



PROPOSAL FORM

Plan Name :- LIC's Tech-Term

Plan No : 854

UIN : 512N333V01

Proposal No.	11912	Proposal Date	17-07-2021
Access_Id	977151456	Mobile No. *	9676619551
Email Id	nagraghu2@gmail.com		



- ☒ * 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

Sum Assured	Options (Death Benefit)	Premium Payment Options	Policy Term	Premium Paying Term
10000000	Level Sum Assured	Regular	40	40
Category	Mode of Payment	AB RIDER (Sum Assured)	Total Instalment Premium	
Non-Smoker	Yearly	0	9504	

- ☒ 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. Title	Mr.	2. Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
3. First Name	I	Middle Name		Last Name
4. Father's Name	I BALAJI			
5. Qualification	Graduate Or Post Graduate	6(a). Date of birth	18-07-1994	6(b). Age
7. Age Proof	Aadhar with full DOB	8. Place of birth	Vellore	
9. Marital Status	Single			

▼ Communication details

10 (a). Present Address for communication		10(b). Permanent Residential Address	
Address Line-1	19/55 M M Ratnam Street Palamaner	Address Line-1	19/55 M M Ratnam Street Palamaner
Line-2	Chittoor Andhra Pradesh	Line-2	Chittoor Andhra Pradesh
Line-3		Line-3	
PIN Code	517408	PIN Code	517408
Phone (Landline)	00	Phone (Landline)	00

▼ Identification particulars

11. Nationality	Resident Indian	12. Country of residence	India
13 Address Proof	Aadhaar Card/e-Aadhaar Card	14 PAN	ARMPN9552B
15 Identification Proof	Aadhaar Card/e-Aadhaar Card		

▼ Employment details of the life to be insured

16. Occupation	IT consultant	17. Nature of work	Others
18. Name of present employer	Deloitte	19. Length of service	0
20. Annual income	975000	21. Source of income	Salary

22. Have you any prospect or intention of engaging in aviation or entering Naval or Military Service or taking up any other hazardous occupation or pursuit ?

☐ Yes ☒ No

If yes, provide details

23. Do you take part in any hobbies/activities that could be considered dangerous in any way ? e.g. Aviation other than as a fare paying passenger), mountaineering, paragliding/parachuting, diving, Steeple chasing or any form of racing etc.

☐ Yes ☒ No

If yes, provide details

24. 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

25. Are you (Proposer) registered under the GST act ?

☐ Yes ☒ No

If yes, provide GSTIN

26. Do you travel outside India for 90 days or more in a year ?

☐ Yes ☒ No

If yes, provide details

27. 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)	

▼ Lifestyle details

28a.

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 and reason for discontinuation
(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		

28b.

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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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29. Are you in a state of good health?

☒ Yes ☐ No

If 'Not Good', please mention the health issues

30. Have you ever been or are currently being investigated, chargesheeted, prosecuted or convicted in respect of any criminal/civil offences in any court of law of India or abroad?

☐ Yes ☒ No

If yes, provide details

▼ Details of previous policies held / proposals applied

31 **Previous policy details not provided**

32 a). 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

32 b) . Whether proposed simultaneously on the life of spouse and children ?

☐ Yes ☒ No

If yes, please give details

33. 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

34. 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). Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b). Undergone angioplasty / bypass surgery / heart surgery | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c). Asthma/Tuberculosis/any other respiratory disorder | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d). Any Gastro intestinal disorders like Pancreatitis, colitis etc. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e). Genitourinary disorders related to kidney/prostate/urinary system | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f). HIV infection/AIDS/positive test for HIV | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g). Psychiatric/mental disorders | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| h). Any disorders of the Eye/Ear/Nose/Throat | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| i). Any Goitre/Thyroid gland/Endocrine disorders | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| j). Chest pain/Heart Attack/any other heart disease or problem | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| k). Diabetes/High blood sugar/sugar in urine | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| l). Nervous disorders/Stroke/Paralysis/epilepsy | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| m). Liver disorders/Jaundice/Hepatitis B or C | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| n). Cancer/Tumour/Growth or Cyst of any kind | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| o). Any Chronic Infection/blood disorders like anaemia/Thalassemia etc. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| p). Any disease or disorder of the muscles, bones, joints, limbs, spine e.g. Rheumatism, arthritis | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| q). Any Skin disorders | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| r). Any other disorder not mentioned above | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

