भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Annexure 8

PROPOSAL FORM FOR LIC's AROGYA RAKSHAK **URN: HPF- 2**

Branch Office…… Divisional Office……

To be filled by agent: 1. D.O./CLIA/ Chief Organizer Code No / Mentor code & Mobile number : 2. Agent's/Specified Person's/DSA's/Sup Agent's Name ,Code No & Mobile number: 3. Licence No: 4. Date of Expiry:
For Office Use Only : Inward no : Date Proposal no : Amt of Deposit : B.O.C No: Date :

Section - I : Details of the Principal Insured and other members to be insured

No. of lives to be covered under the policy (including Principal Insured)	

A	Personal Details	Principal Insured (Proposer)
1	Full Name (to be printed on Health Card)	
2	Father's Full name	
3	Gender	
4	Marital Status	
5	Date of Birth	
6	Age last birthday	
7	Place/ City of Birth	
8	Nature of Age Proof Submitted	
9	Nationality/ Citizenship	
10	Residential status	Resident Indian / Non Resident Indian/ Foreign National of Indian Origin/Overseas Citizen of India
11	**Correspondence Address**	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	
	Tel. No. with STD Code	
12	**Permanent Address / Address outside India in case of NRIs**	
	House No.	
	City/ Town/ Village	
	District & State	
	Country	
	PIN Code	
13	**KYC and AML**	
a	Are you Income Tax Assessee	
b	PAN Number	
ID details(to be answered only if PAN card copy is not submitted) * In case of Aadhaar only last four digits is to be given as Id number		
c	Proof of Identity	
d	ID number *	
e	Expiry date of Id :	
f	Address Proof Submitted	
g	Are You Registered under GST, if yes give GSTIN :	
h	CKYC number (Central KYC Registry)	

14	**Educational Qualification and Occupation**	
a	Educational qualification	
b	Present Occupation	
c	Source of Income	
d	Name of the present employer	
e	Exact Nature of duties	
f	Length of service	
g	Annual Income	
h	To be answered if employed in the Armed Forces	
i	Wing to which life to be insured belong	
ii	Rank therein	
iii	Date of last Medical Examination	
iv	Medical category after medical examination	
v	Were you ever below A-1 category? If so, when?	
15	**Others**	
a	Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? If yes , give details and submit respective questionnaire .	
b	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.	
c	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]	

16	Details of Nominee and appointee (It is in the interest of the life to be assured to avail the facility of nomination)						
	Name and address of Nominee	% share	Age	Relationship with the Principal Insured	If Nominee is minor , appointee's full name, age and address	Relationship to the nominee	Appointee's signature as a token of consent

17	Bank Details of Principal Insured
	Bank Account details: a) Type of Account-Savings / Current: b) Your Account No :_____ c) MICR Code:_____ d) IFS Code:_____ e) Name and Address of your bank:_____ Attach a photocopy or cancelled cheque with the form

B	**Personal Details**	**Other Member to be Insured - 1**	**Other Member to be Insured - 2**	**Other Member to be Insured - 3**
1	Full Name to be printed on Health Card			
2	Father's Full name			
3	Gender			
4	Marital Status			
5	Date of Birth			

6	Age last birthday			
7	Place/ City of Birth			
8	Nature of Age Proof Submitted			
9	Nationality/ Citizenship			
10	Residential status (Resident Indian / Non Resident Indian/ Foreign National of Indian Origin/Overseas Citizen of India)			
11	Relationship between PI and other member to be assured			
12	**Correspondence Address**			
	House No.			
	City/ Town/ Village			
	District & State			
	Country			
	PIN Code			
	Tel. No. with STD Code			
13	**Permanent Address / Address outside India in case of NRIs**			
	House No.			
	City/ Town/ Village			
	District & State			
	Country			
	PIN Code			
14	**KYC and AML**			
a	Is life to be insured Income Tax Assessee			
b	PAN Number			
	ID details(to be answered only if PAN card copy is not submitted) * In case of Aadhaar only last four digits is to be given as Id number			
c	Proof of Identity			
d	ID number *			
e	Expiry date of Id :			
f	Address Proof Submitted			
g	Is life to be insured Registered under GST, if yes give GSTIN :			
h	CKYC number (Central KYC Registry)			
15	**Educational Qualification and Occupation**			
a	Educational qualification			
b	Present Occupation			
c	Source of Income			
d	Name of the present employer			
e	Exact Nature of duties			
f	Length of service			
g	Annual Income			
h	To be answered if employed in the Armed Forces			
i	Wing to which life to be insured belong			
ii	Rank therein			
iii	Date of last Medical Examination			
iv	Medical category after medical examination			
v	Was life to be insured ever below A-1 category? If so, when?			
16	**Others**			
a	Is life to be insured's occupation associated with any specific hazard or does life to be insured take part in hazardous activities or have hobbies that could be dangerous in any way? If yes , give details and submit respective questionnaire .			

