



DEPARTMENT OF POSTS
PROPOSAL FORM FOR POSTAL LIFE INSURANCE

(All entries should be filled in CAPITAL letter)

[Questions 12, 12.1, 13 & 14 relate to proposals for Sum Assured/Aggregate Sum assured above ₹20 lakh]

Affix here Spouse's recent passport size photograph (In case of YS Proposal only)

Affix here Proponent's recent passport size photograph
Photo

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.

Name of Agent/Salesman

Date of Receipt

No. of LI-7(a)

Amount deposited ₹

Post Office at which deposited

Receipt No. and Date

Policy No.

PASTE INDEXING
RECIPT HERE

Proposal Date (DD/MM/YYYY)

Date of Declaration (DD/MM/YYYY)

01 / 09 / 2020

01 / 09 / 2020

Product/ Policy Type WLA CWA EA AEA YS

1. Proposer's Details

i. Name of Proponent (Mr./ Mrs./ Ms.)

First Name: ARUNA Middle Name: S Last Name: AJITH

ii. Father's Name

AJITH KUMAR

iii. Husband's Name (In case of married female proponent)

KIRAN

iv. Gender

M F

v. Marital Status (Married/ Unmarried)

MARRIED

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

01 / 01 / 1995

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

Birth Certificate Matriculation Certificate Driving License Passport PAN

Certificate extract from Service register in the case of Govt. Employees Identity card issued by Defence Department

No. FJKI 09999S

viii. Aadhaar No.

99999999999999

ix. Nationality

INDIAN

x. **FOR FEMALE PROPONENT ONLY/ FEMALE SPOUSE (in case of Yugal Suraksha)**

Number of Children: Are you Pregnant now? Yes No Date of last Delivery: / / If pregnant, expected month of delivery: / /

Have you had any abortion or miscarriage or caesarean section? If so, give details.

2. Spouse Details (In case of Yugal Suraksha policy only)

i. Spouse Name

ii. Spouse Date of Birth (DD/MM/YYYY)

iii. Spouse Age Proof: [Tick (✓) whichever is applicable]

Birth Certificate Matriculation Certificate Driving License Passport PAN

Certificate extract from Service register in the case of Govt. Employees Identity card issued by Defence Department

No.

viii. Aadhaar No.

ix. Nationality

3. Proposer's Address Detailsi. Communication Address (If Permanent Address is same as Communication Address please ✓ in the box ())**FILL COMMUNICATION ADDRESS COMPLETELY**

Village	Taluka
City	District
State	Country
PIN	

ii. Permanent Address

FILL PERMANENT ADDRESS COMPLETELY AS THERE IN THE PROOF PROVIDED WITH PROPOSAL FORM

Village	Taluka
City	District
State	Country
PIN	

4. Proposer's Contact Details

i. Phone No. with STD Code

04712333333333

ii. Mobile No.

9999999999

iii. E-mail ID (If any)

For online payment, emailid is compulsory**5. Proposer's Employment Details**

i. Occupation:

Central Govt State Govt PSU Railway Bank Telecom Contractual Joint Venture
 Defence Para Military Force Cooperative Society Deemed University/ Educational Institution

Other (Please specify)

ii. Name of Organization:

Name of Department/Organization

iii. Designation

Designation of Employee

iv. Date of Entry in Service

01 / 01 / 2015

v. Designation of Immediate Superior

Designation of immediate superior

vi. PAN No.

FJKIO9999S

vii. Monthly Income

₹ 20000

viii. DDO Code

ix. Office Address

Complete office address with pincode

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)

6. Particulars of beneficiary, if policy is proposed to be taken under Married Women Property Act 1874. (Nomination in such cases not allowed)

Give details of beneficiary(ies) (maximum three) like Beneficiary Name, his/ their Date of Birth, Relationship, whether minor or not, %age of their share (if more than one beneficiaries) on a separate page

6 A. Particulars of trustee, if policy is proposed to be taken under Married Women Property Act 1874. (Nomination in such cases not allowed)

Give details of Trust like Individual or Corporation, Name of Trust, Name of Trustee (only in case of Individual Trust), Trustee Relationship, Communication address, Trustee Phone No. and E-mail ID (if any) on a separate page.

7. Nomination Details (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)

i. Sole/ First Nominee Details- (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name
ASWIN	AK	

Relationship: Brother Sister Son Daughter Mother Father Spouse
 Father-in-law Mother-in-law Others

Share %age: %

Gender: M F

Date of Birth: / /

Age: Years

Communication Address

Fill communication address completely with pincode

Village					Taluka														
City					District														
State					Country										PIN				

Phone No.

E-mail ID (If any)

ii. Second Nominee Details- (Mr./ Mrs./ Ms.)

