डाक जीवन बीमा
Postal Life Insurance

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

Affix here Proponent's recent passport size photograph

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]

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)

DO/FO/Postal Employee/GDS/Agent/Sales Force Code

Proposal No.

Date of Receipt	
No. of LI-7(a)	
Amount deposited	₹

Post Office at which deposited

Receipt No. and Date

Policy No.

Proposal Date (DD/MM/YYYY) / /

Date of Declaration (DD/MM/YYYY) / /

Product/ Policy Type WLA ☐ CWA ☐ EA ☐ AEA ☐ YS ☐

1. Proposer's Details

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

First Name | Middle Name | Last Name

ii. Father's Name

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

iv. Gender M ☐ F ☐

v. Marital Status (Married/ Unmarried)

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

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.

viii. Aadhaar No.

ix. Nationality

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 Details

i. Communication Address (If Permanent Address is same as Communication Address please √ in the box ( ))

Village	Taluka
City	District
State	Country	PIN

ii. Permanent Address

Village	Taluka
City	District
State	Country	PIN

4. Proposer's Contact Details

i. Phone No. with STD Code

ii. Mobile No.

iii. E-mail ID (If any)

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:

iii. Designation

iv. Date of Entry in Service / /

v. Designation of Immediate Superior

vi. PAN No.

vii. Monthly Income ₹

viii. DDO Code

ix. Office Address

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

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)

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

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 ₹)			

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 ☐☐ **Years**

ii. Policy Term ☐☐ **Years**

iii. Sum Assured ₹ ☐☐☐☐☐☐☐ / -

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

i. Premium ₹ ☐☐☐☐☐ / -

ii. Initial Premium Payment Mode

iii. Subsequent Premium Payment Mode

(Cash/ Cheque/ Credit Card/ Debit Card/ 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)	
(i)	Tuberculosis, Asthma, Bronchitis, Blood Spitting, or other respiratory disorders	:	Yes ☐	No ☐	Yes ☐	No ☐
(ii)	Cancer, Tumor, Cysts or any other growth	:	Yes ☐	No ☐	Yes ☐	No ☐
(iii)	Paralysis	:	Yes ☐	No ☐	Yes ☐	No ☐
(iv)	Insanity	:	Yes ☐	No ☐	Yes ☐	No ☐
(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 ☐	No ☐	Yes ☐	No ☐
(vi)	Kidney disease prostrate, hydrocele and urinary system	:	Yes ☐	No ☐	Yes ☐	No ☐
(vii)	Any disease of brain, depression, mental/ psychiatric ailment, multiple sclerosis, stroke, nervous system, stroke, parkinsonism	:	Yes ☐	No ☐	Yes ☐	No ☐

(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 ☐

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) ____________________

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)*

			Proponent		**Spouse** (if Yugal Suraksha)	
(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 Proponent *(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 ☐
ii.	Have you ever consulted a Doctor because of an irregularity at the breast, vegina, 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 proponent 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____________________	

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 Proponent/ 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:

a) 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.
b) 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.
c) 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.
d) The discontinued policy shall not attract bonus with effect from the date from which the premium is discontinued.
e) 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.
f) 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____Son /wife /daughter of ___________________________________ aged _____________years & ____ Son /wife /daughter of ____ aged _____________ years do hereby declare that:

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

OR

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.

Spouse's Signature:________________________________ Proponent's Signature:___________________________

Dated: The ________________Day of ____________________ 20____

16. Certificate of Immediate Superior

Certified that ____ is a permanent/ temporary employee in ____ and information furnished against column No. 1 to 5 & 11 (d) of this proposal form is correct as per his/ her service records.

Date : __________________ Signature: _____________________

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 ___________________________________ Agent Code No./ ID ______________________________ 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: _________________ Agent's Signature: ____

ii. **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?	
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	

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

Policy Type:____________ Sum Assured:_____________ Age at entry:_____________ Premium rate:₹____________
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: ____

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: ____________________ (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.

Dated: ____________________ (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 Spouse:_______________________
(In case of Yugal Suraksha)

Signature of Medical Examiner: _________________
Name: ____
Seal : ____
Date : ____
ID/ Code : ____________________________________

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-	ECG, Routine Urine Analysis, SBT 13, Hb %
Age between 36 to 45	ECG, Routine Urine Analysis, SBT 13, Hb %. CTMT, Hemogram
Age between 46 to 55 years	ECG, Routine Urine Analysis, SBT 13, Hb %. CTMT, Hemogram, Hb Alc
Age of 56 years & above	ECG, Routine Urine Analysis, SBT 13, Hb %. CTMT, Hemogram, Hb Alc
[Policy Revival cases]	X ray of chest