(LI-24)

Affix Passport Size Photograph

DEPARTMENT OF POSTS
PROPOSAL FORM FOR POSTAL LIFE INSURANCE
(WLA, CWLA, EA, AEA)

FOR OFFICE USE ONLY

Name of the Development Officer/FOs/Agent/ Postal employees (ASP/ IPO/ PM/ PA/ SA/ Postman/ Mail guard/ GR'D/ GDS-BPM/ GDS-DA/ GDS-MC)

Agent Code

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.

All entries should be filled in capital letters:

1. Name

2. F/H Name

3. Category (Department/ Organisation)

4. Physically Handicapped code

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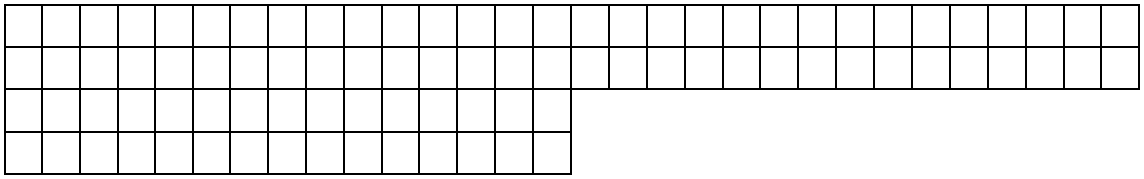
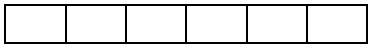
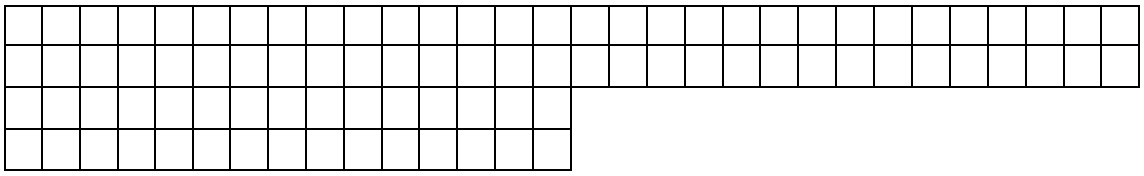
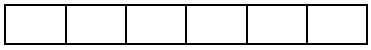
5. Address Details for Correspondence



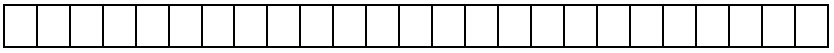
Pin code 

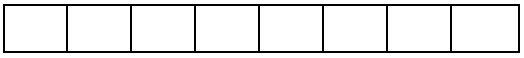
6. Permanent Address

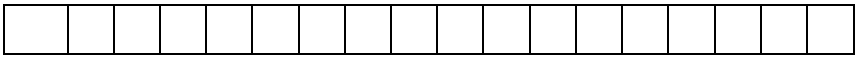


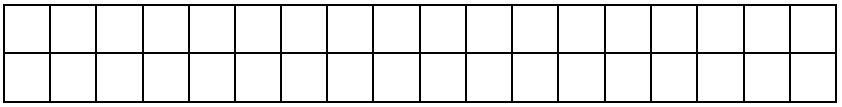
Pin code 

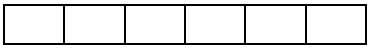
7. Employment Details

Designation 

Date of Entry 

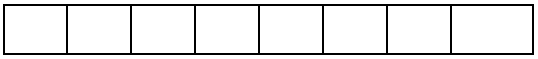
Designation of Immediate Superior 

Address 

Pin code 

8. Sex **M** **F**

9. PAN Number 

10. Mobile Number 

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11. E-mail Address

12. (a) Doctor's Code

(b) Doctor's Name

13.Date of Proposal

14.Date of Declaration

15. Date of Acceptance

16.Date of Birth

17. Payment Type Cash Cheque

18. Medical Y N

19. Type of Policy

20. Age at Maturity

21. Sum Assured ₹

22. Premium Amount ₹

23. Mode of Payment Cash Cheque

24. Postal A/c Office

PAO Code

PAO Sub code

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Address of PAO

25. If policy is proposed to be taken under Married Women Property Act 1874, state object particulars of beneficiary and particulars of trustee. **(Nomination in such cases not allowed)**

26. If policy is being funded by HUF, give particulars of HUF.

27. Nomination (refer section 39 of Insurance act 1938) (Not applicable in case of policy under MWPA 1874)

a. State particulars of the nominees (not more than three Nominees)

