

PROPOSAL FOR LIFE ASSURANCE

CEYLINCO LIFE®

A Relationship For Life™



Ceylinco Life Insurance Limited, Ceylinco Life Tower, 106, Havelock Road, Colombo 5. Co. Reg. No. PB5183 Tel: (011) 2461461 E-mail: service@ceylifile.lk Web: www.ceylincolife.com

SO Code Contract No

IMPORTANT: PLEASE MAKE FULL DISCLOSURE OF YOUR HEALTH, OCCUPATION, HABITS AND PURSUITS. NON-DISCLOSURE OR MISREPRESENTATION WILL RENDER YOUR POLICY NULL AND VOID. IF YOU ARE IN DOUBT AS TO WHETHER ANY FACTS WOULD BE IMPORTANT, IT IS IN YOUR INTEREST TO DISCLOSE THEM.

Please produce originals of National Identity Card, Passport, Marriage Certificate, Business Registration where necessary.

1. PERSONAL INFORMATION		Client No.	Client No.
INFORMATION REGARDING THE PROPOSER/MAIN PROPOSER		Life to be Assured/Spouse	
Name in Full	MR vediak kumbhar	MR vediak kumbhar	
Name with Initials	HHH	HHH	
Address of Policy Delivery	Pacakege Data 1 Pacakege Data 2 Pacakege Data 3	Pacakege Data 1 Pacakege Data 2 Pacakege Data 3	
	Pacakege Data 3 123	Pacakege Data 3 123	
	District Pacakege Data	District Pacakege Data	
Telephone No. Fixed:	4343434343 Mobile 1222222222	4343434343 Mobile 1222222222	
E-mail Address	string@gmail.com	string@gmail.com	
Permanent Residence	City permnentCity District permnent district	City permnentCity District permnent district	
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/>	Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/>	
Nationality	Sri Lanka <input type="checkbox"/> Other <input type="checkbox"/>	Sri Lanka <input type="checkbox"/> Other <input type="checkbox"/>	
N.I.C. or Passport No	123499999	123499999	
Date of Birth/ Age	1999/25/12 Age 45	1999/25/12 Age 45	
Occupation / Job Title /Business and its nature	Account ffdh	Account ffdh	
Other Source of Income if any	yes	yes	
Name of the Employer	TEMP	TEMP	
Period of Employment/Business	2 Yrs Annual Income 21321	2 Yrs Annual Income 2	
Business Registration Number	1	1	
		Insurance Policy Printed <input type="checkbox"/> e- Policy <input checked="" type="checkbox"/>	
Relationship to the person to be Assured	Spouse	Language preference for policy English <input type="checkbox"/> Sinhala <input type="checkbox"/> Tamil <input checked="" type="checkbox"/>	

2. PROPOSED ASSURANCE AND BENEFITS REQUIRED

Plan product.productName	003	Main Proposer		Life to be Assured/Spouse	
Policy Term	5000000	Premium Paying Term		Amount	Term
Basic Policy Value		(BAS)	5	500000	55
		(152R)	No	No	66
Pension Saver Fund		(BSPP)	7	700000	66
		(FPB/CFPR)	8	800000	66
Ceylinco Life Family Protection Benefit		(FIB)	No	No	No
Ceylinco Life Family Income Benefit		(FDB)	No	No	No
Ceylinco Life Family Digasiri Plus (New) Benefit		(ECB)	No	No	No
Ceylinco Life Extra Cover Benefit		(HCB)	No	No	No
Ceylinco Life Hospital Cash Plus Benefit (Per Day)		(CMS)	No	No	No
Ceylinco Life Major Surgery Plus Benefit		(ADB)	No	No	No
Ceylinco Life Jeewa Yathra Accidental Death Benefit		(PDB)	No	No	No
Ceylinco Life Jeewa Yathra Parital & Permanent Disability Benefit (% will be paid)		(JMIB)	No	No	No
Ceylinco Life Jeewa Yathra Monthly Income Benefit		(IF)	No	No	No
Contribution for Individual (Education) Fund		(HORR)	No	No	No
Ceylinco Life Health Support Benefit		(HORR)	No	No	No
		Deductible Option	No	No	No

3. PREMIUM PAYMENT DETAILS

How do you like to make your payments

Standing Order ☐ Salary Deduction ☐ Credit Card ☒ Ceylinco Life Branch ☐ To the Post Office ☐ Direct to Bank ☐

