

Proposer	Full Name	Date of Birth	Age	Marital Status	Occupation
Details :	Mr. Logeshwaran M	02-06-1991	32	Married	20-Self Employed without Income Ta
Address :	2/72.LOGESH ILLAM, Thennilai(po).pugalur(tk), Karur, 639206				

2. What is proposer's yearly income from: (** if life assured is different from the proposer)

Employment	Business / Profession	Other Sources	H.U.F. If any	Income of life to be assured **
0	400000	0	0	0

3. Whether income proof submitted ? (If Yes, give details below)

No

Nature of Document for income verification	Is he/she Income Tax Assessee	If yes, please provide PAN	& Income Tax Bracket
No Income Proof submitted	Yes	AEYPL7870D	Nil

4. Previous Insurance Details (Please refer annexure)

5. Family History (Please refer annexure)

Spouse Details

Name	Occupation	Annual Income
RUBISREE	N.A.	N.A.

6. Need Analysis

Total Annual Income	Outstanding Liabilities	
400000	Secured Loans 0	Non-secured Loans 0

Based on his age and income, the maximum insurance that can be granted is :

Age Group	Multiple of Avg. Annual Income	Maximum allowable Insurance
Up to 35yrs	25 times	10000000

7.

Object of Insurance	How would you like to pay your premiums
Risk Coverage with savings	Regular
Risk Profile	Time frame for this investment
Conservative to Moderate	21

8 Categorization of Plans in relation to object of Insurance

Category	Risk Profile	Plan Name
Conservative to Moderate	Conservative to Moderate	JEEVAN LABH

9 Product Chosen

Table No	Plan Name	Term	Sum Assured	Mode	Premium
936	LIC's Jeevan Labh	21	1200000	Monthly	5490

a) If ULIP is proposed :

Allocation Charges			Other Charges (which will be levied by cancelling Units)		
Ist Year	Iind Year	Illrd Year onwards	Life Cover charges	Policy Administration Charges	Fund Management charges
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

b) If Annuity / Pension is proposed :

Target Annuity per annum	Type of annuity	Annuity Amount per annum	Deferment Period
N.A.	N.A.	0	N.A.

10. Is the total insurance added to the present proposal is reasonable in relation to income

Yes

The questions above pertain to your personal condition at the time of application and to your understanding of the features of the product for which you are applying . This information will not be used for any other purpose and will remain confidential.

I, Mr. Logeshwaran M having received the information with respect to the above , have understood the selection of product before entering into this contract. My preferred plan details are as following:

Table No	Plan Name	Term	Sum Assured	Mode	Premium
936	LIC's Jeevan Labh	21	1200000	Monthly	5490



Benefit Illustration

LIC's Jeevan Labh (Plan No. 936)

A Non-Linked, Participating, Individual, Life Assurance Savings Plan

(Unique Identification Number - 512N304V02)

Distribution channel	Offline	Agency name	Agency code
Name of prospect/policyholder		Age of prospect/policyholder 32 years	Date of illustration 23-03-2023
Name of life assured		Age of life assured 32 years	Benefit UID/Proposal no. ON726459559803
Policy term	21 years	Premium payment term 15 years	Mode of payment of premium Monthly
Basic sum assured Rs.	12,00,000	Sum assured on death (at inception of the policy) Rs. 12,00,000	Instalment premium (for base plan) 5,365.00
Bonus type	Simple reversionary and final additional bonus		

How to read and understand this benefit illustration?

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy, at two assumed rates of interest i.e., 8% p.a. and 4% p.a.

Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits then these will be clearly marked 'guaranteed' in the illustration table on this page. If your policy offers variable benefits then the illustrations on this page will show two different rates of assumed future investment returns, of 8% p.a. and 4% p.a. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.