First Name Middle Name Last Name

Relationship: Brother Sister Son Daughter Mother Father Spouse

Father-in-law Mother-in-law Others

Share %age: % Gender: M F

Date of Birth: / / Age: Years

Communication Address

Village					Taluka														
City					District														
State					Country										PIN				

Phone No.

E-mail ID (If any)

iii. Third Nominee Details- (Mr./ Mrs./ Ms.)

First Name Middle Name Last Name

Relationship: Brother Sister Son Daughter Mother Father Spouse

Father-in-law Mother-in-law Others

Share %age: % Gender: M F

Date of Birth: / / Age: Years

Communication Address

Village					Taluka														
City					District														
State					Country										PIN				

Phone No.

E-mail ID (If any)

b. Appointee Details (If nominee is minor)

First Name Middle Name Last Name

Relationship: Gender: M F

Date of Birth: / / Age: Years

Communication Address

FILL COMMUNICATION ADDRESS COMPLETELY WITH PINCODE									
Village					Taluka				
City					District				
State					Country	PIN			
Phone No.					E-mail ID (if any)				

8. Additional Policy(ies) Details

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 ₹)				

Provide additional policy details, if any

ii. Particulars of life insurance / health & non 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 ₹)					

9. Coverage Details

i. Premium Ceasing Age/ Age at Maturity

50 Years

ii. Policy Term

24 Years

iii. Sum Assured

₹ **1000000** / -

10. Premium Details (Service/Sales Tax, if any, will be extra)

i. Premium

₹ **3292** / -

ii. Initial Premium Payment Mode

CASH

iii. Subsequent Premium Payment Mode

Fill accordingly (Cash/Salary)

iv. Premium Payment Frequency:

Monthly Quarterly Half Yearly Yearly

11. Proponent's Health Information

a. Are you and your spouse in sound health at present?

Yes No

(Spouse information in case of YS policy)

b. Have you and/ or your spouse (spouse in case proposal is of Yugal Suraksha) ever suffered/ suffering from any of the following?

(Say Yes or No)

		Proponent		Spouse (if Yugal Suraksha)	
		Yes	No	Yes	No
(i)	Tuberculosis, Asthma, Bronchitis, Blood Spitting, or other respiratory disorders	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(ii)	Cancer, Tumor, Cysts or any other growth	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii)	Paralysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iv)	Insanity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(v)	Any disease of heart and lungs, chest pain, palpitation, rheumatic fever, heart murmur, heart attack, shortness of breath, or any other Heart related disorders	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vi)	Kidney disease prostrate, hydrocele and urinary system	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vii)	Any disease of brain, depression, mental/ psychiatric ailment, multiple sclerosis, stroke, nervous system, stroke, parkinsonism	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3292+
50 (Tax)
3342

Better to write calculation

- (viii) HIV Positive/ AIDS or any other sexually transmitted diseases : Yes No Yes No
- (ix) Hepatitis-B or C or A : Yes No Yes No
- (x) Epilepsy : Yes No Yes No
- (xi) Nervous disorder, Gastritis, Stomach or duodenal Ulcer, Hernia : Yes No Yes No
- (xii) symptoms /ailment relating to liver or reproductive system : Yes No Yes No
- (xiii) Leprosy : Yes No Yes No
- (xiv) Any physical deformity or handicap : Yes No Yes No
- (xv) Any other serious disease : Yes No Yes No

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 etc?

Yes No **(Tick accordingly)**

If yes, give details: _____

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. Do you have any physical deformity or congenital by birth defects? (Yes/ No) **No**

- i. If yes, Type of deformity (Congenital/ Non-Congenital): _____
- ii. In case of congenital deformity, please state whether it is Blindness/ Deafness/ Dumbness/ Orthopaedic Handicap of One Limb/ Loss of one limb/Midgets/Hunchback _____
- iii. In case of non-congenital deformity, please state whether it is Blindness/ Deafness/ Dumbness/ Orthopaedic Handicap of One Limb/ Loss of one limb _____
- iv. In case of congenital/ non-congenital deformity, please state whether it is Orthopaedic 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: _____

12. Additional Health Information (Required in case of Sum Assured/ Aggregate Sum Assured is above ₹20 lakh)

- (i) Are you currently undergoing/have undergone any tests, investigations, awaiting results of any tests, investigation or have you ever been advised to undergo any tests, investigations or surgery or been hospitalised for general check-up, observations, treatment or surgery : Yes No Yes No
- (ii) Diabetes/ High Blood Sugar : Yes No Yes No
- (iii) High/ Low Blood Pressure : Yes No Yes No
- (iv) Have you ever been referred to an Oncologist or cancer hospital for any investigation or treatment :
- (v) Did you have any ailment/injury/accident requiring treatment//medication for more than a week : Yes No Yes No
- (vi) Have you ever suffered Thyroid dis- order or any other disease or disorder of the endocrine system : Yes No Yes No
- (vii) Ave you undergone/have been recommended to undergo Angioplasty , bypass surgery, brain surgery, Heart valve surgery Aorta surgery or organ transplant : Yes No Yes No