b	Has life to be insured ever been or is currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.			
c	Is life to be insured a Politically Exposed Person OR is a family member or close relative of Politically Exposed Person? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]			

	Signature	Mobile No.	E mail Id
Principal Insured			
Other Member to be Insured - 1			
Other Member to be Insured - 2			
Other Member to be Insured - 3			

Section - II: Details related to proposed Plan and Previous policies under health Plan
(Initial Daily Benefit will be "per life*" basis)

1	Mode of premium payment			
2	Initial Daily Benefit chosen for			
	Principal Insured			
	Other Member to be Insured - 1			
	Other Member to be Insured - 2			
	Other Member to be Insured - 3			
	Note: **1. Default provision for Insured Spouse/Parent to become Principal Insured on exit of original PI from the policy.** On the exit of original PI in the event of death or expiry of his/her cover (i.e. where expiry of cover shall be on the Date of Cover Expiry of PI or on PI exhausting all the lifetime maximum Benefit Limits), the policy shall continue with the surviving Insured Spouse as **new PI** along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the PI; or if the Insured Spouse has exited from the policy, the policy shall continue with elder of the surviving Insured Parents as **new PI** along with other eligible surviving Insured(s). The premium for such new successive PI would be based on the then applicable tabular premium rates for Principal Insured and the age for calculation of revised premium rate will be his/her age at entry. However, the existing level of cover in respect of the new PI shall remain unaltered as applicable to him /her. **2. * The total Initial Daily Benefit under all policies issued to an individual under this plan shall not exceed Rs. 10,000/-**			
3	Whether You/Your Spouse want to avail Term Rider and / or Accident Benefit Rider (Only available for Principal Insured and spouse) , If yes please specify below		Yes / No	
	a. Accident Benefit Rider Sum Assured		PI :	Spouse:
	b. Term Assurance Rider Sum Assured		PI:	Spouse
4	Previous health Insurance policies under LIC's Arogya Rakshak Plan(If more policies , separate addendum may be used)			
	Life	Policy No	Initial Daily Benefit availed	Lapsed/ In force
	Principal Insured			

	Other Member to be Insured - 1			
	Other Member to be Insured - 2			
	Other Member to be Insured - 3			

5	**Details of all previous policies under Health and Life are to be given in Annexure 'B' in respect of each life to be Insured under this proposal.**				
6		**Principal Insured**	**Other Member to be Insured - 1**	**Other Member to be Insured - 2**	**Other Member to be Insured - 3**
	Has any proposal/ application for revival for life, health or critical illness cover been postponed, declined or accepted on special terms? (If yes, Give details)				

7	**Simultaneous Proposals**	**Principal Insured**	**Other Member to be Insured - 1**	**Other Member to be Insured - 2**	**Other Member to be Insured - 3**
	Is any proposal for life or health insurance under consideration on life to be insured with LIC or any other company.				
8	Is life to be insured registered with LIC Portal: Y/N a. If yes, Give Customer Id b. If not, please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services				

Signatures of other Major Members to be insured

Signature of the Principal Insured

i)…….

ii)…….

iii)…….