Premium summary			
Particular	Base plan	Riders ¹	Total instalment premium
Instalment premium without GST	5,365.00		5,490.00
Instalment premium with GST @ 4.50% (1st year)	5,606.00		5,737.00
Instalment premium with GST @ 2.25% (2nd year onwards)	5,485.71		5,613.53
GST rate shall be as applicable from time to time			

(Amount in rupees)

Policy year	Annualized premium ² (cumulative)	Guaranteed benefits			Non-guaranteed benefits @ 4% p.a.		Non-guaranteed benefits @ 8% p.a.		Total benefits (including guaranteed and non-guaranteed benefits)					
		Surrender benefit	Death benefit	Maturity benefit	Reversionary bonus	Surrender benefit	Reversionary bonus	Surrender benefit	Maturity benefit		Death benefit ³		Surrender benefit ⁴	
									Maturity benefit, incl. of final additional bonus (FAB), if any, @ 4% (5+6+FAB)	Maturity benefit, incl. of final additional bonus (FAB), if any, @ 8% (5+8+FAB)	Death benefit, incl. of final additional bonus (FAB), if any, @ 4% (4+6+FAB)	Death benefit, incl. of final additional bonus (FAB), if any, @ 8% (4+8+FAB)	Surrender benefit @ 4% (3+7)	Surrender benefit @ 8% (3+9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	63056	0	1200000	0	4800	0	36000	0	0	0	1204800	1236000	0	0
2	126112	37834	1200000	0	9600	0	72000	0	0	0	1209600	1272000	37834	37834
3	189168	66209	1200000	0	14400	2294	108000	17204	0	0	1214400	1308000	68503	83413
4	252224	126112	1200000	0	19200	3114	144000	23357	0	0	1219200	1344000	129226	149469
5	315280	157640	1200000	0	24000	3979	180000	29844	0	0	1224000	1380000	161619	187484
6	378336	189168	1200000	0	28800	4905	216000	36785	0	0	1228800	1416000	194073	225953
7	441392	220696	1200000	0	33600	5907	252000	44302	0	0	1233600	1452000	226603	264998
8	504448	263826	1200000	0	38400	6751	288000	50630	0	0	1238400	1488000	270577	314456
9	567504	309857	1200000	0	43200	7629	324000	57218	0	0	1243200	1524000	317486	367075
10	630560	358789	1200000	0	48000	8568	360000	64260	0	0	1248000	1560000	367357	423049
11	693616	410621	1200000	0	52800	9588	396000	71914	0	0	1252800	1596000	420209	482535
12	756672	465353	1200000	0	57600	10714	432000	80352	0	0	1257600	1632000	476067	545705
13	819728	522986	1200000	0	62400	11968	468000	89762	0	0	1262400	1668000	534954	612748
14	882784	584403	1200000	0	67200	13393	504000	100447	0	0	1267200	1704000	597796	684850
15	945840	647900	1200000	0	72000	15012	540000	112590	0	0	1272000	1746000	662912	760490
16	945840	669655	1200000	0	76800	16888	576000	126662	0	0	1276800	1782000	686543	796317
17	945840	691409	1200000	0	81600	19078	612000	143086	0	0	1281600	1824000	710487	834495
18	945840	713163	1200000	0	86400	21643	648000	162324	0	0	1286400	1866000	734806	875487
19	945840	734918	1200000	0	91200	24679	684000	185090	0	0	1291200	1908000	759597	920008
20	945840	851256	1200000	0	96000	28800	720000	216000	0	0	1296000	1950000	880056	1067256
21	945840	851256	1200000	1200000	100800	35280	756000	264600	1300800	1992000	1300800	1992000	886536	1115856

Notes:

The main objective of the illustration is that the client is able to appreciate the features of the products and the flow of the benefit in different circumstances with some level of quantification.

This illustration is applicable to a standard (from medical, life style and occupation point of view) life.

1. It includes rider(s) premiums in respect of all the rider(s) opted by the proposer/policyholder at inception of the policy.
2. Annualized premium excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards the riders, if any, and goods & service tax. Refer sales literature for explanation of terms used in this illustration.
3. In any case, the total death benefit at any time shall not be less than 105% of the total premiums paid (excluding GST, extra premium and rider premiums, if any).
4. Special surrender value may however be payable, if it is more favourable to the policyholder.

I, _____ (name), have explained the premiums and benefits under the policy fully to the prospect/policyholder.

Place :

Date : Signature of agent/intermediary/official

I, _____ (name), having received the information with respect to the above, have understood the above statement before entering into the contract.

