

DEPARTMENT OF POSTS
PROPOSAL FORM FOR CHILDREN POLICY

Affix here
Child's recent
passport size
photograph

All entries should be filled in CAPITAL letter:

FOR OFFICIAL USE ONLY

Name of the Development Officer/ FO/ Agent/ Postal Employee (ASP/ IPO/ PM/ PA/ SA/ Postman/ Mail Guard/ MTS/ GDS BPM/ GDS DA/ GDS MC)

Proposal No.

Date of Receipt

No. of LI-7(a)

Amount deposited

₹

Post Office at which deposited

ACG-67 Receipt No. and Date

Policy No.

Proposal Date (DD/MM/YYYY)

Date of Declaration (DD/MM/YYYY)

Product/ Policy Type

PLI ☐

RPLI ☐

1. Child's Details

i. Name of Child

First Name Middle Name Last Name

ii. Father's Name

iii. Mother's Name

iv. Gender

M ☐

F ☐

v. Date of Birth (DD/MM/YYYY)

vi. Parent's Policy Number

vi. Age Proof: [Tick (✓) whichever is applicable] (Standard Age Proof)

Birth Certificate ☐

Matriculation Certificate ☐

Driving License ☐

Passport ☐

PAN ☐

(Non-Standard Age Proof) (In case of RPLI only)

Horoscope ☐

Elder's Declaration ☐

Aadhaar Card ☐

Medical Examiners Approximate age certificate ☐

Dec by insurant counter signed by Panchayat Member ☐

Only month year of Birth is known ☐

vii. Nationality

2. Address Details

i. Communication Address (If Permanent Address is same as Communication Address please ✓ in the box ☐)

Village Taluka
City District
State Country PIN

ii. Permanent Address

Village Taluka
City District
State Country PIN

3. Contact Details

i. Phone No. with STD Code

ii. Mobile No.

iii. E-mail ID (If any)

4. Parent's Employment/ Occupation Details

i. Occupation:

Central Govt ☐ State Govt ☐ PSU ☐ Railway ☐ Bank ☐ Telecom ☐ Contractual ☐ Joint Venture ☐
 Defence ☐ Para Military Force ☐ Cooperative Society ☐ Deemed University/ Educational Institution ☐
 Agriculture ☐ Teacher ☐ Carpenter ☐ Labour ☐ Tailor ☐ Blacksmith ☐ Doctor ☐ Cobbler ☐
 Fisherman ☐ Postmaster ☐ Goldsmith ☐ Canner ☐ Priest ☐ Mason ☐ Potter ☐ Electrician ☐
 Housewife ☐ Weaver ☐ Dhobi ☐ Barber ☐ Milk vendor ☐ Business ☐ Vegetable vendor ☐ Driver ☐
 Mechanic ☐ Mid wife ☐ Govt employee ☐ Private employee ☐ Un-employed ☐ Student ☐ Taper ☐
 Toddy worker ☐ Other ☐ (Please specify) _____

ii. Name of Organization: _____

iii. Designation _____

iv. Date of Entry in Service _____ v. Designation of Immediate Superior _____

vi. PAN No. _____ vii. Monthly Income ₹ _____ viii. DDO Code _____

ix. Office Address _____
 Village _____ Taluka _____
 City _____ District _____
 State _____ Country _____ PIN _____

x. Office Phone No. with STD Code _____ xi. Official E-mail ID (If any) _____

xii. Qualification
 Post Graduate ☐ Graduate ☐ Diploma ☐ Se. Sec. Education ☐ High School ☐ Middle Class ☐ Primary Education ☐
 Illiterate ☐ Other ☐ (furnish detail) _____

5. Additional Policy Details Held by Parents

i. Particulars of other PLI/ RPLI policies already held, if any:

	Policy No.	Type	Sum Assured (in ₹)	Maturity Date
1.				
2.				
3.				
4.				
5.				
6.				
	Total: (in ₹)			

ii. Particulars of life insurance policies of other companies already held, if any:

	Policy No.	Type	Insurer	Sum Assured (in ₹)	Maturity Date
1.					
2.					
3.					
4.					
5.					
6.					
	Total: (in ₹)				

6. Coverage Details

i. Age at Maturity _____ Years ii. Policy Term _____ Years iii. Sum Assured ₹ _____

7. Premium Details

i. Premium ₹ _____ / - ii. Initial Premium Payment Mode _____ iii. Subsequent Premium Payment Mode _____
 (Cash/ Cheque/ Credit Card/ Debit Card/ Salary)
 iv. Premium Payment Frequency
 Monthly ☐

8. Health Information

a. Are you and your child in sound health at present? Yes ☐ No ☐

b. Has your child ever suffered/ suffering from any of the following? (Say Yes or No)

		Child	
		Yes	No
(i)	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
(iii)	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
(iv)	Insanity	<input type="checkbox"/>	<input type="checkbox"/>
(v)	Any disease of heart and lungs	<input type="checkbox"/>	<input type="checkbox"/>
(vi)	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
(vii)	Any disease of brain	<input type="checkbox"/>	<input type="checkbox"/>
(viii)	HIV Positive	<input type="checkbox"/>	<input type="checkbox"/>
(ix)	Hepatitis-B	<input type="checkbox"/>	<input type="checkbox"/>
(x)	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
(xi)	Nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>
(xii)	Liver	<input type="checkbox"/>	<input type="checkbox"/>
(xiii)	Leprosy	<input type="checkbox"/>	<input type="checkbox"/>
(xiv)	Any physical deformity or handicap	<input type="checkbox"/>	<input type="checkbox"/>
(xv)	Any other serious disease	<input type="checkbox"/>	<input type="checkbox"/>

c. Has any of family members of child (Father, Mother, Brothers or Sisters) living or dead suffered from any hereditary or infectious disease like, Insanity/ Epilepsy/ Gout/ Asthma/ Tuberculosis/ Cancer/ Leprosy etc?

