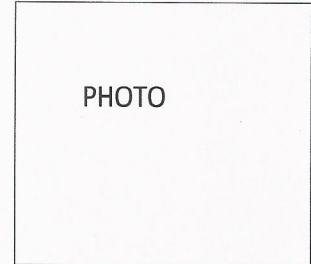


**LIFE INSURANCE CORPORATION OF INDIA**  
 (Established by the Life Insurance Corporation Act, 1956)  
 LIC's Micro Bachat – Micro Insurance Product  
 PROPOSAL FORM No. 504

**Annexure -3**



To be filled in by agent		For Office Use	
Divisional Office		Inward Number	
Micro Insurance Unit			
Micro Insurance Agent's Name		Date	
Micro Insurance Agent's Code Number		Proposal Number	
Sub Agency Code Number		Amount of Deposit	
License Number		BOC Number	
Date of Expiry		BOC Date	
Agents Telephone Number			

(All answers to be filled in legibly. Answers must be given in words written in BLOCK Letters. Stroke of the pen or dot or dashes will not be accepted as answers).

1. Personal Details

A) Name of the Life to be Assured in full (IN BLOCK LETTERS)  
 (First Name) (Middle Name) (Surname)  
 Mr/Mrs/Miss.....B) Sex: (Male / Female).....

C) Fathers Full Name: .....

D) Address for  
 correspondence.....  
 .....Pincode .....

E) Residential Address, if different from above.....  
 .....Pincode .....

F) Tel.No. (STD code):      Res:              Off:  
 Mobile:                      E-mail ID:

2. Plan & Term:..... Sum Proposed (Rs.):..... Amount of deposit:.....BOC No & Date.....

Mode (Yly, Hly, Qly, Mly) .....

Riders : Life to be assured can choose any one of the following optional riders, if required.

(i) Accident Benefit rider Sum Proposed (Covering Accidental Death only) (if required)(Rs.):.....  
 Or

(ii) Accidental Death & Disability Benefit rider Sum Proposed (if required)(Rs.):.....

3. Date of birth.....Age (nearer birthday)....., Place of Birth.....Nationality.....

Nature of Age proof submitted....., Objective of Insurance -----

4.

Details of Nominee(s) under Section 39 of the Insurance Act, 1938							
Nominee(s) Full Name and Age	Address of the Nomine (If different from that mentioned in 1 (D) &( E ) above)	Percent age Share	Relationship to yourself	Appointee's Full Name and Age	Address of the Appontee (If different from that mentioned in 1 (D) & (E) ) above)	Appointee's relationship p to Nominee	Signature of Appointee as token of consent

5. Present Occupation.....Name of the Employer.....Nature of duties.....

Educational Qualification..... Annual Income.....Length of service-----

Source of income..... Are you Tax Assessee.....

PAN No. ....

Whether Proposer is registered under GST ACT: YES/NO

If yes, provide GSTIN:

6. Has a proposal on your life or an application for revival of a policy on your life made to this or any other Office of the Corporation ever been

i) Withdrawn, Deferred, Dropped, Declined?-Yes / No ....., if yes, give details.....

ii) Accepted with extra premium or Lien?-Yes /No....., if yes, give details.....

iii) Accepted on modified terms? -Yes /No....., if yes, give details.....

7. Please give details of your previous insurance under this plan:

*Handwritten mark*



Sr. No.	Policy No.	Table & Term	Basic Sum Assured *	Date of Commencement	Whether inforce for full Sum Assured	If not give due date of last premium paid or date of surrender

(\* ) – The total Sum Assured under all policies (including Basic Sum Assured under this proposal) of an individual under this plan is Rs.2 lacs only.

Is your life being proposed simultaneously under the same plan? (Yes/No). If yes, give details:

8. Health Details of the Life Assured

A) Height-----cms                      Weight.....kgs

B) Do you smoke/consume or have you ever smoked/consumed the following:

i) Alcoholic drinks -Yes /No .....

ii) Narcotics -Yes / No .....

iii) Any other drugs-Yes/No.....

iv) Tobacco in any form (Cigars, Cigarettes, beedis, Pan masala, etc) -Yes / No.....

If yes, quantity consumed (in sticks/packets/sachets/day or gms/day) and duration .....