Frequency of Payment

Annual ☐ Bi-Annual ☐ Quarterly ☐ Monthly ☒ Single ☐

Initial Payment

4. PARTICULARS OF PREVIOUS LIFE POLICIES/PROPOSALS

Main Proposer/Guardian					Life to be Assured/Spouse				
	Name of Insurance Institution	Policy/Proposal Number(s)	Policy/Proposal Value	Premium		Name of Insurance Institution	Policy/Proposal Number(s)	Policy/Proposal Value	Premium
1	No	No	No	No	No	No	No	No	No

Main Proposer/Guardian			Life to be Assured/Spouse		
Have you ever had an application for Life Insurance declined, postponed or not accepted on normal terms?			Have you ever had an application for Life Insurance declined, postponed or not accepted on normal terms?		
Yes/No	If 'Yes', please give details including name of Insurer, Proposal No. Etc.		Yes/No	If 'Yes', please give details including name of Insurer, Proposal No. Etc.	
1	no	no	yes	yes	

5. YOUR HEALTH

Your Body Mass Index-BMI		Main Proposer/Guardian		Life to be Assured/Spouse				
	Height	58 (In)	Weight	160 (Kg.)	Height	product.spousensured.person.height.centimeter (In)	Weight	product.spousensured.person.weight nk (Kg.)
							Yes/No	If 'yes' please give details of disease/disorder treated, doctor's name and all past clinic & laboratory investigation reports.
1	Undergone any medical investigation or surgery?				Yes		Yes	
2	Does any Proposed Insured belong to or have they entered into a written agreement to become a member of the military or National Guard?				No		No	
A	Diabetes				No		No	
a	Diabetes				Less than a year		Less than a year	
b	Diabetes				Yes		Less than a year	
3	Are you at present suffering from any of the following disorders/diseases or have you suffered from the following disorders/diseases during the last 10 years?				Yes		Yes	
A	Diabetes				Yes		Yes	
a	Diabetes				Less than a year		Less than a year	
b	Diabetes				No		No	
c	Diabetes				NVNV		NVNV	
d	Diabetes				Oral medication		Oral medication	
e	Diabetes				Regularly		Regularly	
B	High Blood Pressure (Hypertension)				Yes		Yes	
a	High Blood Pressure (Hypertension)				HFFH		HFFH	
b	High Blood Pressure (Hypertension)				NVNV		NVNV	
c	High Blood Pressure (Hypertension)				Yes		Yes	
d	High Blood Pressure (Hypertension)				Yes		Yes	
e	High Blood Pressure (Hypertension)				Yes		Yes	
C	Elevated Cholesterol				Yes		Yes	
a	Elevated Cholesterol				HFFH		HFFH	
b	Elevated Cholesterol				NVNV		NVNV	
c	Elevated Cholesterol				Yes		Yes	
d	Elevated Cholesterol				Yes		Yes	
e	Elevated Cholesterol				Yes		Yes	
D	Any disease of the Cardio Vascular System e.g. Heart disease, Shortness of breath, Chest pain, Hole in the heart (ASD, VSD), Rheumatic fever etc.				Yes		Yes	
a	Any disease of the Cardio Vascular System e.g. Heart disease, Shortness of breath, Chest pain, Hole in the heart (ASD, VSD), Rheumatic fever etc.				Heart disease		Heart disease	
b	Any disease of the Cardio Vascular System e.g. Heart disease, Shortness of breath, Chest pain, Hole in the heart (ASD, VSD), Rheumatic fever etc.				NVNV		NVNV	
c	Any disease of the Cardio Vascular System e.g. Heart disease, Shortness of breath, Chest pain, Hole in the heart (ASD, VSD), Rheumatic fever etc.				Echo Cardiogram		Echo Cardiogram	
d	Any disease of the Cardio Vascular System e.g. Heart disease, Shortness of breath, Chest pain, Hole in the heart (ASD, VSD), Rheumatic fever etc.				Yes		Yes	
e	Any disease of the Cardio Vascular System e.g. Heart disease, Shortness of breath, Chest pain, Hole in the heart (ASD, VSD), Rheumatic fever etc.				Yes		Yes	
f	Any disease of the Cardio Vascular System e.g. Heart disease, Shortness of breath, Chest pain, Hole in the heart (ASD, VSD), Rheumatic fever etc.				CBBC		CBBC	
4	Had any accident, injury or hospitalised for observation or surgery?				Yes		Yes	