Section-III

Personal and family details of health / habits

	Details	**Principal Insured**	**Other Member to be Insured - 1**	**Other Member to be Insured - 2**	**Other Member to be Insured - 3**
1	Please state exact height (in cms) and weight (in Kgs) (without shoes)	Height _____ Weight _____	Height _____ Weight _____	Height _____ Weight _____	Height _____ Weight _____
2	Is the life to be insured currently taking any medication or drugs? Or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition, other than for minor coughs, cold, flu, typhoid?				
3	Has the life to be insured lost more than 5 Kgs. of weight in the last 12 months except due to exercise or weight loss programmes, If yes, please state the reason for the weight loss.				

4	During the past 5 years, has the life to be insured ever suffered from any illness, disorder, disability or injury which has required any form of medical or specialized examination (including X-ray, blood tests, ECG, USG, CT/MRI, gynecological investigations), Consultation, hospitalization or surgery?				
5	Has the life to be insured remained absent from place of work, school or college on grounds of health for more than 7 days during the last 2 years? If yes, give details				
6	Has the life to be insured planned for a surgery or is currently aware of any medical condition that might require medical advice/surgery in near future?				
7	Has the life to be insured ever suffered from or suffering from or undergone investigation in the past or been advised to undergo investigation or treatment for the following ailments:				
	a. Hypertension/high blood pressure				
	b. Diabetes or raised blood sugar				
	c. Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain				
	d. (i) Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones, genital organ disorder, Hydrocele / fistula / piles (ii) symptoms or ailment relating to Prostate, Urinary System or Reproductive System or any other disorder				
	e. Cancer of any type or a cyst or lump or growth of any kind				
	f. Mental Disorder e.g. Depression, anxiety, schizophrenia, or any other mental, psychiatric or nervous disorder				
	g. Endocrine diseases e.g.: Thyroid or any other hormonal disorder				
	h. Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract				
	i. Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.				
	j. Musculoskeletal diseases e.g.: Osteoporosis, prolapsed disc, back or neck complaint,				

	any physical disability/deformity or other disorder of the bones, joints, arthritis, gout etc				
	k. Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, stroke, any other disease or disorder of the brain, spinal cord or nerves				
	l. Congenital Disorders				
	m. Blood disorder e.g. Anemia, hemophilia, thalassemia				
	n. (i) Eye, Ear, Nose, Throat or Skin disorders (ii) Does the life to be insured wear glasses? If yes, please give power of glasses				
	o. Has the life to be insured ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?				
	p. Any other disease?				
8	If answer to any of the questions mentioned in '7' above is yes, please give details as below (If hospitalized , enclose the discharge summary and all investigation papers along with the proposal form.)				
	a. Nature of disease / illness				
	b. Date of Diagnosis				
	c. Fully recovered (Y/N)				
	d. Still on treatment (Y/N), If Yes give details of treatment				
	e. Name and address of Doctor/ Hospital				
9	**Family History**				
	Does the life to be insured have a parent, brother or sister who was or has been diagnosed with heart disease, stroke, diabetes, cancer, neurolgical/ mental disorders or any hereditary disorder under the age of 65 years ? If yes, please give a. Name of the disease/condition b. Relationship with the life to be assured and c. Date of diagnosis d. Age at diagnosis e. Date of death, if any				
10	**Habits**				
	Does life to be insured smoke/consume or ever smoked /consumed the following. If yes, quantity consumed				
	a. Alcoholic drinks (kind of alcohol and pegs per day)				
	b. Narcotics				
	c. Any other drugs, If yes, which one				
	d. Tobacco in any form (Tobacco product includes but not limited to cigars, cigarettes, beedis, chewable tobacco like Gutkha, flavored paan masala, etc.) (If yes in sticks /packets/ sachets/day or gms /day)				
11	**For Female Lives only**				
a	Is life to be insured pregnant now? If yes expected date of delivery				
b	Date of last delivery				

c	Has life to be insured had any abortion or miscarriage or Cesarean section? If so, give details				
d	Has life to be insured ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)				
e	Has any of life insured's children had any congenital abnormality ?				

12	Husband's details (Applicable for only female principal Insured)	
a	Husband's full Name	
b	His Occupation	
c	His Annual Income	
d	Details of Husband's health Insurance	

Policy number	Name of branch/ Division/ Name of the insurer (if other than LIC) from where policy has been taken	Sum Assured	Plan & Term	Present status of the policy

Signatures of other Major Members to be insured

Signature of the Principal Insured

i)…….

ii)…….

iii)…….