If stopped, since how many months\_\_\_\_\_

If reply to any of the Questions from 'C' to 'H' below is "yes", please give full details. If space is inadequate, use separate sheet

C) During the last five years did you ever consult a Medical Practitioner for any ailment requiring treatment for more than a week -Yes / No

D) Are you currently taking, 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? -Yes / No

E) (i) Did you ever have any accident or injury? Yes /No

(ii) Have you ever had an Electrocardiogram, X-ray or screening, Blood, Urine or stool examination? Yes /No

(iii) Have you ever been admitted to any hospital, nursing home, asylum, sanatorium for general check -up, observation, treatment or operation?-Yes /No

F) Do you have any congenital defect, physical deformity or handicap? Yes /No

G) Have you currently been advised to undergo any medical investigation or are you awaiting results of any investigation (other than routine health check) at this point ?Yes/No

H) Are you suffering from or have you ever suffered or undergone investigation in the past or have you been advised to undergo investigation or treatment for the following ailments: Please tick to indicate presence of any of the following

22

conditions.

1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc.	2. Hypertension, Hypotension, ,rheumatic fever, pain in chest, breathlessness, palpitation, heart attack, any disease / problem of the heart or arteries?
3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/ Hepatitis B or C/ digestive disorder?	4. Any disease of kidney /prostate or urinary system or disease of the reproductive organs-?
5. Paralysis/ Stroke /epilepsy/ insanity/ tremors, numbness, double vision, dizzy or fainting spells/ head Injury / insomnia/ nervous breakdown / any other disease of the brain or the nervous system?	6. Hernia/hydrocele, varicocele, fistula, varicose veins, filariasis, gonorrhoea, syphilis or any other venereal disease?
7. Cancer/leukemia/lymphoma/ tumour / cyst/ Any other growth / lumps/ blood disorder (e.g. Haemophilia, Thalassaemia etc. )/enlarged glands?	8. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears?
9. Diabetes/ suffering from diabetes or have you ever passed sugar, albumin, pus or blood in urine/ Goiter/ Thyroid or other endocrine disorder?	10. Bone / Joint/ Spine Disease/ Arthritis?
11. Nervous, psychiatric, Mental Disorder (Depression/ Anxiety, etc.) or any other disease of brain ?	12. Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy?
13. Disease of teeth such as pyorrhoea missing teeth, whether wearing denture?	14. Any Operation, accident or injury/ any bodily defect or deformity?
15. Gout, tumor, growth or cyst of any kind, Leprosy, rheumatism?	16. HIV Infection/AIDS or positive test for HIV?
17. Any other disease not covered above?	

**9. FEMALE RELATED QUESTIONS:**

- A. Have you ever consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment? If yes, give details.
- B. Have you had any abortion or miscarriage or Caesarian section? If so, give details.
- C. Are you pregnant now?
- D. Date of Last delivery:
- E. Husband's Insurance Details

- 10. 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.
- 11. 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.)
- 12. Have you ever been or are currently being investigated, charged sheeted, prosecuted or convicted in respect of any criminal/civil offences in any court of law in India or abroad?
- 13. Are you at present in good health?

AN





Name of the Declarant: \_\_\_\_\_

Signature: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_  
\_\_\_\_\_

"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 person whose life is proposed to be assured

2. 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."

Name of the Declarant: \_\_\_\_\_ Signature: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

**SECTION 45 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015**

(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:

12/1



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 INSURANCE 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.

**LIFE INSURANCE CORPORATION OF INDIA**

(Established by the Life Insurance Corporation Act, 1956)

**AGENT'S CONFIDENTIAL REPORT**

Divisional office.....Micro Insurance Unit Code No..... Proposal No.....

Name of the Micro Insurance Agent..... Agency Code No.....

Date of expiry of License .....

1/1

Name of the LA.....Age.....Occupation.....Annual Income.....

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1. Give marks of identification.....
2. How long have you known the Life Assured?.....
3. Does LA appear to be of the age stated in the proposal?.....
4. Does LA appear to be in good health and free from any disease / deformity?.....
5. Height of the LA.....cms Weight of the LA.....kgs
6. Do you have any knowledge of his/her (LA) having suffered from any illness or injury or undergone any operation, hospitalisation or medical investigations, if yes give details.....
7. Are you aware of anything in the occupation, financial or social position of the proposer, his /her (LA) personal habits or any other circumstances which are likely to add to the risk?.....
8. Do you recommend acceptance of the proposal?.....
9. Have you explained fully the terms and conditions of the plan to the Life Assured?.....
10. Are you satisfied that the life proposed and /or proposer is not connected with any terrorist activities?.....

I hereby declare that the foregoing statements are true to the best of my belief.

Dated at.....

Date.....

Signature of Micro Insurance Agent

(To be completed by Manager Micro Insurance)

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 behalf.

Dated at.....

Date.....

Signature of Manager (Micro Insurance)

BN