6. General

	Yes/No	If 'yes' please give details	Yes/No	If 'yes' please give details
1 Have you had any intention of engaging in military services?	Yes		Yes	
A Diabetes	Yes		Yes	
a Diabetes	Yes		Yes	
2 Have you been convicted of any criminal offence or illegal activity?	Yes		Yes	
3 Do you engage in any sport/activity or have you had any intention of engaging in any sport/activity such as Motor Racing, Diving, Mountaineering etc	Yes		Yes	
4 Was there any criminal case against you in a Court of Law or is there any case pending or under investigation against you?	Yes		Yes	
5 Are you a Politically Exposed Person (PEP*) or related to a PEP?	Yes		Yes	

DO OR HAVE ANY OF THE FOLLOWING FAMILY MEMBERS SUFFER/ED FROM DIABETES, HYPERTENSION, HEART DISEASE OR CANCER?

Relationship	Main Proposer/Guardian	Life to be Assured/Spouse
	Illness/Disease	Illness/Disease
Father	No	No
Mother	No	No

Family Information

Relationship	IF LIVING - Indicate present state of health including any illness/es IF DEAD - Indicate age at death and cause of death. (Give details if death occurred due to an Accident, Sickness, Assassination or Murder)					
	Main Proposer/Guardian			Life to be Assured/Spouse		
	Age	Living	Dead	Age	Living	Dead
		State of Health	Cause of Death		State of Health	Cause of Death
Father	45	Alive		45	Alive	
Mother	45	Alive		45	Alive	

BENEFICIARIES (Contingent beneficiaries are applicable in the event of death of the original beneficiary)

For Proposer/Main Proposer

A. Name in Full	Relationship	Date of Birth	NIC No.	Death Benefit/Immediate Cash Benefit	Family Digasiri Benefit	Family Income Benefit
1 ABCDEF	Brother	01/02/2023	No	100	100	100
2 POIUI	Brother	01/02/2023	No	100	100	100

For Spouse/Life Assured

A. Name in Full	Relationship	Date of Birth	NIC No.	Death Benefit/Immediate Cash Benefit	Family Digasiri Benefit	Family Income Benefit
1 ABCDEF	Brother	01/02/2023	No	100	100	100
2 POIUI	Brother	01/02/2023	No	100	100	100

DECLARATION FOR CEYLINCO LIFE HOSPITAL CASH / CEYLINCO LIFE MAJOR SURGERY / CEYLINCO LIFE FAMILY DIGASIRI / CEYLINCO LIFE HEALTH SUPPORT PLUS BENEFIT/S

Client No.

Contract No

Name of Child

MR vediak kumbhar

Date of Birth

1999/25/12

Age

45

Height

58

(In)

Weight

160

(Kg.)

Benefits Required

		Amount
Ceylinco Life Family Digasiri Plus (New) Benefit		500000
Ceylinco Life Hospital Cash Plus Benefit (Per Day)		No
Ceylinco Life Major Surgery Plus Benefit		No
Ceylinco Life Health Support Benefit	Individual/Family Floater Cover	No
	Deductible Option	No

CHILD GENERAL/ HEALTH QUESTIONS

Yes/No		Please give details.
1	Is your child in good health and entirely free of any mental or physical impairments or deformities?	Yes
2	Has your child ever suffered or is he/she now suffering from	Yes
Disease of the circulatory system (e.g. heart trouble, hole in the heart, valvular disease, rheumatic fever, high blood pressure, disease of the arteries or veins, myocardial infarction, coronary artery disease, heart valve disease, disease of aorta, primary pulmonary arterial hypertension)?		Yes
B	Disease of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia, chronic lung disease)?	Details of answer
C	Disease of the genito-urinary system or congenital abnormalities (e.g. infection of the kidneys, urinary passage, bladder or genital organs, renal stones, venereal disease, kidney failure)?	Yes
D	Disease of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, disorders of the liver or gall bladder, hepatitis, fulminant hepatitis, chronic liver disease)?	Yes

DECLARATION FOR CEYLINCO LIFE HOSPITAL CASH / CEYLINCO LIFE MAJOR SURGERY / CEYLINCO LIFE FAMILY DIGASIRI / CEYLINCO LIFE HEALTH SUPPORT PLUS BENEFIT/S

Client No.