- (viii) Have you ever suffered disorders of eye, ear, nose, throat, including defective sight speech or hearing & discharge from ears : Yes No Yes No
- (ix) Have you ever suffered Anaemia, blood or blood related disorders : Yes No Yes No
- (x) Have you ever suffered musculoskeletal disorders such as arthritis, recurrent back pain, slipped disc or any other disorder of spine, joints, limbs or leprosy : Yes No Yes No

12.1 Additional Health Information for Female Proposer (In case of Sum Assured or Aggregate Sum Assured exceeding ₹20 lakh)

- i. Have you ever have any abortion, miscarriage or ectopic pregnancy : Yes No
- ii. Have you ever undergone any gynaecological investigations, internal checkups, breast checkups such as mammogram or biopsy : Yes No (Tick accordingly)
- ii. Have you ever consulted a Doctor because of an irregularity at the breast, vagina, uterus, ovary, fallopian tubes, menstruation, birth delivery, complications during pregnancy or child delivery or a sexually transmitted diseases? : Yes No

13. Personal habits of the proposer impacting health (Required in case of Sum Assured/ Aggregate Sum Assured is above ₹20 lakh) If Yes, Whether Frequently or Occasionally

- (i) Do you Smoke/ Consume Tobacco? : Yes No Frequently Occasionally
- (ii) Do you Consume Alcohol? : Yes No Frequently Occasionally
- (iii) Do you Consume Drugs? : Yes No Frequently Occasionally
- (iv) Do you have any habits, which can adversely impact your health? : Yes No If yes, furnish details _____ (Tick accordingly)

14. Suitability Analysis (Required in case of Sum Assured/ Aggregate Sum Assured is above ₹20 lakh)

i. Affordable Contribution

YEAR	Last Year	Current Year	Next 5-10 Yrs	Next 10-15 Yrs	Next 15-20 Yrs	Next 20-25 Yrs	Next 25-30 Yrs
a. Yearly							
b. Monthly							

ii. Income/ Expenditure – Current and Projected (in ₹)

YEAR	Last Year	Current Year	Next 5-10 Yrs	Next 10-15 Yrs	Next 15-20 Yrs	Next 20-25 Yrs	Next 25-30 Yrs
a. Income							
b. Expenditure							

iii. Financial Details (in ₹)

a. Value of Savings and Assets	
b. Details	

iv. Family/ Dependent Details

Particulars	1	2	3	4
a. Names of family members/ dependents				
b. Male/ Female				
c. Relationship				
d. Date of Birth				
e. Occupation				
f. Whether financially dependent				

15. Declaration of Proposer/ Spouse (Spouse signature is required in case of Yugal Suraksha Policy)

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

*I further declare that:

- The contents of surrender table and instructions for admissibility of surrender value have been explained to me before taking policy and I abide by the same.
- Surrender of a policy is not admissible before completion of thirty six months of the policy and the amount deposited shall be forfeited if I surrender the policy within thirty six months.
- On surrender, the policy shall attract proportionate bonus on reduced sum assured up to the date for which premium has been paid. However, no bonus shall be payable before completion of 5 years of the policy.
- The discontinued policy shall not attract bonus with effect from the date from which the premium is discontinued.
- The reduced sum assured shall be calculated by multiplying the sum assured with the number of instalments paid and dividing the same with the total number of premiums to be paid.
- The surrender value shall be calculated by multiplying the sum of reduced sum assured plus the proportionate bonus, if any, with the surrender factor as applicable on the attained age on the date of surrender of the policy.

*Surrender is applicable for WLA, CWA, EA & YS policies.

(B) I/We ARUNA S AJITH Son /wife /daughter of KIRAN
aged 26 years & _____ aged _____ years do hereby declare that:

I/We am/are not suffering from Hypertension & Diabetes and not taking any treatment for Hypertension & Diabetes.

OR

(Select accordingly)

I/We have been suffering from Diabetes/Hypertension for the Last _____ years but with proper medical advice & medication it is with in control and no complication has surfaced so far posing any threat to my life.