Section-IV : Declaration

DECLARATION BY THE PRINCIPAL INSURED AND OTHER MAJOR MEMBERS TO BE INSURED

I, do hereby declare that I am authorized to propose on behalf of these other persons and give consent on my behalf and on behalf of all persons proposed to be insured

I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the foregoing statements and answers have been given by me in this proposal form alongwith Annexure 'B' 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 us 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.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable. I understand that the Corporation reserves the right to accept /postpone/ drop / regret or decline this proposal for health insurance .

I further declare that any change related to my/ other person to be insured's health, occupation or any other adverse circumstance after the submission of this proposal to the Corporation shall be conveyed in writing before the issuance of the First Premium Receipt/communication of acceptance of risk. I also declare that I will inform about dropping, deferment, acceptance at terms other than as proposed of any proposal/ revival of policy made to the Corporation or any other insurance company. Any omission on my part to do so shall render this contract invalid.

I hereby give my consent for undergoing medical examination/tests including test for HIV as required by the Corporation

I, on my behalf and on behalf of all persons proposed to be insured, declare that I consent to the Corporation seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I, on my behalf and on behalf of all persons proposed to be insured, authorize the Corporation to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I hereby give my consent to receive phone calls, SMS/E mail on the above mentioned registered number/ E mail address from / on behalf of the Corporation with respect to my life insurance policy / regarding servicing of insurance policies / enhancing insurance awareness / notifying about the status of Claim etc

I also understand that the premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

I, on my behalf and on behalf of all persons proposed to be insured do hereby declare that I have understood the plan features and I have taken a personal and independent decision in an informed manner to take the plan in consultation with the agent/ intermediary

Dated at ……On the…… Day of ……20

Witness:
(Signature, Name & Address)

Signatures of other Major Members to be insured

Signature of the Principal Insured

i)…….

ii)……..

iii)……

Declaration by the person filling in the form (In case form is filled /signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)

"I hereby declare that I have fully explained above questions to the proposer and I have truthfully recorded the answers given by the proposer and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name of the Declarant:_____ Signature:_____

Address of the Declarant:_____

I certify that the contents of the form have been fully explained to me by Mr/ Ms:_____.

Signatures of other Major Members to be insured

Signature of the Principal Insured

i)……. ii)……. iii)……

In case the Proposer is illiterate, his/her thumb impression 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 in _____language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Signature: _____

Name of the Declarant: _____

Address of the Declarant: _____

SECTION 45 OF THE INSURANCE ACT, 1938

(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 purposes 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.'

SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INURANCE 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.

AGENT'S CONFIDENTIAL REPORT / MORAL HAZARD REPORT

Agent's/FSE's Name & Address and Mobile number Agency code Club membership

I	**Information about the Principal Insured**	
	a. Name of the Principal Insured :	
	b. Age of the Principal Insured :	
	c. Whether the terms and conditions of the proposed plan(s) have been explained to Principal Insured and other members?	
	d. Whether the proposed plan matches the objectives of insurance of the proposer/ life to be assured ?	
	e. How long do you know the Principal Insured ?	
	f. Are you related to him/her? If so, give details	
	g. What is the educational qualification?	
	h. Whether Principal Insured / other members or family member/s is/are Politically Exposed Person (PEP) as per RBI guidelines? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]	
	i. Are you satisfied that the Principal Insured / other members are not connected with any terrorist activities ?	
	j. Whether KYC/ PMLA norms are fulfilled for the Principal Insured / other members?	
II	**Financial assessment by the Agent**	
	a. Exact Source of Income	
	b. Are you personally satisfied with the financial standing of the Principal Insured and justify the current proposal ?	

III	**Previous insurance details including from other insurers**	
	a. Did you discuss with the Principal Insured / other members the status of Previous Policies and are you satisfied that no policy has lapsed within the last three years?	
	b. Are you aware of any Proposal (or Revival of any policy) of the Principal Insured / other members having been deferred, declined, dropped or accepted at terms other than those proposed ?	