Contract No

Name of Child

MR vediak kumbhar

Date of Birth

1999/25/12

Age

15

Height

58

(In)

Weight

160

(Kg.)

Benefits Required

		Amount
Ceylinco Life Family Digasiri Plus (New) Benefit		500000
Ceylinco Life Hospital Cash Plus Benefit (Per Day)		No
Ceylinco Life Major Surgery Plus Benefit		No
Ceylinco Life Health Support Benefit	Individual/Family Floater Cover	No
	Deductible Option	No

CHILD GENERAL/ HEALTH QUESTIONS

		Please give details.
Yes/No		
1	Has your child ever suffered or is he/she now suffering from	Yes
A	Disease of the circulatory system (e.g. heart trouble, hole in the heart, valvular disease, rheumatic fever, high blood pressure, disease of the arteries or veins, myocardial infarction, coronary artery disease, heart valve disease, disease of aorta, primary pulmonary arterial hypertension)?	Yes
		Details of answer
B	Disease of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia, chronic lung disease)?	Yes
C	Disease of the genito-urinary system or congenital abnormalities (e.g. infection of the kidneys, urinary passage, bladder or genital organs, renal stones, venereal disease, kidney failure)?	Yes
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	Disease of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia, chronic lung disease)?	
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D		

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CHILD GENERAL/ HEALTH QUESTIONS

	Yes/No	Please give details.
1	Has your child ever suffered or is he/she now suffering from	
	Disease of the circulatory system (e.g. heart trouble, hole in the heart, valvular disease, rheumatic fever, high blood pressure, disease of the arteries or veins, myocardial infarction, coronary artery disease, heart valve disease, disease of aorta, primary pulmonary arterial hypertension)?	
A		
	Disease of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia, chronic lung disease)?	
B		
	Disease of the genito-urinary system or congenital abnormalities (e.g. infection of the kidneys, urinary passage, bladder or genital organs, renal stones, venereal disease, kidney failure)?	
C		
	Disease of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, disorders of the liver or gall bladder, hepatitis, fulminant hepatitis, chronic liver disease)?	
D		

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Ceylinco Life Major Surgery Plus Benefit		No
Ceylinco Life Health Support Benefit	Individual/Family Floater Cover	No
	Deductible Option	No

CHILD GENERAL/ HEALTH QUESTIONS

Yes/No

Please give details.

1

Has your child ever suffered or is he/she now suffering from

Yes

A

Disease of the circulatory system (e.g. heart trouble, hole in the heart, valvular disease, rheumatic fever, high blood pressure, disease of the arteries or veins, myocardial infarction, coronary artery disease, heart valve disease, disease of aorta, primary pulmonary arterial hypertension)?

Yes

B

Disease of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia, chronic lung disease)?

Details of answer

C

Disease of the genito-urinary system or congenital abnormalities (e.g. infection of the kidneys, urinary passage, bladder or genital organs, renal stones, venereal disease, kidney failure)?

Yes

D

Disease of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, disorders of the liver or gall bladder, hepatitis, fulminant hepatitis, chronic liver disease)?

Yes

IMPORTANT:

- This section must be read, signed and dated by the life/lives to be assured.
- If this application has been filled in by someone else on your behalf, you must read the answers carefully before signing the following declaration.

I/We, do hereby jointly and severally declare and agree that:

1. The foregoing answers have been given by me/us after fully understanding the questions, that the same are true in every aspect and that I/We have not withheld any information.
2. This declaration together with this proposal for Life Assurance, declaration(s) for child(ren) and any other declarations or statements made or to be made to a medical examiner or to the Company in connection with this proposal shall be the basis of the contract between me/us and Ceylinco Life Insurance Limited. However, in the event of my/our proposal is being accepted by the Company, the proposal and the declaration for child(ren) will form a part and parcel of the Contract.
3. The Sales Officer has explained the privileges, conditions and exclusions of the life policy and supplementary benefits therein on which the assurance will be granted, which I/We have understood and agreed to accept.
4. I/We undertake to duly inform Ceylinco Life Insurance Limited of any change in my/our state of health, occupation, avocation and/or residence between the date of this proposal and the date of commencement of the assurance and also to pay any extra premiums that may be imposed on account of health, occupation, avocation and/or residence.
5. If I/We decide to withdraw this proposal for any reason before it is accepted, I/We agree to the deduction of the cost incurred for medical examination, laboratory reports and service fee from the initial payment paid to the Company.
6. If I/We, my/our heirs, executors, administrators and assignors hereby agree that any physician, surgeon, medical practitioner or medical attendant who has attended upon or examined or treated me/us or who may hereafter attend, examine or treat me/us for any ailment or illness shall be at liberty to divulge, any knowledge or information regarding the state of health of mine/ours which may have been acquired before or after the policy is issued by the Company, to the Company, its officers and legal advisors or to any Court of Law.
7. Further, I/We authorise any representative or a Medical Practitioner of Ceylinco Life Insurance Limited to peruse or obtain the Bed Head Ticket or any other clinical notes from any Private or Government Hospital, Clinic, Nursing Home, Asylum or Sanatorium and also authorise to obtain information from any other insurer.
8. I / we hereby give my/our consent to Ceylinco Life Insurance Limited to verify (Online/Manual) my/our, National Identity Card particulars with the department of Registration of Persons.
9. I/ we agree and consent to Ceylinco Life Insurance Ltd as well as their respective representatives, agents, the Companies' authorised service providers and relevant third parties whether within or outside Sri Lanka for collecting, using and/or disclosing my/ our personal data for purposes reasonably required by the Companies to evaluate my/ our proposal and to provide the products or services which I am/ we are applying for.

Dated at this day of

"සියලුම පරිච්ඡේද, නිවැරදිව, වටහා ගැනීමෙන් පසු පිළිතුරු සපයන ලදී"
"அனைத்து வினாக்களும் முழுமையாகவும் தெளிவாகவும் விளங்கப்பட்ட பின்னரே
விடையளிக்கப்பட்டது"

"සියලුම පරිච්ඡේද, නිවැරදිව, වටහා ගැනීමෙන් පසු පිළිතුරු සපයන ලදී"
"அனைத்து வினாக்களும் முழுமையாகவும் தெளிவாகவும் விளங்கப்பட்ட பின்னரே
விடையளிக்கப்பட்டது"

1.
Signature of Proposer/Main Proposer/Guardian (if applicable)

2.
Signature of Spouse/Life to be Assured

Witness :

I certify that the signature was placed in my presence.

Signature:

Name

Address

NIC No

IMPORTANT:

- i. This is a proposal made by you for the purpose of obtaining Life Insurance Cover. This is not a contract. Your Life Insurance Policy contract will be issued subject to acceptance of the proposal by the Company.
- ii. All cheque payments shall be drawn in favour of "Ceylinco Life Insurance Limited." with the "Account Payee only" crossing.

Bank account details (For direct fund transfers)

Account Number :

Bank & Branch :

Contact number of a relative/ friend not living with you

Name :

Contact No. :



MY LIFE GOALS
මගේ ජීවිතයේ ඉලක්ක



Name : Age:

Dream	Selection	Priority	No. of years	Amount needed (Rs.)	Current plan	Unfortunate situations that I may face (Please tick)		Alternative plan
Child's higher education	<input type="text" value=" childs_higher_education_selection "/>	<input type="text" value=" childs_higher_education_priority "/>	<input type="text" value=" childs_higher_education_years "/>	<input type="text" value=" childs_higher_education_amount "/>	<input type="text" value=" childs_higher_education_plan "/>	Loss of income	<input type="text" value=" loss_of_income "/>	<input type="text" value=" alternate_income "/>
Purchase a vehicle	<input type="text" value=" new_car_selection "/>	<input type="text" value=" new_car_priority "/>	<input type="text" value=" new_car_years "/>	<input type="text" value=" new_car_amount "/>	<input type="text" value=" new_car_plan "/>	Hospitalization	<input type="text" value=" hospitalization "/>	<input type="text" value=" alternate_hospital "/>
New land	<input type="text" value=" new_land_selection "/>	<input type="text" value=" new_land_priority "/>	<input type="text" value=" new_land_years "/>	<input type="text" value=" new_land_amount "/>	<input type="text" value=" new_land_plan "/>	Critical illness	<input type="text" value=" critical_illness "/>	<input type="text" value=" alternate_critical "/>
Sending the child to a good school	<input type="text" value=" good_school_selection "/>	<input type="text" value=" good_school_priority "/>	<input type="text" value=" good_school_years "/>	<input type="text" value=" good_school_amount "/>	<input type="text" value=" good_school_plan "/>	Major surgery	<input type="text" value=" major_surgery "/>	<input type="text" value=" alternate_major_s "/>
Foreign trips	<input type="text" value=" foreign_trip_selection "/>	<input type="text" value=" foreign_trip_priority "/>	<input type="text" value=" foreign_trip_years "/>	<input type="text" value=" foreign_trip_amount "/>	<input type="text" value=" foreign_trip_plan "/>	Death of spouse	<input type="text" value=" death_spouse "/>	<input type="text" value=" alternate_death_s "/>
Career development	<input type="text" value=" business_develop_selection "/>	<input type="text" value=" business_develop_priority "/>	<input type="text" value=" business_develop_years "/>	<input type="text" value=" business_develop_amount "/>	<input type="text" value=" business_develop_plan "/>	Total & permanent disability	<input type="text" value=" tpda "/>	<input type="text" value=" alternate_tpda "/>
Happy retirement	<input type="text" value=" happy_retirement_selection "/>	<input type="text" value=" happy_retirement_priority "/>	<input type="text" value=" happy_retirement_years "/>	<input type="text" value=" happy_retirement_amount "/>	<input type="text" value=" happy_retirement_plan "/>	Untimely death	<input type="text" value=" untimely_death "/>	<input type="text" value=" alternate_untimely "/>
Completion of house	<input type="text" value=" house_completion_selection "/>	<input type="text" value=" house_completion_priority "/>	<input type="text" value=" house_completion_years "/>	<input type="text" value=" house_completion_amount "/>	<input type="text" value=" house_completion_plan "/>			