Place :

Date : Signature of prospect/policyholder

Plan Name	LIC's Jeevan Labh	Plan No	936	UIN	512N304V02
Proposal No.	800169	Proposal Date	23-03-2023	BranchCode	75R
Access_Id	802714384	Agency Code	0013975R	D.O. Code	912075
Email Id	logeshwaran.the@gmail.com		Mobile No.	8870970978	



- ☒ * I hereby confirm that the mobile number provided by me, is registered in my own name. By ticking this box,
☒ I hereby authorize Life Insurance Corporation of India to verify the above information and call me back even if I am registered in the Do not call List of TRAI.

▼ Details of plan proposed

Term & PPT	Sum Assured	Premium	Mode of Payment	Date of commencement
21-15	1200000	5490	Monthly	23-03-2023
AB/ADDDB Req	AB/ADDDB Sum Assured	C.I. Sum Proposed	T.R Sum Proposed	PWB Rider Req
ADDDB-Yes	1200000	0	0	No

Applicable to Police Personnel if LIC's Accident Benefit Rider / LIC's Accidental Death And Disability Benefit Rider is opted for :

(i). Whether you are engaged in police duty in any police organization other than paramilitary force? ☐ Yes ☒ No

If "Yes", (ii). Whether you wish to avail the AB/AD& DB rider while on police duty? ☐ Yes ☒ No

Applicable for SSS Policies only

PA Code and Dept No. Badge or SR No.

☒ I undertake to undergo all the medical tests as may be prescribed / required by the Corporation for the grant of insurance.

▼ Personal details of the life to be insured

1. Name	Mr.	Logeshwaran		M
2. Father's Name	Meyyazhagan		3. Mother's Name	Amaravathi
4. Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender	
5. Marital Status	Married		6. Spouse Name	RUBISREE
7. Date of birth	02-06-1991		8. Age	32 years.
9. Age Proof	Aadhar with full DOB		10. Place of birth	Thennilai
11. Residential Status	Resident Indian		12. Citizenship	India

▼ Communication details

13. Present Address for communication

Address Line 1	2/72.LOGESH ILLAM
Address Line 2	Thennilai(po).pugalur(tk)
Address Line 3	Karur
PIN Code	639206
Phone (Landline)	00

14. Permanent Residential Address

Address Line 1	NO 2/75 SALAITHOTTAM Thennilai(south)
Address Line 2	Karur Tamil Nadu
Address Line 3	
PIN Code	639206
Phone (Landline)	8870970978

▼ KYC particulars

1. Are you an IT Assessee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, provide	2. PAN	AEYPL7870D
3. Proof of Identity	Aadhaar Card/e-Aadhaar Cai	4. Address Proof	Aadhaar Card/e-Aadhaar Cai	
5. Are you (Proposer) registered under the GST act ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, provide GSTIN				
6. Central KYC Registry No.	0			

▼ Occupation Details

1. Present Occupation	Self Employed without Income Tax	2. Exact Nature of duties	Business
3. Name of present employer	IT WORKER KGISL	4. Length of service	72 months
5. Annual income	500000	6. Source of income	Self Employed
7. Educational Qualification	Professional	8. Purpose of Insurance	Risk Coverage with savings

8. Are you employed in armed forces?

☐ Yes ☒ No

(If your answer is 'Yes', please provide the following details:

(a) Wing to which you belong?		(b) Date of last medical examination	
(c) Rank therein		(d) Medical category after medical exam	
(e) Were you ever below A-1 category?		(f) If yes, when. (please provide date)	

▼ Other details

1. Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? ☐ Yes ☒ No

If yes, provide details

2. Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? ☐ Yes ☒ No

If yes, provide details

3. Are you Politically Exposed Person (PEP as per RBI Guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.) ☐ Yes ☒ No

If yes, provide details

▼ Lifestyle details

1a.

Do you smoke / consume or have you ever smoked / consumed the following (i , ii, iii)	Yes / No	If YES, Quantity consumed and Duration	If STOPPED, Since how many months
(i) Alcoholic drinks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(ii) Narcotics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(iii) Any other drugs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

1b.

