



FORM NO 340 (revised 2015)

(TO BE USED FOR INSURANCE ON LIVES OF BOTH MINOR & ADULT)
 OFFICE USE ONLY
 DATE OF RECEIPT
 INITIALS
 IS LICENCE INFORCE?
 INITIALS

Are you registered with LIC Portal:Yes /No If yes, give Customer - ID: _____ If no, give your E-mail ID:-----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">INWARD NO</td> <td style="width:50%; border-bottom: 1px solid black;">DATE</td> </tr> </table>	INWARD NO	DATE
INWARD NO	DATE		

(PROPOSAL FOR INSURANCE ON THE LIFE OF ANOTHER PERSON)

Division office :	Branch Office:	Proposal no:
Agent's/FSE's/DSE's/Sup Agent's Name:	Licence No:	Date of expiry :
Agent's/FSE's/DSE's and D.O.s Code Nos:	Supervised Agents & CLIA Code No:	

PERSONAL BIODATA

Following questions to be answered by the proposer

1.Full name of the proposer (IN BLOCK LETTERS)		
Short name of the Proposer	Age	Years
Address which will be incorporated in the policy and at which notices will be sent.		
Add 1		
Add 2		
Add 3		
Add 3		
Tel no.(with STD code)	Email ID-	Pin
Mobile no. -		
Permanent Residential Address		
Add1		
Add2		
Pin		
Nationality	Present Occupation	Relationship to the life to be assured
PAN	AADHAR CARD NO	

2.

Full name of the life to be assured (IN BLOCK LETTERS)	
Short Name	Sex
Full name of the father of the life to be assured	
PAN	AADHAR CARD NO
Nationality	Length of service years
Present Occupation and nature of duties	

3.

Please provide the following information to help us to serve you better.

1. Whether the terms & conditions of the proposed plan have been explained to you by the Agent ? Yes/ No
2. Bank Account details:
 - a) Type of Account: Saving / Current
 - b) Your Account No:
 - c) 9 Digital MICR
 - d) Name and address of your Bank

Attach a photocopy or cancelled cheque with the form

3. Your telephone nos (With STD code)
 - a) Office
 - b) Residence
 - c) E-mail:
4. Signature Box:
Full Name of L.A.

4.

Table and terms of assurance	Sum to be assured Rs.	State if premiums are payable Yearly, Half Yearly, Quarterly or Monthly	Amount of deposit	If policy is to be dated back, indicate such date

5.

Date of birth of the Life to be assured	Age nearer birthday	Nature of age proof	Place of birth	If age proof is service record, what proof was submitted to Employer ?	Paying Authority No. (For SSS only)

6.

What is the object of this insurance ?
Following questions to be answered by the proposer if the life to be assured is minor.

7.

State whether you wish to secure premium Waiver benefit in case of your death. If yes, please fill up Proposal Form No. 300 separately.		
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8.

Do you agree to the condition that the policy, if issued on the basis of this proposal will automatically vest in the life to be assured on the policy anniversary coinciding with or immediately following the completion of 18 years of age?		
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9.

Following questions are to be answered by the life to be assured	Answer 'Yes' or 'No'	If Yes please give full details
Is your life now being proposed for another assurance to, or is any other proposal, or an application for revival of a policy on your life, under consideration in any office of the Corporation or to any other Insurer, if yes give details		

Please give details of your previous insurance if any (including policies surrendered / lapsed during last 3 years)

Name of the Div Office of the Corp or of the other insurer	Policy number	Sum Assured	Plan of Assurance	Year of issue of Policy	Whether accepted as proposed at ordinary rates ?, If not give details	With or without Accident Benefit	Medical Or Non Medical	Whether inforce for full sum assured	If not give due date of the last premium paid and mode of payment or date of surrender

11.

Has a proposal or an application for revival of a policy on your life made to this or any other office of the Corporation or any office of the other insurer ever been :	Answer 'YES' or 'NO'	If yes, give full details
a) Withdrawn or Dropped ?		
b) Deferred or Declined ?		
c) Accepted with an extra Premium or Lien ?		
d) Accepted on terms other than those proposed ?		

e) Have you during the past one year returned any policy of the Corporation as the same was not acceptable to you? If so, give details:		
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12.

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? If so, give details		
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13.

a) What has been your usual state of health ?		
b) Have you any bodily defect or deformity? If so, give details.		
c) i) Have you had small pox or		
ii) Successful vaccination		
d) i) are you suffering from pyorrhoea?		
ii) State number of missing teeth, if any		
iii) For how many missing teeth a denture is worn?		

14.

Have you ever suffered from or are you suffering from:	Answer 'Yes' or 'No'	If 'Yes', please give full details
a) Persistent cough, asthma, bronchitis, pneumonia, pleurisy spitting of blood, tuberculosis or any other disease of lungs?		
b) High or low blood pressure, rheumatic fever, pain in chest, breathlessness, palpitation, infarction of any disease of the heart or arteries?		
c) Peptic ulcer, colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas?		
d) Any disease of kidney, prostate or urinary system?		
e) Paralysis, insanity, epilepsy, fits of any kind or nervous break down or any other disease of the brain or the nervous system?		
f) Hernia, hydrocele, vericocele, fistula, varicose veins, skin eruption, filariasis, goitre, gonorrhoea, syphilis, or any other venereal disease?		
g) Cancer, leprosy, rheumatism, gout, enlarged glands or tumours?		
h) Any disease of the ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears?		
i) Have you ever required or of present availing/ undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related conditions?		