Income Protection Need (Human Life Value) : Rs.

Needs Gap : Rs.

COVID-19 (Corona Virus) Exposure Questionnaire

Life 01: MR vediak kumbhar

Life 02: MR vediak kumbhar

	Life 01	Life 02
Have you, or your family ever been serving a notice of quarantine in any form imposed by local health authorities or government or airport authority for possible exposure to novel coronavirus (SARS-CoV2/COVID-19)?	Yes	Yes

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority).Please note self-declarations are not acceptable.

Declaration

I confirm 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(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signed at ||al_person_details.mlife.sign_captured_place|| on this day ||datesign|| of ||monthsign|| , ||yearsign||

Life 01 Signature

Life 02 Signature

COVID-19 (Corona Virus) Exposure Questionnaire

Child 01:MR vediak kumbhar

		Child 01
1	Is your child in good health and entirely free of any mental or physical impairments or deformities?	Yes

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority).Please note self-declarations are not acceptable.

Declaration

I confirm 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.

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Signed at ||al_person_details.mlife.sign_captured_place|| on this day ||datesign|| of ||monthsign||, ||yearsing||

Life 01 Signature

COVID-19 (Corona Virus) Exposure Questionnaire

Child 02: MR vediak kumbhar

		Child 02
1	Is your child in good health and entirely free of any mental or physical impairments or deformities?	Yes

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority).Please note self-declarations are not acceptable.

Declaration

I confirm 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.

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Signed at ||al_person_details.mlife.sign_captured_place|| on this day ||datesign|| of ||monthsign||, ||yearsign||

Life 01 Signature

COVID-19 (Corona Virus) Exposure Questionnaire

Child 03: MR vediak kumbhar

		Child 03
1	Is your child in good health and entirely free of any mental or physical impairments or deformities?	Yes

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority).Please note self-declarations are not acceptable.

Declaration

I confirm 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.

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Signed at ||al_person_details.mlife.sign_captured_place|| on this day ||datesign|| of ||monthsign|| , ||yearsign||

Life 01 Signature

COVID-19 (Corona Virus) Exposure Questionnaire

Child 04:MRvediak kumbhar

		Child 03
1	Is your child in good health and entirely free of any mental or physical impairments or deformities?	Yes

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority).Please note self-declarations are not acceptable.

Declaration

I confirm 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.

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Signed at ||al_person_details.mlife.sign_captured_place|| on this day ||datesign|| of ||monthsign|| , ||yearsign||

Life 01 Signature

COVID-19 (Corona Virus) Exposure Questionnaire

Child 05: MRvediak kumbhar

		Child 05
1	Is your child in good health and entirely free of any mental or physical impairments or deformities?	Yes

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority).Please note self-declarations are not acceptable.

Declaration

I confirm 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(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signed at ||al_person_details.mlife.sign_captured_place|| on this day ||datesign|| of ||monthsign||, ||yearsign||

Life 01 Signature