



PROPOSAL FORM

Plan Name -: LIC's Tech-Term

Plan No : 854

UIN : 512N333V01

Proposal No. Proposal Date
Access_Id 942294433 Mobile No. * 8709047833
Email Id gautambgp98@gmail.com

Recent passport size
photograph of the
proposer

- ☒ * 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
<input type="text"/> 5000000	<input type="text"/> Level Sum Assured	<input type="text"/> Regular	<input type="text"/> 25	<input type="text"/> 25
Category	Mode of Payment	AB RIDER (Sum Assured)	Total Instalment Premium	
<input type="text"/> Non-Smoker	<input type="text"/> Half-Yearly	<input type="text"/> 0	<input type="text"/> 10276	

- ☒ 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 ☒ Male ☐ Female
3. First Name SITA Middle Name RAM Last Name SINGH
4. Father's Name Late. Sukdeo prasad singh
5. Qualification Graduate Or Post Graduate 6(a). Date of birth 08-07-1969 6(b). Age 51
7. Age Proof Aadhar with full DOB 8. Place of birth Basudevpur
9. Marital Status Married

▼ Communication details

10 (a). Present Address for communication	10(b). Permanent Residential Address
Address Line-1 <input type="text"/> Mahadev dalmill buddha vihar colony	Address Line-1 <input type="text"/> Village- Basudevpur
Line-2 <input type="text"/> Mirjanhat, Bhagalur.	Line-2 <input type="text"/> Post- singhnan, Thana-Amarpur
Line-3 <input type="text"/>	Line-3 <input type="text"/> Banka
PIN Code <input type="text"/> 812005	PIN Code <input type="text"/> 813101
Phone (Landline) <input type="text"/> 00	Phone (Landline) <input type="text"/> 00

▼ Identification particulars

11. Nationality Resident Indian 12. Country of residence India
13. Address Proof Aadhaar Card/e-Aadhaar Card 14. PAN AEXPS1819N
15. Identification Proof Aadhaar Card/e-Aadhaar Card

▼ Employment details of the life to be insured

16. Occupation	Service(Central Govt/State Govt/PSU)	17. Nature of work	Service
18. Name of present employer	GOVERNMENT OF BIHAR	19. Length of service	26
20. Annual income	876928	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

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 checked="" type="checkbox"/> Yes | <input 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). 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

SITA RAM SINGH

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.

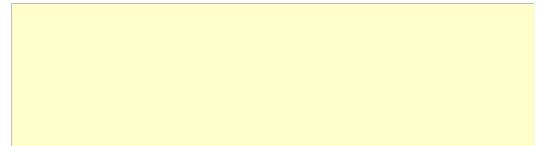
Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies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

SITA RAM SINGH

Access Id : 942294433

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

SITA RAM SINGH

Access Id : 942294433

▼ 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	GAUTAM KUMAR	20	Son	50	Mahadev dalmill buddha vihar colony	Mirjanhat, Bhagalur.		812005
2	KIRAN KUMARI	44	Wife	50	Mahadev dalmill buddha vihar colony	Mirjanhat, Bhagalur.		812005

▼ 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

SITA RAM SINGH

Access Id : 942294433

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, provide details :

Relationship	Living / Dead	Present Age	Disease Diagnosed	Age at Death	Disease on Death
Mother	Dead	0		55	Diabetes



ILLNESS HISTORY

Nature of disease /disorder /medical condition diagnosed	Name of the treating Doctor	Name of the Treatment/Tests undergone	Date of diagnosis	Name of the medicines	Medicine dosage (per day)	Name of the Hospital / Clinic
Diabetes	vijay prasad	Blood test	2015-07-08			Dr. vijay prasad clinic