IV	**Information about health , Habit and occupation/ avocation etc**				
	a. What is the general state of health of the Principal Insured / other members?				
	b. Do they have any physical deformity or Mental Retardation?				
	c. Do you have any knowledge of them having suffered from any illness or injury or undergone any operation or medical investigation?				
	d. Physical Measurements and Identification Marks of the Proposer and other Members (beneficiaries) to be insured under the proposal.				
	Member To Be Insured	**Name**	**Height (cms)**	**Weight (kgs)**	**Identification Marks**
	Principal Insured				
	Other Insured 1				
	Other Insured 2				
	Other Insured 3				
	Other Insured 4				
	Other Insured 5				
	Other Insured 6				
	e. Any other information				

I further hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Place

Date: Signature of the Agent along with seal/ stamp

To be complete by the Development Officer /CLIA/Mentor)

I am satisfied with the identity of the Principal Insured and other members to be insured on the basis of my independent enquiries. I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date

Name and Designation/Standing (No. of Years) Signature

To be completed by ABMS/BM/ Sr. BM)

I am satisfied with the identity of the Principal Insured and other members to be insured on the basis of my independent enquiries. I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date
Name and Designation Signature

PROPOSAL FOR LIC's AROGYA RAKSHAK

PHOTO ADDENDUM FOR PREPARATION OF HEALTH IDENTITY CARDS Plan No. ----------

Members to be Insured (In the same sequence of details of other member/s	Principal insured (Affix stamp size photograph)	Other Insured 1 (Affix stamp size photograph)	Other Insured 2 (Affix stamp size photograph)	Other Insured 3 (Affix stamp size photograph)
i) Name				
ii) DOB				
iii) Gender (Male/Female)				
iv) Relationship				

Members to be Insured (In the same sequence of details of other member/s	Other Insured 4 (Affix stamp size photograph)	Other Insured 5 (Affix stamp size photograph)	Other Insured 6 (Affix stamp size photograph)
i) Name			
ii) DOB			
iii) Gender (Male/Female)			
iv) Relationship			

Specimen Signature of the Principal Insured:

For Office Use:

Policy Number……..
Total Number of Lives Covered……..
Division Name and Code……..
Branch Name & Code……

Check list:

1. Age Proof(s) of all the Members to be insured
2. Photographs of all the Members to be insured
3. Signature of the Principal Insured

Annexure-A

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

PROPOSAL FOR LIC's AROGYA RAKSHAK **URN: HPF- 2**

HEALTH DETAILS AND MEDICAL INFORMATION
(IN RESPECT OF OTHER MEMBERS TO BE INSURED)
(To be used if the total number of members to be insured excluding PI (in the proposal form) exceeds 3)

Section - I: Details of other members to be insured

A	Personal Details	Other Member to be insured - 4	Other Member to be insured - 5	Other Member to be insured - 6
1	Full Name to be printed on Health Card			
2	Father's Full name			
3	Gender			
4	Marital Status			
5	Date of Birth			
6	Age last birthday			
7	Place/ City of Birth			
8	Nature of Age Proof Submitted			
9	Nationality/ Citizenship			
10	Residential status (Resident Indian / Non Resident Indian/ Foreign National of Indian Origin/Overseas Citizen of India)			
11	Relationship between PI and other member to be assured			
12	**Correspondence Address**			
	House No.			
	City/ Town/ Village			
	District & State			
	Country			
	PIN Code			
	Tel. No. with STD Code			
13	**Permanent Address / Address outside India in case of NRIs**			
	House No.			
	City/ Town/ Village			
	District & State			
	Country			
	PIN Code			
14	**KYC and AML**			
a	Is life to be insured Income Tax Assessee			
b	PAN Number			
	ID details(to be answered only if PAN card copy is not submitted) * In case of Aadhaar only last four digits is to be given as Id number			
c	Proof of Identity			
d	ID number *			
e	Expiry date of Id :			
f	Address Proof Submitted			
g	Is life to be insured Registered under GST, if yes give GSTIN :			
h	CKYC number (Central KYC Registry)			
15	**Educational Qualification and Occupation**			
a	Educational qualification			