Yes ☐ No ☐

If yes, give details: _____

d. Have child hospitalized during the last 3 years? If so, furnish the following information.

	Ailment	Name of Hospital	Period of Hospitalization	
			From	To
1.				
2.				
3.				

e. Does the child any physical deformity or congenital by birth defects? (Yes/ No) _____

i. If yes, Type of deformity (Congenital/ Non-Congenital): _____

ii. In case of congenital deformity, please state whether it is Blindness/ Deafness/ Dumbness/ Orthopedic Handicap of One Limb/ Loss of one limb/ Midguts/ Hunchback _____

iii. In case of non-congenital deformity, please state whether it is Blindness/ Deafness/ Dumbness/ Orthopedic Handicap of One Limb/ Loss of one limb _____

iv. In case of congenital/ non-congenital deformity, please state whether it is Orthopedic Handicap of both Limbs/ Loss of both limbs/ Mentally retarded having mental age of 14 or above/ Weakness or deformity/ Paralysis due to Polio/ Any other deformity of non-neurological origin _____

f. Particulars of the family doctor, if any: _____

9. Declaration of Parent

(A) I do hereby declare that (a) no proposal of insurance on life of above named child has ever been adversely treated by any insurance company (b) the foregoing statements made are true to the best of my knowledge and belief (c) in case it is found that I have wilfully made any untrue statement or have concealed any relevant circumstances then all the premia which shall have been paid by me, shall be forfeited and this contract rendered absolutely null and void (d) I understand that child's life shall be insured from the date my proposal is accepted (e) I have gone through the terms and conditions for insurance with PLI, a copy of which has been given to me and explained to me in my language. I hereby agree to abide by them.

(B) I hereby agree to pay the fee of ₹ _____ (per individual) for the medical examination if our proposal is not accepted.

Parent's Signature: _____

Dated: The _____ Day of _____ 20____

10. Certificate of Immediate Superior

Certified that _____ is a permanent/ temporary employee in _____ and information furnished against column No. 1 to 4 of this proposal form is correct as per his/ her service records.

Date : _____

Signature: _____

Place: _____

Name : _____

Designation/Seal: _____

11. To be filled in by DO/ FO (PLI)/ Agent

I _____ Agent Code No./ ID _____ certify that the information in the proposal form has been furnished by the proponent and it has been signed by him/ his thumb impression has been taken in my presence. All columns have been completed and are correct and no question is left un-answered. The proposal is recommended for acceptance.

Date: _____

Agent's Signature: _____

12. Medical Examiner's Certificate:

Certified that I have carefully examined Master/ Shri/ Ms. _____ the proponent whose signature is given below today the _____ Day of _____ 20____.

On careful examination of the proponent and after going through the information furnished by him/ her under column 11, I find the proponent to be medically fit. He/ She does not suffer from any terminal or other serious health hazard which would be risk to his/ her life. I recommend acceptance of his/ her proposal of Postal Life Insurance policy.

OR

The proponent is medically unfit. I do not recommend acceptance of his/ her proposal for Postal Life Insurance policy.

Signature of Child: _____

Signature of Medical Examiner: _____

Name: _____

Seal : _____

Date : _____

ID/ Code : _____

NOTE FOR MEDICAL OFFICER

- If the proponent is overweight or has doubtful family history an electrocardiogram and a report on the scanning of the chest would be required.
- If the proponent is underweight and has family history of TB, an X-Ray of the chest would be required.
- Expense of the above mentioned tests will have to be borne by the proponent.

13. Confidential Report (Applicable only in case of Children Policy under RPLI)

This will consist of information not revealed in the proposal form. SDI/ ASP report is not only required for granting a policy but will also be required when claim arises, to check the correctness of data in proposal form. This will be completed by SDI/ ASP after proposal form is completed by proposer. Content of the report should not be discussed with the proposer or divulged to him.

(The form should be completed by SDI/ ASP)

1.	Are you related to the proposer?	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Are you aware of any financial/physical/mental situation concerning proposer which makes him unsuitable for consideration of his Insurance proposal?	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	In case of any doubt, please visit the concerned police station and verify if the proponent was ever arrested/ convicted in the criminal case. If yes, give details.	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Has he signed proposal/Declaration form?	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.	Any other matter you would like to bring to the notice of Proposal accepting authority.	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.	Do you recommend the acceptance of the proposal?	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.	If not recommended, give reasons.	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.	Please confirm that :-					
	(1) Confidential report has been written by you after completion of proposal form by proposer.	:	Confirmed	<input type="checkbox"/>	Not Confirmed	<input type="checkbox"/>
	(2) Confidential report has not been divulged to proposer/ or discussed with him.	:	Confirmed	<input type="checkbox"/>	Not Confirmed	<input type="checkbox"/>

:

Signature of SDI/ ASP
Full Name With Stamp