I. Is life to be assured living with anyone who has been been diagnosed with Covid-19 within last 14 days? <i>If yes , please give details</i>	N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
II. Has life to be assured 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) within last 14 days, <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 to rulein or ruleout, a diagnosis of novel coronavirus (SARS-CoV2/COVID-19) within last 14 days? Or is life to be assured awaiting the result of a test which has already been submitted for the novel coronavirus(SARS-CoV2/COVID-19) within last 14 days?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IV. Has life to be assured experienced any of the following symptoms (for more than 5 days) such as Any fever, Cough, Shortness of breath, Malaise (flu-like tiredness),Rhinnorrhea (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>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
V. 1) Is life to be assured a Health Care Worker 2) <i>If Yes, please provide</i> details of service / nature of duties 3) 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, <i>If yes , please give details</i> 3) Whether there is any symptoms as mentiond in point IV ? 4) Whether tested for Covid-19, (<i>If yes, submit copy of the report</i>) Health Care Worker(HCW): Includes Doctors, General Practitioners, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, Paramedics, Pharmacist, Ward Helpers, Individuals working in Hospitals / Clinics	N.A. N.A. 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 <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). Name of hospital where life to be assured was admitted and treated for Covid-19. c). 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
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	N.A. N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VIII. Have your travelled abroad in the past 14 days? <i>If Yes, please give the following</i> a) Name of the country / countries. b) Date of return to India	N.A. N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IX. Has life to be assured have any plan to visit any foreign country in the next three months from the date of proposal ? <i>If Yes,</i> a) Name of the country / countries. b) Date of journey (to and fro) c) Duration of stay (Exact date from _____ to _____)	N.A. N.A. N.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
X. Any other Information related to above (additional information can be given on a separate sheet)		

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).



FORM FOR SUITABILITY ANALYSIS

1. Full Name of the proposer

Date of Birth

Age (years)

Full Address

Marital Status

2. Occupation

3. What is proposer's yearly income from:

(A) (i) Employment Rs per annum

(ii) Business or profession Rs per annum

(iii) Other sources(to be specified) Rs per annum

(iv) H.U.F if any Rs per annum

(v) Income of the life to be assured if assured is different from the proposer.

Rs per annum

(B) Whether Income proof submitted If Yes;

(i) Nature of document related to income verification

(ii) Is he/she an Income Tax Assessee ,If Yes

(iii) PAN

Tax Bracket %

4. Details of previous Insurance: [\(Please refer to annexure\)](#)

5. Family History : [\(Please refer to annexure\)](#)

5 (A). Spouse details:

Name

Occupation

Annual Income

6. Need Analysis:

Total Annual Income: 876928

Outstanding Liabilities:

(i) Secured Loan 576618

(ii) Non-secured Loan 1089665

Based on his age and income, the maximum Insurance that can be granted as per existing rule is:

Age group: 46 to 55yrs

Multiple of Avg. Annual Income: 15 times

Maximum Allowable Insurance: 13153920

7.(a) Object of Insurance: Pure Risk Cover

(b) Risk Profile: NA

(c) How would like to pay your premiums: Regular

(d) Time frame for this investment : 25

8. Categorization of Plans in relation to object of Insurance:

Category: NA

Risk Profile: NA

Plan Name: TECH TERM

9. Product Chosen

Table No.	Plan Name	Term
854	LIC's Tech Term	25
Sum Assured	Mode	Premium
5000000	Half-Yearly	10276

9.(a) If ULIP is proposed, allocation charges:

1 st year	2 nd year	3 rd year onwards
N.A.	N.A.	N.A.

(b) Other charges which will be levied by cancelling UNITS :

Life Cover Charges %	Policy Administration Charges	Fund Management Charges
N.A.	N.A.	N.A.

9.(c) If Annuity/Pension is opted;

Target Annuity per Annum

N.A.

Type of Annuity

N.A.

Annuity amount per annum

0

Deferment Period

N.A.

10. Is total insurance added to the present proposal 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, **SITA RAM SINGH**.....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.

854

Plan Name

LIC's Tech Term

Term

25

Sum Assured

5000000

Mode

Half-Yearly

Premium

10276

Place:

India

Signature of prospect

Date:

10-01-2021