



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA (F. No 360 Rev 2015)

(To be used for insurance on Minor Lives without medical examination)

Photo	Photo
Proposer	Life Assured

**PROPOSAL FOR INSURANCE ON ANOTHER LIFE**

Are you registered with LIC Portal: YES/NO If Yes, give customer ID: _____	Inward No.	Date Of Receipt
If No, give your e-mail ID: _____		

To be filled in by Agent			OFFICE USE ONLY	
Mumbai Division	Branch Office	D.O/C.L.I.A.CodeNo./Mentor	Proposal No: _____	
Agent's/FSE's/DSE's/Sup.Agent's Name _____			Amount of Deposit: _____	
Agent's/FSE's/DSE's/Sup.Agent's Code No.	Licence No.	Date of Expiry	B.O.C.No _____	
Date: _____			Date: _____	

**PERSONAL BIODATA**

Following question to be answered by the proposer

1.Full name of the proposer (IN BLOCK LETTERS)	
[Grid for name entry]	
SHORT NAME OF THE PROPOSER	AGE YEARS
[Grid for short name entry]	
Address which will be incorporated in the policy and at which notices will be sent.	Date of Birth _____
Add 1	
Add 2	
Add 3	PIN
Permanent residential address.	
Add 1	
Add 2	
Add 3	
Tel no.(with STD code)--	
Mobile no.--	PIN
Present Occupation _____	Relationship to the life to be assured _____
Pan No.	Aadhar Card No.



7. Please give following details of previous insurance of Life to be assured if any:

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.	Whether in force, for the full sum assured?	If not, give due date of the last premium paid and mode of payment.

N.B. : Corporation does not entertain any fresh proposal for insurance where a previous policy issued by the corporation has lapsed or has been converted into paid up policy within last 3 years

8A	Has a proposal or an application for revival of a policy of life to be assured 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', please give full details.
	a) Withdrawn or dropped?				
	b) Deferred or declined ?				
	c) Accepted with an extra premium or lien?				
	d) Accepted on terms otherwise than those proposed?				
8B	Have you during past one year returned any policy of the Corporation as the same was not acceptable to you? If so, give details.				
9	Family History of Life to be assured	Living		Dead	
		Age	State of health	Age of death	Cause of death
	Father				
	Mother				
	Brothers Living No..... Dead No.....				
	Sisters Living No..... Dead No.....				
10.	For Minor Lives Only : Give below the particulars of all the assurance in full force on the lives of parents, brothers and sisters of Life to be assured	Relationship	Policy Number	Sum Assured	
		Father			
		Mother			
		Brother			
		Sister			
11	Has any of Life to be assured's relations, living or dead, suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, tuberculosis, cancer, leprosy, etc.?				
12	Has the life to be assured come in contact during the last three years with any person suffering from tuberculosis,				

13	leprosy, or any other infectious disease? If so, give details.	
	(a) Is the life to be assured now in good health and free from disease ?	
	(b) Is the life to be assured of good constitution?	
	(c) Has the life to be assured any body defect or deformity ? If so, give details.	
	(d) Has the life assured had (1)Small Pox or (2) Successful vaccination ? And if so, (3) When ?	

14	(a)Has the Life to be assured ever suffered from any illness or disease? If so, give details:	
	(b) Has the Life to be assured ever had any operation, accident or injury?	
	(c) Has the Life to be assured ever had, an Electro cardiogram, X-ray or Screening, Blood, Urine or Stool examination?	
	(d) Has the Life to be assured has ever been in any hospital, asylum, or sanatorium for check-up observation, treatment or any operation?	
	(e) Has the Life to be assured ever received or at present availing or undergoing medical advice, treatment or test in connection with Hepatitis B or an AIDS related condition?	

15	(a) Is the Life to be assured a Student? If so, in which Standard?	
	(b) Do you wish to secure the Premium Waiver Benefit in case of your death? If yes, please fill up Proposal Form No. 300 separately.	

16	Do you agree to the condition that the policy is issued on 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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17	Have you understood fully the terms and conditions of the plan you propose to take?	
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18	Please provide the following information to help us to serve you better.	
	1.	Whether the terms and 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. :
		<input type="text"/>
	(c)	9 Digit MICR. :
		<input type="text"/>
	(d)	Name and address of your Bank
		<input type="text"/>
Attach a photocopy or cancelled cheque with the form		
3.	Your Telephone No. (with STD Code):	

a) Office: \_\_\_\_\_  
 b) Residence: \_\_\_\_\_  
 c) E-mail : \_\_\_\_\_

4. Signature Box:

Full Name of L A: \_\_\_\_\_

**DECLARATION**

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

I.....(Name of the proposer) do hereby declare that the foregoing statement 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 Life Insurance Corporation of India 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.

And I further agree that after the date of submission of the proposal but before the issue of First Premium Receipt any change in the general health of the life to be assured or that of any members of his family occurs 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.

Dated at .....on the .....day of .....20....

Signature of witness.....  
 Name.....  
 Occupation & address

.....  
 Signature or Thumb impression of the proposer

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 have truthfully recorded the answers given by the proposer/life to be assured.”

Name of the Declarant  
 Address of the Declarant  
 .....  
 .....

Signature

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

.....

Signature or Thumb impression of  
the persons whose life is proposed to be assured

In case the proposer and/or life to be assured is/are illiterate the thumb impressions 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 his thumb impression above after fully understanding the contents thereof ."

Name & Address of the Declarant  
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 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.'

#### **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.

N.B. Rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates or, as the case may be, the relevant document, and that an offer or acceptance of any other rebates shall be an offence under Section 41 of the Insurance Act, 1938.

.....  
**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 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 :
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)**