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

***SIGNATURE OF
PROPONENT ***

Spouse's Signature: (For Yugal Surakshapolicies only)

Proponent's Signature: _____

Dated: The 01 Day of September 202020

16. Certificate of Immediate Superior

Certified that _____ is a permanent/ temporary employee in _____ and information furnished against _____

**CERTIFICATE IS NOT MANDATORY, COLLECT
SELF ATTESTED COPY OF LAST MONTH PAY SLIP
& DEPARTMENTAL ID CARD.**

Date: _____

Place: _____ Name: _____

Designation/Seal: _____

17. To be filled in by DO/ FO (PLI)/ Agent/ Sales Force

i. In case Sum Assured/ Aggregate Sum Assured is less than/ equal to ₹20 lakh.

I Name of Agent/ Salesperson Agent Code No./ ID KLDA 0000 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: 01/09/2020

Agent's Signature: Signature of agent

i. In case Sum Assured/ Aggregate Sum Assured is above ₹20 lakh.

1. Life Stage	Childhood/ Young unmarried/ Young married/ Young married with children/ married with older children/ post-family or pre-retirement/ retirement
2. Protection needs	Life & Health/ Savings and Investment/ Pension
3. Appetite for risk	Low/ Medium/ High
4. Policy recommended, including name of insurer	
5. Details of commitment for the current and future years	
6. Whether all risk elements and details of charges to be incurred and all other obligations have been explained?	(Fill only if sum assured > 20 lakhs)
7. Why do you think this policy is most suited for the proposer?	
8. Whether product proposed is: i. Based on need ii. Based on demand iii. Based on Agent's recommendation	

(To be filled by
Agent/Salesperson)

iii. Details to be entered in all cases by Agent/DO/FO (PLI)/Sales Person/ Broker.

Policy Type: EA Sum Assured: 1000000 Age at entry: 26 Premium rate: ₹ 3292
Receipt LI-7(a) No. : _____ Date: ____/____/20____ Amount Collected from Proponent: ₹ _____
Name of Medical Officer: _____ Code No. of Medical Officer: _____
Post Office where payment is being deposited: (Name of postoffice where indexing is being done)

DO/FO (PLI)/Agent/ Sales person's / Broker's Certification:

I/We hereby certify that I/we believe that the product(s) recommended by me/us above is suitable for the proposer, based on the information submitted by him/her, as recorded above. I/We declare that the policy recommended has been fully explained to the proposer, including about the terms and conditions, exclusions, premium commitments and various charges, as applicable.

Dated: 01/09/2020

Signature of agent
(Signature of Agent/DO/FO (PLI)/Sales Person/ Broker)

Proposer's Acknowledgement

The above recommendation is based on the information provided by me. I have been explained about the features of the product and I believe, it would be suitable for me based on my insurance needs and financial objectives.

SIGNATURE OF PROPONENT

Dated: 01/09/2020

(Signature/Thumb Impression of Proposer)

18. Medical Examiner's Certificate:

Certified that I have carefully examined Shri/ Smt. _____ the proponent,
and Shri/ Smt. _____ the spouse,
whose signature is/ are 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 12 and reports of prescribed medical tests, I find the proponent/ spouse to be medically fit. He/ She/ They does/ do not suffer from any terminal or other serious health hazard which would be risk to his/ her/ their life. I recommend acceptance of his/ her/ their proposal of Postal Life Insurance policy.

OR

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

SIGNATURE OF PROPONENT

Signature of Proponent: _____

Signature of Medical Examiner: _____

Name: _____

Seal : _____

Date : _____

ID/ Code : _____

Signature of Spouse: _____

(In case of Yugal Suraksha)

NOTE FOR MEDICAL OFFICER

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

Tests required in case Sum Assured or Aggregate Sum Assured is more than ₹20 lakh

d) Supplementary Bio- Chemical Tests [SBT -13]

- 1. Fasting Blood Sugar- Method _____, 2.Total Cholesterol, 3. High Density, Lipid [HDL], 4.Low Density Lipid [LDL] 5. S Triglycerides, 6 S Creatinine,7. Blood Urea Nitrogen - a. Albumin, b Globulin, 8. © AG Ratio – S Bilirubin- a .Direct, b. Indirect c Total 9 SGOT [AST], 10. GGTP [ALT] 11. S Alkaline Phosphate, 12 Hbs AG [Australia antigen] & 13. Elisa for HIV [Method _____].

e. Following tests are required to be conducted:

- Age up to 35 years-
- Age between 36 to 45
- Age between 46 to 55 years
- Age of 56 years & above
- [Policy Revival cases]

- ECG, Routine Urine Analysis, SBT 13, Hb %
- ECG, Routine Urine Analysis, SBT 13, Hb %. CTMT, Hemogram
- ECG, Routine Urine Analysis, SBT 13, Hb %. CTMT, Hemogram, Hb A1c
- ECG, Routine Urine Analysis, SBT 13, Hb %. CTMT, Hemogram, Hb A1c
- X ray of chest