b	Present Occupation			
c	Source of Income			
d	Name of the present employer			
e	Exact Nature of duties			
f	Length of service			
g	Annual Income			
h	To be answered if employed in the Armed Forces			
i	Wing to which life to be insured belong			
ii	Rank therein			
iii	Date of last Medical Examination			
iv	Medical category after medical examination			
v	Was life to be insured ever below A-1 category? If so, when?			
16	**Others**			
a	Is life to be insured's occupation associated with any specific hazard or does life to be insured take part in hazardous activities or have hobbies that could be dangerous in any way? If yes , give details and submit respective questionnaire .			
b	Has life to be insured ever been or is currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.			
c	Is life to be insured a Politically Exposed Person OR is a family member or close relative of Politically Exposed Person? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country.]			

	Signature	Mobile No.	E mail Id
Principal Insured			
Other Member to be insured - 4			
Other Member to be Insured - 5			
Other Member to be Insured - 6			

Section - II: Details related to proposed Plan and Previous policies under health Plan
(Initial Daily Benefit will be "per life*" basis)

1	Mode of premium payment	
2	Initial Daily Benefit chosen for	
	Other Member to be Insured - 4	
	Other Member to be Insured - 5	
	Other Member to be Insured - 6	
	Note: **1. Default provision for Insured Spouse/Parent to become Principal Insured on exit of original PI from the policy.** On the exit of original PI in the event of death or expiry of his/hercover (i.e. where expiry of cover shall be on	

	the Date of Cover Expiry of PI or on PI exhausting all the lifetime maximum Benefit Limits), the policy shall continue with the surviving Insured Spouse as **new PI** along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the PI; or if the Insured Spouse has exited from the policy, the policy shall continue with elder of the surviving Insured Parents as **new PI** along with other eligible surviving Insured(s). The premium for such new successive PI would be based on the then applicable tabular premium rates for Principal Insured and the age for calculation of revised premium rate will be his/her age at entry. However, the existing level of cover in respect of the new PI shall remain unaltered as applicable to him /her. **2. * The total Initial Daily Benefit under all policies issued to an individual under this plan shall not exceed Rs. 10,000/-**

3	Previous health Insurance policies under LIC's Arogya Rakshak Plan (If more policies , separate addendum may be used)			
	Life	Policy No	Initial Daily Benefit availed	Lapsed/ In force
	Other Member to be Insured - 4			
	Other Member to be Insured - 5			
	Other Member to be Insured - 6			
4	**Details of all previous policies under Health and Life are to be given in Annexure 'B' in respect of each life to be Insured under this proposal.**			
5		**Other Member to be Insured - 4**	**Other Member to be Insured - 5**	**Other Member to be Insured - 6**
	Has any proposal/ application for revival for life, health, or critical illness cover been postponed, declined or accepted on special terms? (If yes, Give details)			

6	**Simultaneous Proposals**	**Other Member to be Insured - 4**	**Other Member to be Insured - 5**	**Other Member to be Insured - 6**
	Is any proposal for life or health insurance under consideration on life to be insured with LIC or any other company.			
7	Is life to be insured registered with LIC Portal: Y/N a. If yes, Give Customer Id b. If not, please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services			

Signatures of other Major Members to be insured

Signature of the Principal Insured

i)……

ii)……

iii)……

Section-III

Personal and family details of health / habits

	Details	**Other Member to be Insured - 4**	**Other Member to be Insured - 5**	**Other Member to be Insured - 6**
1	Please state exact height (in cms) and weight (in Kgs) (without shoes)	Height _____ Weight _____	Height _____ Weight _____	Height _____ Weight _____
2	Is the life to be insured currently taking			