Do you smoke/consume or have you smoked/consumed tobacco in any form (cigars, cigarettes, beedis, pan masala etc) in the past 60 months.(in sticks/packets/ sachets/gms per day)

☐ Yes ☒ No

2. What has been your usual state of health?

☒ Good ☐ Not Good

If 'Not Good', please mention the health issues

▼ Details of previous policies held / proposals applied

1. Previous policy details not provided

2. Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of Life Insurance Corporation of India or to any other insurer?

☐ Yes ☒ No

If yes, please give details

3. Whether proposed simultaneously on the life of spouse and children ?

☐ Yes ☒ No

If yes, please give details

4. Has a proposal (or an application for revival of a policy) on your life made to any office of Life Insurance Corporation of India or to any other insurer ever been:

(a) Withdrawn, Deferred, Dropped or Declined?

☐ Yes ☒ No

If yes, please give details

(b) Accepted with extra Premium or Lien?

☐ Yes ☒ No

If yes, please give details

(c) Accepted on terms otherwise than those proposed?

☐ Yes ☒ No

If yes, please give details

(d) Have you during past one year returned any policy of Life Insurance Corporation of India as the same was not acceptable to you?

☐ Yes ☒ No

If yes, please give details

▼ Medical details of the life to be insured

1. Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following ailments.

a). Lungs/Respiratory disease/Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc.

☐ Yes ☒ No

b). Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries

☐ Yes ☒ No

c). Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/digestive disorder

☐ Yes ☒ No

d). Any disease of kidney/prostate or urinary system

☐ Yes ☒ No

e). Paralysis/epilepsy/insanity/tremors, numbness, double vision, dizzy or fainting spells/head injury /insomnia /nervous breakdown/any other disease of the brain or the nervous system

☐ Yes ☒ No

f). Hernia/hydrocele, varicocele, fistula, varicose veins, filariasis, gonorrhoea, syphilis or any other venereal disease

☐ Yes ☒ No

g). Cancer/leukemia/lymphoma/tumour/cyst/ any other growth/lumps/blood disorder/enlarged glands.

☐ Yes ☒ No

h). Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears

☐ Yes ☒ No

i). Endocrine disorders such as Diabetes, Goitre, Thyroid etc or have you ever passed sugar, albumin, pus or blood in urine

☐ Yes ☒ No

j). Bone / Joint / Spine disease / Arthritis

☐ Yes ☒ No

k). Mental Disorder (Depression/Anxiety etc)

☐ Yes ☒ No

l). Chronic infections - Tuberculosis/pleurisy/skin disease/skin eruption/leprosy

☐ Yes ☒ No

m). Hepatitis or AIDS & HIV related condition

☐ Yes ☒ No

n). Any operation, accident or injury/any bodily defect or deformity

☐ Yes ☒ No

o). Any other disease ?

☐ Yes ☒ No

▼ Medical History of the life to be insured

2. Height (in cms) Weight (in kgs)
3. During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ? ☐ Yes ☒ No
If yes, please give details
4. Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation? ☐ Yes ☒ No
If yes, please give details
5. Have you remained absent from place of work on grounds of health during the last 5 years ? ☐ Yes ☒ No
If yes, please give details

▼ Family Medical history

1. Have your parents / spouse / partner / children and/or any of your relations ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or any hereditary disorders, Insanity, or any contagious diseases such as tuberculosis, hepatitis, AIDS / HIV etc.? ☐ Yes ☒ No
If yes, please specify
- a. Name of the disease
- b. Relationship with the life to be assured
- c. date / year of death

▼ Family history

Please refer to annexure "Family History"

▼ Female Life (if applicable)

Please refer to annexure "Female Life"

▼ Settlement Options (as per plan conditions)

1. Do you wish to avail "Option to take Maturity Benefit in Instalments" ☐ Yes ☒ No
2. Do you wish to avail "Option to take Death Benefit in Instalments" ☐ Yes ☒ No
- If yes, please refer to annexure "Settlement Option(Maturity) and Death Benefit Option"*

