



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA FORM NO. 300 (Rev 2015)

PROPOSAL FOR INSURANCE ON OWN LIFE

(Not be used for insurance on the lives of minors)
(Established by the Life Insurance Corporation Act, 1956)

PHOTO

Are you registered with LIC Portal: Yes / No If yes, give Customer - ID: _____ If no, give your E-mail ID:-----	Inward No	Date
To be filled by Agent: Division: Branch Office: D.O./CLIA Code No / Mentor: Agent's/FSE's/DSE's/Sup Agent's Name: Agent's/FSE's/DSE's/Sup Agent's Code No: Licence No: Date of Expiry:	For Office use: Proposal no : Amt of Deposit : B.O.C No: Date :	

(All answers to be filled in legibly. Answers must be given in words. Strokes of the pen or dots or dashes will not be accepted as replies)

1.

Full Name(Surname First) Mr /Ms : Surname: First Name: Middle Name Address to which communications are to be sent. Addr1: Addr2: Addr3: Pin:	Object of Insurance :
	Nationality: Place of Birth:

Tel: (With STD Code):			
Res:	Off:		
Mobile No:			
e-mail:			
2A Residential address, if different from above :		Nature of Age-Proof submitted:	
Addr1:		Age (nearer birthday) _____ years	
Addr2:		Date of Birth	
Addr3:			
Pin:			
Short Name:		Father's Full name (Surname First)	
2B. Nominee's Full name(Surname first) and address		Age	Relationship to yourself
If Nominee is a minor, appointee's full name and address		Age	Relationship to nominee
			Signature of Appointee as token of consent

Note: It is in the interest of the proposer to avail of the facility of nomination

3.

Plan & Term	Sum Proposed	Term Rider Sum proposed (if required)	Critical illness sum proposed(if required)	Is accident Benefit required?	If policy is to be dated back indicate date	Amount deposited

Mode (Yearly, Half-yearly, Quarterly, Monthly or under SSS)	Paying authority code	Dept No.	Badge or SR No
4A. Present occupation	Exact nature of duties		

4B. Name of Present Employer		Length of service with him		
5 Educational qualification	Annual Income Rs	Sources of Income	Are you an Income-Tax Assessee? PAN NO: AADHAR CARD NO:	
6 If you are employed in the Armed Forces please note:				
Wing to which you belong	Rank therein	Date of last Medical Examination	Medical category after Medical Examination	Were you ever below A-1 category ? If so ,when ?
7. Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of the Corporation or to any other insurer? If yes, give details.				
8A. Has a proposal (or an application for revival of a policy) on your life made to any office of the Corporation or to any other insurer ever been :		Answer 'YES' or 'NO'	If yes, give details	
a) Withdrawn, Deferred, Dropped or Declined?				
b) Accepted with extra Premium or Lien?				
c) Accepted on terms otherwise than those proposed?				
8B. Have you during the past one year returned any policy of the Corporation as the same was not acceptable to you? If so, give details:				

9. Please give details of your previous insurance (including policies surrendered / lapsed during last 3 years)

Policy number	Insurance Companies from where the previous policy/policies have been purchased with address (if previous policies are from LIC of India, give name of Branch/ Divisional Office)	Table & Term	Sum Assured On Main Plan	Term assurance rider sum assured	Critical illness rider sum assured	Amount of accident benefit taken	Date of commencement	Whether accepted as proposed at ordinary rates, if not give details	Medical Or Non Medical	Whether in force for full Sum Assured	If not, give due date of last premium paid or date of surrender

N.B. : Corporation does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last 3 years.

10. Family History

Family History	Living		Dead	
	Age	State of Health	Age at death	Cause of death
Father				
Mother				
Brothers				
Living				
.....				
Dead				
.....				
Sisters				
Living.....				
.....				
Dead.....				
.....				
Wife / Husband				

Children Living.....				
Dead.....				

Personal History

	Answers ' Yes' or 'No'	If ' Yes', please give full details
a) During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week ?		
b) Have you ever been admitted to any hospital or nursing home for general check up, observation, treatment or operation ?		
c) Have you remained absent from place of work on grounds of health during the last 5 years ?		
d) Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system ?		
e) Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease ?		
(f) Did you ever have any bodily defect or deformity?		
(g) Did you ever have any accident or injury?		
h) Do you use or have you ever used :		
(i) Alcoholic drinks		
(ii) Narcotics		
(iii) Any other drugs		
(iv) Tobacco in any form		
i) What has been your usual state of health ?		
j) Have you ever required or at present availing /undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition.		