	any medication or drugs? Or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition, other than for minor coughs, cold, flu, typhoid?			
3	Has the life to be insured lost more than 5 Kgs. of weight in the last 12 months except due to exercise or weight loss programmes. If yes, please state the reason for the weight loss.			
4	During the past 5 years, has the life to be insured ever suffered from any illness, disorder, disability or injury which has required any form of medical or specialized examination (including X-ray, blood tests, ECG, USG, CT/MRI, gynecological investigations), Consultation, hospitalization or surgery?			
5	Has the life to be insured remained absent from place of work, school or college on grounds of health for more than 7 days during the last 2 years? If yes, give details			
6	Has the life to be insured planned for a surgery or is currently aware of any medical condition that might require medical advice/surgery in near future?			
7	Has the life to be insured ever suffered from or suffering from or undergone investigation in the past or been advised to undergo investigation or treatment for the following ailments:			
	a. Hypertension/high blood pressure			
	b. Diabetes or raised blood sugar			
	c. Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain			
	d. (i) Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones, genital organ disorder, Hydrocele / fistula / piles (ii) symptoms or ailment relating to Prostate, Urinary System or Reproductive System or any other disorder			
	e. Cancer of any type or a cyst or lump or growth of any kind			
	f. Mental Disorder e.g. Depression, anxiety, schizophrenia, or any other mental, psychiatric or nervous disorder			
	g. Endocrine diseases e.g.: Thyroid or any other hormonal disorder			
	h. Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract			
	i. Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.			
	j. Musculoskeletal diseases e.g.: Osteoporosis, prolapsed disc, back or neck complaint, any physical			

	disability/deformity or other disorder of the bones, joints, arthritis, gout etc			
	k. Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, stroke, any other disease or disorder of the brain, spinal cord or nerves			
	l. Congenital Disorders			
	m. Blood disorder e.g. Anemia, hemophilia, thalassemia			
	n. (i) Eye, Ear, Nose, Throat or Skin disorders (ii) Does the life to be insured wear glasses? If yes, please give power of glasses			
	o. Has the life to be insured ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?			
	p. Any other disease?			
8	If answer to any of the questions mentioned in '7' above is yes, please give details as below (If hospitalized , enclose the discharge summary and all investigation papers along with the proposal form.)			
	a. Nature of disease / illness			
	b. Date of Diagnosis			
	c. Fully recovered (Y/N)			
	d. Still on treatment (Y/N), If Yes give details of treatment			
	e. Name and address of Doctor/ Hospital			
9	**Family History**			
	Does the life to be insured have a parent, brother or sister who was or has been diagnosed with heart disease, stroke, diabetes, cancer, neurolgical/ mental disorders or any hereditary disorder under the age of 65 years ? If yes, please give a. Name of the disease/condition b. Relationship with the life to be assured and c. Date of diagnosis d. Age at diagnosis e. Date of death, if any			
10	**Habits**			
	Does life to be insured smoke/consume or ever smoked /consumed the following. If yes, quantity consumed			
	a. Alcoholic drinks (kind of alcohol and pegs per day)			
	b. Narcotics			
	c. Any other drugs, If yes, which one			
	d. Tobacco in any form (Tobacco product includes but not limited to cigars, cigarettes, beedis, chewable tobacco like Gutkha, flavored paan masala, etc.) (If yes in sticks /packets/ sachets/day or gms /day)			
11	**For Female Lives only**			
a	Is life to be insured pregnant now? If yes expected date of delivery			
b	Date of last delivery			
c	Has life to be insured had any abortion or miscarriage or Cesarean section? If so, give details			
d	Has life to be insured ever consulted a			

	gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)			
e	Has any of life insured's children had any congenital abnormality ?			

12	Husband's details (Applicable for only female principal Insured)			
a	Husband's full Name			
b	His Occupation			
c	His Annual Income			
d	Details of Husband's health Insurance			

Policy number	Name of branch/ Division/ Name of the insurer (if other than LIC) from where policy has been taken	Sum Assured	Plan & Term	Present status of the policy

Signatures of other Major Members to be insured

Signature of the Principal Insured

i)……..…

ii)…….

iii)……

Section-IV : Declaration

DECLARATION BY THE PRINCIPAL INSURED AND OTHER MAJOR MEMBERS TO BE INSURED

I , do hereby declare that I am authorized to propose on behalf of these other persons and give consent on my behalf and on behalf of all persons proposed to be insured.

I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the foregoing statements and answers have been given by me in this proposal form alongwith Annexure 'B' 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 us 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.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable. I understand that the Corporation reserves the right to accept /postpone/ drop / regret or decline this proposal for health insurance .