▼ Medical details of the life to be insured

35. Height (in cms) 36. Weight (in kgs)

37. Have you lost more than 10kg weight in the last six months ?

☐ Yes☒ NoIf yes, please give details

38. Do you have any congenital defect/abnormality/physical deformity?

☐ Yes☒ NoIf yes, please give details

39. Did you have any ailment/injury/accident requiring treatment/medication for more than a week and/or have you availed leave for more than 5 days on medical grounds in the last 2 years ?

☐ Yes☒ NoIf yes, please give details

40. Have you or your partner/spouse ever required or at present availing/undergoing medical advice, treatment or tests in connection with hepatitis B or AIDS related condition

☐ Yes☒ NoIf yes, please give details

▼ Family history

41. Have any of family members (parents & siblings) ever been diagnosed / died with diabetes / hypertension / kidney failure / Heart Attack / any other hereditary disorder or any other disease before age of 60 ?

☐ Yes☒ No*If yes, please refer to annexure "Family History"*

▼ Female Life

Please refer to annexure "Female Life"

▼ Bank details of the life to be insured

42. Your bank account type ☒ Savings ☐ Current43. Account Number 44. IFS Code 45. Bank Name 46. Bank Address

▼ Declaration of the life to be insured

I Nagaraghavendra

I, 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 and/or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, 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 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.

▼ Section 45 of the Insurance act, 1938 as amended by 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 :

- The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- The active concealment of a fact by the insured having knowledge or belief of the fact ;
- Any other act fitted to deceive ; and
- 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.

▼ Section 41 Of the Insurance Act,1938 As amended by Insurance Laws(amendment)Act,2015

1) 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 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 prospectus or tables of the insurer.

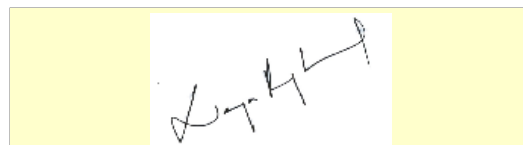
Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance Agent employed by the insurer.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

- ☒ *I have read the declaration , Section 41 and Section 45 of the Insurance Act1938 as amended by Insurance Laws(Amendment) Act, 2015 and agree with the terms and conditions.*

Date :

Place :



Signature of the life to be insured

I Nagaraghavendra

Access Id : 977151456

Do you wish to avail the Death Benefit in instalments under the proposal / policy ?

☐ Yes☒ No

If yes, please give the following details :

II) Period for option to take Death Benefit in installments : NA YEARS

III) Whether option to take Death Benefit proceeds in installments is required for of the benefit proceeds.

NA

If in PART, specify the amount / percentage of e Benefit proceeds :

Absolute amount

:

NA

Percentage of benefit proceeds

:

NA

Mode of instalment payment

:

NA



NOMINATION DETAILS

I Nagaraghavendra

Access Id : 977151456

▼ Particulars of Nominee

Sl No	Name of the Nominee	Age	Relationship to the life assured	Share (%)	Full Communication Address of the Nominee with PINCODE.			
1	I BALAJI	57	Father	34	19/55 M M Ratnam Street Palamaner	Chittoor Andhra Pradesh		517408
2	I B KALPANA	52	Mother	33	19/55 M M Ratnam Street Palamaner	Chittoor Andhra Pradesh		517408
3	SAI DEEP I	21	Brother	33	19/55 M M Ratnam Street Palamaner	Chittoor Andhra Pradesh		517408

▼ 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.			

