 of Insurance act 1938) (Not applicable in case of policy under MWPA 1874)

a. State particulars of the nominees (not more than three Nominees)

Sole/ First Nominee Details-

Name

Address

Pin code

Relationship

Age

% Share of claim amount

Second Nominee Details-

Name

Address

Pin code

Relationship

Age

% Share of claim amount

Third Nominee Details-

Name

Address

Pin code

Relationship

Age

% Share of claim amount

29. Appointee Details (if nominee is a minor)

Name

Address

Pin code

Relationship

Age

30.a) Do you and your spouse hold any other Postal Life Insurance Policy? If so, give details:

Policy No.	Type	Sum Assured (in ₹)

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
		Yes	No

(viii) Diabetes	:		
(ix) Hypertension	:	Yes	No
(x) HIV Positive	:	Yes	No
(xi) Hepatitis-B	:	Yes	No
(xii) Epilepsy	:	Yes	No
(xiii) Nervous disorder	:	Yes	No
(xiv) Liver	:	Yes	No
(xv) Leprosy	:	Yes	No
(xvi) Any physical deformity or handicap	:	Yes	No
(xvii) Any other serious disease	:	Yes	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.

	Kind of leave	Period of leave	Ailment	Name of Hospital	Period of Hospitalization	
					From	To
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. <u>CERTIFICATE OF IMMEDIATE SUPERIOR</u>

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 FILLLED 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. <u>CERTIFICATE OF DDM/ADM (PLI) /SR/SUPDT POs</u>

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