15.

Have you been suspected of Diabetes, or are you suffering from diabetes or have you ever passed sugar, albumin, pus, or blood, in urine?		
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16.

Have you consulted a medical practitioner within the last five years for any ailments requiring treatment for more than a week?		
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17.

Have you remained absent from place of your work on grounds of health during the last five years?		
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18.

a) Did you ever have any operation, accident or injury?		
b) Have you ever had, an Electrocardiogram X-Ray or Screening, Blood, Urine or Stool Examination?		
c) Have you ever been in any hospital, asylum, or sanatorium for checkup observation treatment or any operation?		

19.

Do you use or have ever used alcoholic drinks, tobacco in any form, narcotics or any other drugs? If so which ones? Also state quantity consumed per day.		
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20.

Family History	Living		Dead	
	Age	State of Health	Age at death	Cause of death
Father				
Mother				
Brothers Living no..... Dead no				
Sisters Living no..... Dead no.....				
Wife / Husband				
Children Living no..... Dead no.....				

21.

For Minor lives only : Give below the particular of all the assurance in full force on the lives of your parents, brothers and sisters.	Relationship	Policy Numbers	Sum assured

22.

Has any of your relations, living or dead, suffered from any hereditary or infectious disease like Diabetes, Insanity, Epilepsy, Gout, Asthma, Tuberculosis, Cancer, Leprosy, etc?	
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23.

N.B. : If the proposal is to be considered without medical report (i.e. non - medical basis) state :	
a) Your height (without shoes) _____ cm .	b) Your Exact weight (with thin clothes) _____ kg.

Additional questions to be answered by female life to be assured (Questions 24 to 26)

24.

Your Educational Qualification, if any	State sources of income	Your average monthly income, if any	Whether you pay income tax?

25.

If you are married, Please state :				
a) Husband's full name :				
b) His occupation :				
c) His average monthly income :				
d) Give below the details of his life assurance Policies:				
Office of the Corporation	Policy Number	Sum Assured	Plan and Term	Present Status of the Policy

26.

Do you observe Purdah ?	Have you had any abortion or miscarriages ?
Have your menstrual period always been regular and painless ?	Did you have any complications related to pregnancy ?
State the date of last menstruation :	Have you any weakness or injury resulting from child bearing or miscarriage :
Are you pregnant now ?	Have you suffered or are you suffering from any diseases of breast , ovaries or uterus ?
State the date of last delivery :	

27.

Give name and address of your usual Medical attendant	Name: _____ Address : _____
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28.

For the purpose of reference, give name and permanent address of a friend :	Full Name: _____ Occupation _____ Full Address : _____
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29.

Have you understood fully the terms and conditions of the Plan you propose to take? _____

DECLARATION BY THE LIFE TO BE ASSURED

I authorize LIC of India to take my KYC details of Aadhaar from the Unique Identification Authority of India (UIDAI)

I _____ (Name of the life to be assured) whose life is herein before proposed to be assured, do hereby declared that the statements and answers under heading 7 to 26 of the proposal form 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.

Notwithstanding the provisions 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 ground of secrecy . I/ my heirs , executors , administrators and assignees or any 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.

Dated at _____ on the _____ day of _____ 20 _____

Signature of Witness : _____

Name : _____

(Signature or Thumb Impression of the Life to be Assured)

Occupation and address : _____

I do hereby declare that the foregoing statement and
Answers are true and complete in every particular.

Signature of Witness : _____

Name : _____

Occupation and address : _____

(Signature of the Proposer)

(If the life to be assured is under 18 years)

(Specimen signature of the life to be Assured)

(Specimen signature of the Proposer)

DECLARATION OF THE PROPOSER

I authorize LIC of India to take my KYC details from the Unique Identification Authority of India (UIDAI)

I _____ (Name of the Proposer) do hereby declare that the statement and answers under the headings 1 to 8 of the proposal form have been given by me after fully understanding the questions and the same are true and complete in every particular and agree and declare that these statements and this declaration along with the statements made by the life to be assured under heading 9 to 29 of the proposal form and declaration relative thereto shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment to be contend there in the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act,1938 as amended from time to time .

And I further declare that if after the date of submission of the proposal but before the issue of first premium receipt (i) any change in the occupation of the life to be assured or any adverse circumstances connected with the financial position or general health of the life to be assured made to any office of the Corporation has been withdrawn or dropped , deferred or declined or accepted with an increased premium or subject to lien or on terms other than as proposed, I shall forthwith intimate same to the Corporation in writing to reconsider the terms of acceptance . 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.

Dated at _____ on the _____ day of _____ 20 _____

Signature of Witness : _____

Name : _____

(Signature or Thumb impression of the
Proposer)

Occupation and address : _____

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)

“ I hereby declare that I have fully explained the above questions to the proposer / the life assured and I truthfully recorded the answers given by the Proposer / life to be assured ”.