▼ Bank details of the life to be insured

1. Your bank account type ☒ Savings ☐ Current 2. Account Number
3. IFS Code 4. Bank Name
5. Bank Address

▼ Premium Waiver Benefit

To be answered only if proposing for "LIC's Premium Waiver Benefit Rider " in case of insurance on Minor Life

Premium Waiver Benefit under this rider shall be equal to waiver of premiums payable under the Base Policy falling due on and after the date of death of Proposer till the expiry of rider term. However, premiums in respect of any riders, if opted for, other than this rider under the base policy shall not be waived and continue to be paid as per respective rider conditions. Further if premium paying term of the base policy exceeds the rider term all the premiums due under the base policy from the date of expiry of "LIC's Premium Waiver Benefit Ridezr" shall be payable by the Life Assured as per the terms and conditions of the Base policy.

Do you agree with the above ☐ Yes ☐ No

Note: Proposal shall be considered for LIC's Premium Waiver Benefit Rider only , if your answer to the above question is "Yes"

▼ For Aadhaar Stambh / Aadhaar Shila Plans

To be answered only if proposing under "LIC's Aadhaar Stambh " or " LICs Aadhaar Shila"

a. Total existing (excluding the proposal under consideration) sum assured under LIC's Aadhaar Shila/ LIC's Aadhaar Stambh :

b. Is your life being proposed simultaneously under the same plan? ☐ Yes ☐ No

If "Yes", give details :

Note: The total Sum Assured under LIC's Aadhaar Stambh or LIC's Aadhaar Shila on an individual should not exceed Rs. 5 lakhs .

▼ For Jeevan Azad Plans

To be answered only if proposing under "LIC's Jeevan Azad"

a. Total existing (excluding the proposal under consideration) sum assured under LIC's Jeevan Azad :

b. Is your life being proposed simultaneously under the same plan? ☐ Yes ☐ No

If "Yes", give details :

Note: The total Basic Sum Assured under all policies issued to an individual under LIC's Jeevan Azad (including Basic Sum Assured under this proposal) should not exceed Rs. 5 lakhs. Any proposal even if inadvertently submitted shall be deemed null and void.

▼ For Jeevan Amar & Plans where applicable as per plan specifications

To be answered only if applicable as per Plan specifications and for Jeevan Amar

a. Under which category do you wish to apply? ☐ Smoker ☐ Non-Smoker

Note: Non- smoker rates will be offered only on the basis of findings of Urine Cotinine Test.

b. Question regarding Death Benefit:

Please select one of the options for Sum Assured on Death (by ticking (✓) in the appropriate box) depending upon your specific needs:

☐ **Option I: Level Sum Assured**

"Level Sum Assured", where **Sum Assured on Death** shall be an amount equal to Basic Sum Assured and shall remain constant throughout policy term.

☐ **Option II: Increasing Sum Assured**

"Increasing Sum Assured", where **Sum Assured on Death** shall remain equal to Basic Sum Assured till completion of fifth policy year. Thereafter, it increases by 10% of Basic Sum Assured each year from the sixth policy year till fifteenth policy year till it becomes twice the Basic Sum Assured. This increase will continue under an inforce policy till the end of policy term; or till the Date of Death; or till the fifteenth policy year, whichever is earlier. From sixteenth policy year and onwards, the **Sum Assured on Death** remains constant i.e. twice the Basic Sum Assured till the policy term ends.

▼ For LIC's Dhan Varsha (Plan 866)

To be answered only for Dhan Varsha

The options should be chosen carefully depending on the individual's specific needs as the premium & benefits under the plan shall vary as per the option chosen and the same shall not be altered later.

☐ **Option 1: 1.25 times of Tabular Premium for the chosen Basic Sum Assured**

☐ **Option 2: 10 times of Tabular Premium for the chosen Basic Sum Assured**

Refer Sales Brochure for detailed benefits available under the respective option.

I understand that once Option is chosen the same shall not be altered and shall become part of the Policy Document.

▼ Consent

a) Have you understood fully the terms & conditions of the plan you propose to take? ☒ Yes ☐ No

b) Whether the terms & conditions of the proposed plan and any other information that you needed for matching your objectives of insurance have been explained to you by the agent? ☒ Yes ☐ No

Are you registered with LIC Portal: ☐ Yes ☒ No

If yes, give Customer ID

N.A.