Sole/ First Nominee Details-

Name

Address

Pin code

Relationship

Age

% Share of claim amount

Second Nominee Details-

Name

Address

Pin code

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Relationship

Age

% Share of claim amount

Third Nominee Details-

Name

Address

Pin code

Relationship

Age

% Share of claim amount

b. **Appointee Details(if nominee is minor)**

Name

Address

Pin code

Relationship

Age

28.. Particulars of other PLI/ RPLI policies already held :

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Policy No.	Type	Sum Assured (in ₹)
1.		
2.		
3.		
	Total : (in ₹)	

29. . (a) Are you in sound health at present ? :----------

(b) Have you ever suffered/suffering from any of the following?:
(Say Yes or No)

(i) Tuberculosis	:	Yes	No
(ii) Cancer	:	Yes	No
(iii) Paralysis	:	Yes	No
(iv) Insanity	:	Yes	No
(v) Any disease of heart and lungs	:	Yes	No
(vi) Kidney disease	:	Yes	No
(vii) Any disease of brain	:	Yes	No
(viii) Diabetes	:	Yes	No
(ix) Hypertension	:	Yes	No
(x) HIV Positive	:	Yes	No
(xi) Hepatitis-B	:	Yes	No
(xii) Epilepsy	:	Yes	No
(xiii) Nervous disorder	:	Yes	No
(xiv) Liver	:	Yes	No
(xv) Leprosy	:	Yes	No
(xvi) Any physical deformity or handicap	:	Yes	No
		Yes	No

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(xvii) Any other serious disease :

(c) Has any of your family members (Father, Mother, Brothers or Sisters) living or dead suffered from any hereditary or infectious disease like, Insanity/ Epilepsy / Gout /Asthma / Tuberculosis/ Cancer/Leprosy/Diabetes etc? If yes, give details:

Yes | No

(d) Have you availed any kind of leave on medical ground or hospitalized during the last 3 years? If so, furnish the following information.

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

(e) Particulars of the family doctor, if any:_____

DECLARATION OF PROPONENT

30. (a) I do hereby declare that (a) no proposal of insurance on my life 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 my 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.

Dated The Day of 20

Proponent_____

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(c) **Declaration for Sum Assured of more than ₹ five Lacs**

(i) My age does not exceed 50 years from my next birthday.

(ii) I hereby declare and undertake that my aggregate outgo against payment of premium of insurance, contribution of GPF and other payments does not exceed 60% of my monthly income.

(iii) I have not surrendered any PLI policy in the past.

Date : Signature

Place :

31.CERTIFICATE OF IMMEDIATE SUPERIOR

Certified that _____ is a permanent/temporary employee in _____ and information furnished against column No. 1 to 8 and 16 of this proposal form is correct as per his/her service records.

Date : Signature

Place :

Name

Designation/Seal

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32.MEDICAL EXAMINER'S CERTIFICATE

Certified that I have carefully examined Shri/Smt. _____ 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 30, 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 Proponent

Signature of Medical Examiner:

Name :

Seal :

Date :

Code :

NOTE FOR MEDICAL OFFICER

a) When there are two or more cases of diabetes in the family, report of Glucose" Tolerance Test and Urine would be required and if the proponent is overweight in addition to the family history of diabetes or there is a suspicion of sugar in the urine or personal history of glycosuria, a blood sugar report would be necessary.

b) If the proponent is overweight or has doubtful family history an electrocardiogram and a report on the scanning of the chest would be required.

c) If the proponent is underweight and has family history of TB, an X-Ray of the chest would be required.

d) Expense of the above mentioned tests will have to be borne by the proponent.

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33.TO BE FILLLED IN BY DO/FO (PLI)/AGENT

Type _____ Sum Assured ₹_____

Age at entry _____ Premium rate ₹_____

Receipt (LI-7(a) No. _____ Date _____ Amount ₹_____

Name of Medical Officer _____

Code No. of Medical Officer _____

Post Office where payment is to be made _____

I _____Code No._____
certify that the information in the proposal form has been furnished by the proponent 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 : SIGNATURE

34.CERTIFICATE OF DDM/ADM (PLI)/SR/SUPTD Pos

Certified that the entries against column No. 1 to 29, 31 to 33 have been verified by me and found in order. The proposal is accepted.

The proposal is rejected due to the following reasons:

1.
2.
3.

DATE : PA/ SS

ADM/DDM/Sr/Supdt POs

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