Name of the Declarant : _____

Signature

Address of the Declarant : _____

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 Proposer

2. In case the proposer and / or life to be assured is / are illiterate the thumb impression of the proposer/ life to be assured should be attested by a person of standing whose identity can easily 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/ life to be assured in _____ language and that the proposer/ life to be assured has affixed the thumb impression above after fully understanding the contents thereof .”

Name and address of the Declarant : _____

Signature

SECTION 45 OF INSURANCE LAWS (AMENDMENT) ORDINANCE, 2014

(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.'

INSURANCE LAWS (AMENDMENT) ORDINANCE UNDER SECTION 41

- 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.

FOR MEDICAL CASES ONLY

“ I certify that the proposer / life to be assured has / have signed put his/her thumb impression(s) in my presence after admitting that all the answers to the question number 13 and onwards of this proposal form have correctly recorded ”.

Signature/thumb impression of the life to be Assured before Medical Examiner `

Signature or thumb impression of the Proposer

Signature of Medical Examiner

N.B.: Signature or Thumb impression should be affixed in presence of Medical Examiner

FOR MINOR LIVES ONLY

F. NO 3293A

With reference to the proposal for Rs. _____ on the life of my son/daughter, I hereby agree and undertake that if under the policy that may be issued, any payment is received by me by way of, loan (if admissible) Surrender, Cash Option, or for any other reasons whatsoever before the policy has vested in Life Assured. I shall utilise the moneys thereby received for the benefit of the minor or his estate.

Signature of the witness _____
Occupation _____
Address of the witness _____

Signature of the proposer

Note: In case of dispute in respect of interpretation of terms the English version shall stand valid.

Additional Questions for e-Insurance Account

ADDENDUM TO PROPOSAL FOR OPENING e-INSURANCE ACCOUNT

1. PROPOSAL No(s) : _____ Branch code/Division code : _____
2. Do you already have an e- Insurance account: Yes/No
If yes, please mention the e-Insurance Account Number :

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3. a) Whether you want policy in electronic format? Yes/No
If yes and if you wish to open an e-IA account through us
Select the preferred insurance repository in which e-insurance account needs to be opened
(please tick against any one the following Insurance Repository)

- NSDL Data Management Limited
Central Insurance Repository Limited
SHCIL Projects Limited
Karvy Insurance Repository Limited
CAMS Repository Services Limited

4. Do you wish to convert your _____ existing policies for e-Insurance for the above preferred Insurance Repository. If yes, please mention policy number(s) :

5. AUTHORIZED REPRESENTATIVE DETAILS (mandatory)

Name: _____ Date of Birth : (DD/MM/YYYY): _____

Gender: Male Female

Relationship _____ with eIA applicant:

Email ID: _____ Mobile No: _____

Address: Same as eIA applicant

If different, please state the address :

City: _____ Pin code: _____

State: _____

Country: _____

I wish to notify Authorized Representative about his/her appointment (please tick)

Authorized Representative Details for the eIA

An Authorized Representative is like a trustee to the e-Insurance Account(eIA) and has to be deputed by eIA holder. An Authorized Representative is a person appointed by eIA holder who can access eIA in the event of the eIA holder's demise or in his incapacity to access the eIA. The Authorized Representative can only access the e-Insurance Account and know the portfolio of insurance policies.

Declaration

The rules and regulations of Insurance Regulatory and Development Authority & Insurance Repository pertaining to an e-Insurance Account which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e-Insurance Account. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorise the Insurance Repository to send any policy and account related information through e-mail and SMS on the contact details given by me. In case of any physical policies being issued by the Insurance Company from whom I obtained an e-policy, the address in the e-Insurance Account shall override the address provided for the physical policies. I understand that all the communication relating to any physical/e-policy will be sent to the address registered with the Insurance Repository. I agree to inform the Repository of any changes in the details mentioned in this form and in case of delay the said repository shall not be liable in case it acts on the said information which has not been updated. Further, in case I update the details with the Insurance Company, I authorise then to submit the same to you for update in the e- Insurance Account and the said update will be applicable to all policies of any insurer that I hold/will hold in the said account. I authorise the Repository to pass on the information to any Insurance Company that I have approached for availing of insurance cover.

I further agree that any false/misleading information given by me or suppression of any material fact will render my e-Insurance Account liable for termination and further action.

I hereby authorise the Insurance Repository/ Insurance Company to disclose, share, remit in any form, mood or manner, all/any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may

transact/have transacted including all changes/updates to such information as and when provided by me.

I hereby agree to provide any additional information/documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique e-Insurance Account opening application and I have not applied to the same Insurance Repository or any other Insurance Repository for an e-Insurance Account in the past.

I am aware the details furnished by me, including KYC documents, and I hereby give my consent for opening e-Insurance Account with the above preferred Insurance Repository of my choice.

Name of eIA Holder:

Signature

FOR OFFICE USE

A. e-Insurance account number

B. Insurance Repository

Verified the above and e-Insurance account number correctly keyed in NB Module

(Signature of Branch Official)