



PROPOSAL FORM



Plan Name -: LIC's Tech-Term

Plan No : 854

UIN : 512N333V01

Policy No.

Access_Id

Proposal No.

Proposal Date

Email Id

Mobile No. *



☒ * 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
<input type="text" value="10000000"/>	<input type="text" value="Level Sum Assured"/>	<input type="text" value="Regular"/>	<input type="text" value="32"/>
Premium Paying Term	Category	Mode of Payment	Basic Instalment Premium
<input type="text" value="32"/>	<input type="text"/>	<input type="text" value="Yearly"/>	<input type="text" value="8800"/>
AB RIDER (Sum Assured)	Instalment Premium for AB Rider	Total Instalment Premium	
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="8800"/>	

☒ 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	<input type="text" value="Mr."/>	2. Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
3. First Name	<input type="text" value="ARUN"/>	Middle Name	<input type="text"/>
Last Name		<input type="text" value="KAMARAJ"/>	
4. Father's Name	<input type="text" value="Kamaraj A"/>		
5. Qualification	<input type="text" value="Graduate Or Post Graduate"/>	6(a). Date of birth	<input type="text" value="14-09-1990"/>
6(b). Age		<input type="text" value="28"/>	
7. Age Proof	<input type="text" value="Aadhar with full DOB"/>	8. Place of birth	<input type="text" value="Trichy"/>
9. Marital Status	<input type="text" value="Married"/>		

▼ Communication details

10 (a). Present Address for communication

Address Line-1	<input type="text" value="28 VENGAMEDU THILLAI NAGAR 6 TH CROS"/>
Line-2	<input type="text" value="INAM KARUR Karur Karur Tamil Nadu"/>
Line-3	<input type="text"/>
PIN Code	<input type="text" value="639006"/>
Phone (Landline)	<input type="text" value="00"/>

10(b). Permanent Residential Address

Address Line-1	<input type="text" value="28 THILLAI NAGAR 6 TH CROSS"/>
Line-2	<input type="text" value="VVG Nagar,"/>
Line-3	<input type="text" value="Vengamedu Tamil Nadu"/>
PIN Code	<input type="text" value="639006"/>
Phone (Landline)	<input type="text" value="00"/>

▼ Identification particulars

11. Nationality	<input type="text" value="Resident Indian"/>	12. Country of residence	<input type="text" value="India"/>
13 Address Proof	<input type="text" value="Aadhaar Card/e-Aadhaar Card"/>	14 PAN	<input type="text" value="BCRPA0422N"/>
15 Identification Proof	<input type="text" value="Aadhaar Card/e-Aadhaar Card"/>		

▼ Employment details of the life to be insured

16. Occupation	Service(Listed Companies/Pvt Institutions)	17. Nature of work	Service
18. Name of present employer	Trimble information technologies	19. Length of service	7
20. Annual income	1390600	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)

☐ Yes ☒ No

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

For list of previous policies, please see annexure

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

☐ Yes ☒ No

If yes, please give details

33. Have you during past one year returned any policy of Life Insurance Corporation of India at As the same was no acceptable to you ?

☐ Yes ☒ No

If yes, please give details

34. 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

▼ Medical details of the life to be insured

35. 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). Cance/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). Do you have any congenital defect/abnormality/physical deformity? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| s) Any other disorder not mentioned above | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

▼ Medical details of the life to be insured

36 a). Height (in cms) 36 b). Weight (in kgs)

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

☐ Yes☒ No

If yes, please give details

38..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☒ No

If yes, please give details

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

☐ Yes☒ No

If yes, please give details

▼ Family history

40 .Have any of family members (parents & siblings) ever been diagonised / died with diabetes / hypertension / kidney failure / cancer / Heart attack / any hereditary disorder or any other disease before the age 60?

☐ Yes☒ No*For details, please refer to annexure "Family History"*

▼ Female Life

Please refer to annexure "Female Life"

▼ Bank details of the life to be insured

41. Your bank account type ☒ Savings ☐ Current

42. Account Number

43. IFS Code

46. Bank Name

45. Bank Address

▼ Declaration of the life to be insured

ARUN KAMARAJ

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 :

- (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 intention 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

Access Id :

▼ Particulars of Nomination

SI No	Name of the Nominee	Age	Relationship to the life assured	Share (%)	Full Communication Address of the Nominee with PINCODE.			
1	Kiruthika A	28	Wife	100	D/O Annamalai S, 2 society nagar	sandapet, Tirukkoyilur	Viluppuram, TamilNadu	605757

▼ Particulars of Appointee (when nominee is minor)

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

Signature of the Appointee

Signature of the life to be insured

ARUN KAMARAJ

Access Id : 288798815

Policy No.	Insurer	Plan	Sum Assured	Commence-ment Date	Premium	How Accepted	Status
NIL	NA	NA	NA	NA	0	NA	NA

Signature of the life to be insured

ARUN KAMARAJ

Access Id : 288798815

Nature of disease / illness	Date of Diagnosis	Fully recovered(Y/N)	Still on treatment(Y/N), if Yes give details of treatment	Name and address of Doctor/Hospital
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Signature of the life to be insured

Access Id : 288798815

▼ Personal Details

Aadhaar No. / Virtual ID : *****4214

Name : ARUN KAMARAJ

Date of Birth : 14-09-1990

Gender : M



▼ Contact Details

C/o.	
House / Bldg. / Apt.	28
Street / Road / Lane	THILLAI NAGAR 6 TH CROSS
Landmark	
Area / Locality / Sector	VENGAMEDU
Pincode	639006
Village / Town / City	INAM KARUR
P.O.	Karur
District	Karur
State	Tamil Nadu