If not, Please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.

▼ Summary of Section 45 of Insurance Laws (Amendment) Act 2015

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud :

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and the materials on which such decision is based.

Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) The active concealment of a fact by the insured having knowledge or belief of the fact ;
- (c) Any other act fitted to deceive ; and
- (d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II - Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intension to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

▼ Summary of Section 41 of Insurance Laws (Amendment) Act 2015

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any other rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Signature of the
Life to be Assured

Signature of the Agent /
Intermediary

▼ Declaration of the life to be insured

I **Logeshwaran M** the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers 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 and I do hereby agree and declare that these statements and this declaration 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 dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance, financial etc. on the grounds of privacy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation, and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and/or claim settlement. And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (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 members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred 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 acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance.

I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc

I also understand that the terms and conditions including premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Signature of witness

Witness should be a third party (Not related to the life to be insured)

Signature of the life to be insured

Name
Address
Pin Code

1. Declaration by the person filling in the form (in case form is filled up/signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/herself.)

"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 and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name of the Declarant:.....

Address of the Declarant:.....

Signature :.....

I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, Occupation) Mr./Mrs..... and I have understood the significance of the proposed contract.

(Signature or thumb impression of the person whose life is proposed to be assured:)

2. In case the proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can be established, but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof.

Name of the declarant :.....

Signature.....

Address of the declarant:.....

Logeshwaran M

Access Id : 802714384

▼ Particulars of Nomination

Sl No	Name of the Nominee	Age	Relationship to the life assured	Share (%)	Full Communication Address of the Nominee with PINCODE.			
1	RUBASHREE	25	Wife	100	2/72.LOGESH ILLAM	Thennilai(po).pugalur(t k)	Karur	639206

▼ Particulars of Appointee (when nominee is minor)

Sl No	Name of the Appointee	Age	Relationship to the nominee	Full Communication Address of the Appointee with PINCODE.			

Logeshwaran M

Access Id : 802714384

Relationship	Living / Dead	Present Age	State of Health	Age at Death	Cause of Death
Mother	Dead	0		51	Cancer
Sister	Living	27	Good	0	
Father	Living	63	Good	0	
Wife	Living	25	Good	0	
Sister	Living	27	Good	0	

<p>I. Confirm whether Life to be assured has been living with or in close contact with Covid positive patient in last 14 days.</p> <p><i>If yes , provide date of diagnosis of latest Covid positive individual.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N.A.</p>
<p>III. Has life to be assured ever tested positive for Covid-19 , <i>If yes</i></p> <p>a). Date of positive diagnosis</p> <p>b). Whether home quarantined / in Covid care center (CCC) / Hospitalized?</p> <p>c). Whether suffered from any Covid-19 related complications?.</p> <p><i>Please submit discharge summary, all investigation reports including all Covid-19 test results</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N.A.</p> <p><input type="checkbox"/> Home Quarantined <input type="checkbox"/> Hospitalised <input type="checkbox"/> Covid Care Centre</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IV. Has life to be assured been vaccinated for novel coronavirus(SARS-CoV2/COVID-19)</p> <p><i>If Yes</i></p> <p>a). Date of first Dose</p> <p>b). Date of second Dose</p> <p>c). Name of vaccine</p> <p>d). Have you experienced any adverse reaction post vaccination?</p> <p><i>If yes, please share details including treatment taken for adverse reaction (and how many days after vaccination)</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N.A.</p> <p>N.A.</p> <p>N.A.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N.A.</p>

Declaration

I confirm that the answers given above by me 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 proposal. I agree that this form will constitute part of my proposal for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Access Id : 802714384

▼ Personal Details

Aadhaar No. / Virtual ID : *****0775

Name : Logeshwaran M

Date of Birth : 02-06-1991

Gender : MALE



▼ Contact Details

C/o.

House / Bldg. / Apt.

NO 2/75

Street / Road / Lane

SALAITHOTTAM

Landmark

Area / Locality / Sector

Pincode

639206

Village / Town / City

Thennilai(south)

P.O.

District

Karur

State

Tamil Nadu