

# Annexure III

## LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

### For Micro Insurance Policy - LIC's New Jeevan Mangal (Plan No. 819)

Inward No.....

Divisional Office .....

Branch Office .....

Proposal No.....

Amount of Deposit:..... BOC No.....

Date .....

[-----FOR OFFICE USE ONLY -----]

Micro Insurance Agent's Name .....

Micro Insurance Agent's Code No. .... Sub-Agency Code.....

License No. .... Date of Expiry .....

Agent's Tel.No.....

(All answers to be filled in legibly. Answers must be given in words. Strokes of pen or dots or dashes will not be accepted as answers ✓ **Tick appropriate box wherever applicable**).

1. (a) FULL NAME OF THE LIFE TO BE ASSURED .....

(b) Sex: Male/Female

(c) Nationality .....

(d) Present Address .....

(e) Permanent Address .....

Tel.No. ....

(f) Date of Birth of Life To be Assured

E-mail .....

(DDMMYYYY)

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(g) Age 

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(nearer birthday)

(h) Nature of Age Proof:

(i) Present Occupation and nature of duties:

2. Particulars of Insurance:

- (a) Plan: \_\_\_\_\_ Term: \_\_\_\_\_
- (b) Mode of premium instalments to be paid: \_\_\_\_\_
- (c) Sum Assured proposed : Rs. /-
- (d) Nominee whom benefits are payable, (i) Name: \_\_\_\_\_  
if any, are to be paid under the policy (ii) Relationship to Life Assured  
in case of death : \_\_\_\_\_  
(iii) Age: \_\_\_\_\_  
(iv) Address: \_\_\_\_\_  
\_\_\_\_\_

If nominee is a minor

- (i) Name of appointee: \_\_\_\_\_
- (ii) Relationship to  
the nominee: \_\_\_\_\_
- (iii) Age: \_\_\_\_\_
- (iv) Address: \_\_\_\_\_  
\_\_\_\_\_
- (v) Signature of appointee as token of  
consent:\_\_\_\_\_

3. Particulars of Health

- (a) Are you in good health? Yes/No
- (b) Whether currently under any treatment or suffering from  
any disease? Yes/No  
If yes, give details
- (c) Whether you have undergone any treatment during last 3 years? Yes/No  
If yes, give details
- (d) Whether hospitalized during last 3 years? Yes/No  
If yes, give details

4. Particulars of Previous Micro Insurance policies, if any:

5. Whether you want to receive the policy bond through the Agent? Yes/No.\_\_\_\_\_

## DECLARATION

I/We .....do hereby declare that the foregoing statements and answers are true and complete in every particular and do agree and declare that these statements and this declaration shall be the basis of the contract of insurance between me/us and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be void and all claims to any benefit in virtue hereof shall cease immediately by paying the Surrender Value.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any knowledge or information to the Corporation.

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

Signature of Witness.....

Name of Witness ..... Signature or Thumb impression  
of the Life To Be Assured

Occupation .....

Address .....

.....

**In case the Life Assured is illiterate:-**

The thumb impression of the Life 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:-

Name of the Declarant:.....

.....

I hereby declare that I have explained the contents of the proposal form to the Life Assured in ..... language and that I have read out to the Life Assured the answers to the questions dictated by the Life Assured and that the Life Assured has affixed his/her thumb impression to the proposal form after fully understanding the contents thereof.

Address of the Declarant :

.....  
.....

Signature

**Summary of Section 45 of Insurance Act, 1938**

No policy of life insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report or a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that 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 assured was incorrectly stated in the proposal.

**Note:** "Material" shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Corporation.

**Section 41 of Insurance Act, 1938**

(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 prospectuses 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 punishable with fine which may extend to five hundred rupees.

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**Signature of the Life To Be Assured**

## Agent's Report

- (a) How long do you know the Life Assured? \_\_\_\_\_
- (b) What is the approximate age of the Life Assured in your opinion? \_\_\_\_\_
- (c) Do you recommend the acceptance of the Proposal? \_\_\_\_\_
- (d) Have you explained fully the terms and conditions of the plan to the Life Assured?  
\_\_\_\_\_
- (e) Marks of identification of Life Assured \_\_\_\_\_
- (f) What is the general state of health of the proposed? \_\_\_\_\_
- (g) Does he/she have any physical deformity, impaired sight or hearing, physical impairment or mental retardation? \_\_\_\_\_
- (h) Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation or medical investigation? \_\_\_\_\_

I am satisfied with the identity of the party and 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.

Further, I declare that the above proposal is secured by me and that I have fully explained the contents of the proposal form to the Life Assured.

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

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**Signature of the agent**