I further declare that any change related to my/ other life to be assured's health, occupation or any other adverse circumstance after the submission of this proposal to the Corporation shall be conveyed in writing before the issuance of the First Premium Receipt/ communication of acceptance of risk. I also declare that I will inform about dropping, deferment, acceptance at terms other than as proposed of any proposal/ revival of policy made to the Corporation or any other insurance company. Any omission on my part to do so shall render this contract invalid .

I hereby give my consent for undergoing medical examination/tests including test for HIV as required by the Corporation

I, on my behalf and on behalf of all persons proposed to be insured , declare that I consent to the Corporation seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I, on my behalf and on behalf of all persons proposed to be insured , authorize the Corporation to share information pertaining to my proposal including the medical records of the insured / proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to share my data with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I hereby give my consent to receive phone calls, SMS/E mail on the above mentioned registered number / E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies / enhancing insurance awareness / notifying about the status of Claim etc

I also understand that the premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

I, on my behalf and on behalf of all persons proposed to be insured do hereby declare that I have understood the plan features and I have taken a personal and independent decision in an informed manner to take the plan in consultation with the agent/intermediary.

Dated at ……On the…… Day of ……20

Witness:
(Signature, Name & Address)

Signatures of other Major Members to be insured

Signature of the Principal Insured

i)…….

ii)…….

iii)……

Declaration by the person filling in the form (In case form is filled /signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)

I hereby declare that I have fully explained above questions to the proposer and I have truthfully recorded the answers given by the proposer and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name of the Declarant:_____ Signature:_____

Address of the Declarant:_____

"I certify that the contents of the form have been fully explained to me by Mr/ Ms:_____

Signatures of other Major Members to be insured

Signature of the Principal Insured

i)……. ii)……. iii)…….

In case the Proposer is illiterate, his/her thumb impression 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 in _____language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Signature: _____

Name of the Declarant: _____

Address of the Declarant: _____

SECTION 45 OF THE INSURANCE ACT, 1938

(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 purposes 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 :

(e) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
(f) The active concealment of a fact by the insured having knowledge or belief of the fact ;
(g) Any other act fitted to deceive ; and
(h) 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.'

SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INURANCE 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.

Annexure - B

(To be attached with proposal form for LIC's AROGYA RAKSHAK)

Name of the Member to be insured _____
Proposal Number _____

A. DETAILS OF EXISTING HEALTH INSURANCE POLICIES INCLUDING (A) POLICIES SURRENDERED/LAPSED (DURING LAST 3 YEARS) (B) IN FORCE HEALTH INSURANCE POLICIES (C) POLICIES ACCEPTED WITH MODIFIED TERMS OR WITH EXTRA PREMIUM

(If No. of policies are more, please attach a separate sheet)

Policy No.	Insurance cos. from where the previous policies have been purchased with address (if purchased from LIC, give name of BO/DO)	Plan & Term	Sum Assured	Term assurance Rider Sum Assured	Amount of Accident Benefit taken	Year of issue/ Year of Revival	a. Whether accepted as proposed at ordinary rates. b. If not, mention terms of acceptance (mention extra premium charged)	a. Whether in full force for full sum assured. b. If not in force, give due date of last premium paid or date of surrender

B. DETAILS OF EXISTING LIFE INSURANCE POLICIES INCLUDING (A) POLICIES SURRENDERED/LAPSED (DURING LAST 3 YEARS) (B) IN FORCE POLICIES (C) POLICIES ACCEPTED WITH MODIFIED TERMS OR WITH EXTRA PREMIUM (If No. of policies are more, please attach a separate sheet)

Policy No.	Insurance cos. from where the previous policies have been purchased with address (if purchased from LIC, give name of BO/DO)	Table & Term	Sum Assured	Term assurance Rider Sum Assured	Amount of Accident Benefit taken	Year of issue/ Year of Revival	a. Whether accepted as proposed at ordinary rates. YES/NO b. If not, mention terms of acceptance (mention extra premium charged)	a. Whether in full force for full sum assured. YES/NO b. If not in force, give due date of last premium paid or date of surrender

Note: The above information is required in respect of each of the member to be insured under this proposal.

Signature of Principal Insured

Signature of the other Member to be Insured, proposed for insurance by the PI .