I. Is life to be assured under quarantine in last 14 days in view of living with anyone diagnosed with Covid-19? <i>If yes, please give details like location, dates, quarantine period</i>	N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
II. Has life to be assured serving a notice of quarantine by health/government/airport authority for possible exposure to novel coronavirus (SARS-CoV2/COVID-19) <i>If yes, please provide details like location, dates, quarantine period</i>	N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
III. Has life to be assured been advised to be tested or awaiting the result of test for novel coronavirus (SARS-CoV2/COVID-19) in last 14 days?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IV. Has life to be assured experienced any of the following symptoms, such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days ? <i>If Yes, provide all investigation and treatment details</i>	N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
V. 1) Is life to be assured a Health Care Worker 2) Whether enrolled as Corona Warrior or working in Hospital / clinic with novel coronavirus (/SARS-CoV2/COVID-19) ward/unit or treating/ in contact with Covid-19 infected individuals, 3) <i>If yes, please give details of service / nature of duties ?</i> 4) Whether vaccinated <i>Health Care Worker(HCW): Includes Doctors, General Practitioners, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, Paramedics, Pharmacist, Ward Helpers, Individuals working in Hospitals / Clinics</i>	N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VI. Has life to be assured ever been diagnosed with Covid-19, <i>If yes state</i> a). Date of diagnosis b). Whether home quarantined/in Covid care center (CCC)/Hospitalised? c). If hospitalized, name of the hospital where life to be assured was admitted and treated for Covid-19. d). Date of discharge after fully cured <i>Please submit discharge summary, all investigation reports including all Covid-19 reports</i>	N.A. N.A. N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Home Quarantined <input type="checkbox"/> Hospitalised <input checked="" type="checkbox"/> None
VII. Is the life to be assured NRI/FNIO/OCI? <i>If Yes, please give :</i> a) Name of Country of residence b) Are you currently residing in India, If yes, since when c) Date of return to Foreign country of residence	N.A. N.A. N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
X. Has life to be assured been vaccinated for novel coronavirus(SARS-CoV-2/COVID-19), <i>If Yes</i> a). Date of first Dose b). Date of second Dose c). Name of vaccine d). Have you experienced any adverse reaction post vaccination? If yes, please share details including treatment taken for adverse reaction (and how many days after vaccination) <i>Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination issued by the relevant health authority)</i> <i>Please note self-declarations are not acceptable.</i>	30-06-2021 COVISHIELD N.A.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 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).



Branch Address Branch Code: CO01 , LIC of India, Distance Marketing Centre, New India Building,
Ground Floor,S.V. Road, Santacruz (W), Mumbai - 400054

Email online_dmkt@licindia.com

Phone 022 - 67819282 / 67819284 / 26136804

Transaction No. 9981

Access Id 977151456

Date (Time) 17-Jul-2021 23:28:41

ONLINE PROPOSAL DEPOSIT RECEIPT

Received with thanks Rs. 11215 through Payment Gateway over the Internet from
Smt./Ms./Shri : I Nagaraghavendra
towards the following:-

BOC Number	:	9981
Proposal Deposit (Rs.)	:	11215
Amount in words	:	Eleven Thousand Two Hundred and Fifteen

Receipt of payment made online is issued subject to realisation.

ACCEPTANCE OF THIS DEPOSIT DOES NOT MAKE THE CORPORATION LIABLE FOR ACCEPTANCE OF RISK

We may mention that your risk will be covered only after all the above documents and Medical / Special reports are received and accepted to the satisfaction of our underwriters. Hence you are requested to kindly expedite the same.

This receipt is electronically generated.

Zindagi Ke Saath Bhi, Zindagi Ke Baad Bhi

Access Id : 977151456

▼ Personal Details

Aadhaar No. / Virtual ID : *****6096

Name : I Nagaraghavendra

Date of Birth : 18-07-1994

Gender : M



▼ Contact Details

C/o.

House / Bldg. / Apt.

19/55

Street / Road / Lane

M M Ratnam Street

Landmark

Area / Locality / Sector

Pincode

517408

Village / Town / City

Palamaner

P.O.

District

Chittoor

State

Andhra Pradesh