12) In non-medical cases, please state exact Height in Cms, and Weight in Kgs. (without shoes)	Height (in cms)	Weight (in Kgs)
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FOR FEMALE PROPONENT

13 A) Are you pregnant now ?	Date of last delivery	Have you had any abortion or miscarriage or Ceasarian section ? If so, give details	Date of last Menstruation
13 B) Husband's full name			
His Occupation			
His annual Income			

13 C) Details of Husband's Insurance

Policy number	Insurance companies from where the previous policy/policies have been purchased with address (if previous policies are from LIC of India, give name of Branch / D.O.)	Sum Assured	Table & Term	Present status of the policy

14. Have you understood fully the terms & conditions of the plan you propose to take?

15 Whether the terms & conditions of the proposed plan have been explained to you by the Agent?

Yes /No

16. Please provide the following information to help us to serve you better.

Bank Account details:

- a) Type of Account-Saving / Current
- b) Your Account No
- c) 9 Digit MICR
- d) Name and Address of your bank:

17. Attach a photocopy or cancelled cheque with the form

DECLARATION BY THE PROPOSER

I _____ authorize LIC of India to take my KYC details of Aadhaar from the Unique Identification Authority of India (UIDAI)

I _____ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me 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 me 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.

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 such knowledge or information to the Corporation.

And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation has been withdrawn or

dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

Dated at _____ on the _____ day of _____ 20

Signature of Witness

Name _____

Occupation _____

Address _____

Signature or Thumb impression of the person whose life is proposed to be assured

1. Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form)

"I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

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 INSURANCE LAWS (AMENDMENT) ORDINANCE, 2014

(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:

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.'

INSURANCE LAWS (AMENDMENT) ORDINANCE UNDER SECTION 41

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.

FOR MEDICAL CASES ONLY

"I certify that the Life Assured has signed/Put his/her thumb impression in my presence after admitting that all the answers to Questions Nos.10 and onwards of this form have been correctly recorded."

Signature or Thumb impression
of the proposed

N.B. Signature or thumb impression should be

Affixed in the presence of Medical Examiner.

(Signature of the Medical Examiner)

Additional Questions for e-Insurance Account

ADDENDUM TO PROPOSAL FOR OPENING e-INSURANCE ACCOUNT

1. PROPOSAL No(s) : _____ Branch code/Division code : _____
2. Do you already have an e- Insurance account: Yes/No
If yes, please mention the e-Insurance Account Number :
3. a) Whether you want policy in electronic format? Yes/No
If yes and if you wish to open an e-IA account through us
Select the preferred insurance repository in which e-insurance account needs to be opened
(please tick against any one the following Insurance Repository)

- NSDL Data Management Limited
- Central Insurance Repository Limited
- SHCIL Projects Limited
- Karvy Insurance Repository Limited
- CAMS Repository Services Limited

4. Do you wish to convert your _____ existing policies for e-Insurance for the above preferred Insurance Repository. If yes, please mention policy number(s) :

5. AUTHORIZED REPRESENTATIVE DETAILS (mandatory)

Name: _____ Date of Birth : (DD/MM/YYYY): _____

Gender: Male Female

Relationship _____ with eIA applicant: _____

Email ID: _____ Mobile No: _____

Address: Same as eIA applicant
If different, please state the address :

City: _____ Pin code: _____

State: _____

Country: _____

I wish to notify Authorized Representative about his/her appointment
(please tick)

Authorized Representative Details for the eIA

An Authorized Representative is like a trustee to the e-Insurance Account(eIA) and has to be deputed by eIA holder. An Authorized Representative is a person appointed by eIA holder who can access eIA in the event of the eIA holder's demise or in his incapacity to access the eIA. The Authorized Representative can only access the e-Insurance Account and know the portfolio of insurance policies.

Declaration

The rules and regulations of Insurance Regulatory and Development Authority & Insurance Repository pertaining to an e-Insurance Account which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e-Insurance Account. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorise the Insurance Repository to send any policy and account related information through e-mail and SMS on the contact details given by me. In case of any physical policies being issued by the Insurance Company from whom I obtained an e-policy, the address in the e-Insurance Account shall override the address provided for the physical policies. I understand that all the communication relating to any physical/e-policy will be sent to the address registered with the Insurance Repository. I agree to inform the Repository of any changes in the details mentioned in this form and in case of

delay the said repository shall not be liable in case it acts on the said information which has not been updated. Further, in case I update the details with the Insurance Company, I authorise then to submit the same to you for update in the e- Insurance Account and the said update will be applicable to all policies of any insurer that I hold/will hold in the said account. I authorise the Repository to pass on the information to any Insurance Company that I have approached for availing of insurance cover.

I further agree that any false/misleading information given by me or suppression of any material fact will render my e-Insurance Account liable for termination and further action. I hereby authorise the Insurance Repository/ Insurance Company to disclose, share, remit in any form, mood or manner, all/any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may transact/have transacted including all changes/updates to such information as and when provided by me.

I hereby agree to provide any additional information/documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique e-Insurance Account opening application and I have not applied to the same Insurance Repository or any other Insurance Repository for an e-Insurance Account in the past.

I am aware the details furnished by me, including KYC documents, and I hereby give my consent for opening e-Insurance Account with the above preferred Insurance Repository of my choice.

Name of eIA Holder:

Signature

FOR OFFICE USE

- A. e-Insurance account number**
- B. Insurance Repository**

Verified the above and e-Insurance account number correctly keyed in NB Module

(Signature of Branch Official)