

 LIC भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA	FORM NO. –508 PROPOSAL FORM FOR LIC's NAVJEEVAN PLAN (For Insurance On Another Life) (This form is to be Used For Insurance On Minor Lives Without Medical Examination)	Photograph of Proposer	
<u>INSTRUCTIONS TO FILL UP PROPOSAL FORM</u> 1. This form is to be completed in BLOCK LETTERS by the Proposer or the Life to be Assured. 2. Insurance is a contract of utmost good faith which requires all material facts to be disclosed to the Insurance Company. 3. If the Proposer or the Life to be Assured signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed. 4. Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes /dots / dashes / leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers. 5. The Proposer and Life to be Assured must countersign any cancellation or alterations made in this form. White ink must not be used.			
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 & Mobile number : Agent's/Specified Person's/DSE's/Sup Agent's Name & Code No & Mobile number: License No: Date of Expiry:	For Office use: Proposal no : Amount of Deposit : B.O.C No: Date		
PERSONAL BIODATA Following questions to be answered by the proposer			
	Personal details	Proposer	Life to be Assured (Minor)
1	Name		
1.1	Father's Name		

1.2	Sex		
1.3	Relationship between Proposer & Life to be Assured		
2	Address for Communication: Land Mark City State Pincode: Residential and official Telephone Number: (With STD Code) Moble No:		
2.1	Residential address (if different): City State PIN Code Telephone Number: (With STD Code)		
2.2	E-mail Address		
3	a. Date of Birth b. Age nearer birthday c. Place of Birth d. Age Proof Submitted		
4	Nationality		
5	PAN No.		
5.1	A. Are you registered under GST Act	YES/NO	YES/NO
	B. If Yes, provide GSTIN		

6	Educational Qualifications		a) Is the child studying? Yes No b) If Yes , state the class and /or type of course	
7	Occupational and Employment Details of proposer: a) Type of business b) Name of the employer, if employed c) Designation d) Exact nature of duties e) Years since working f) Annual Income g) Proof of income given			
8	Note: Under this plan, premium can be paid either as Single premium payment or limited premium payment for a period of 5 years. Under Single premium “Sum Assured on death” is 10 times of ‘Tabular Single Premium for the chosen Basic Sum Assured’. Under Limited premium payment, “Sum Assured on death” is 10 times of Annualised Premium (Option 1)			
8(a) 8(b) 8(c) 8(d) 8(e)	Plan & Term: Basic Sum Proposed: Premium Paying term: Single Premium/Limited premium If policy is to be dated back: Yes /No. If Yes, indicate date : Amount deposited :			
8(f)	Mode (Yearly, Half-yearly, Quarterly, Monthly(NACH) , SSS, Single premium)	Paying Authority No. (For SSS only)	Dept no/ Badge No/SR No	What is the objective of Insurance?

9	Is any other proposal on the life to be assured now being made to, or is any other proposal on or an application for revival of a policy on his life under consideration in this or any other office of the corporation or to any office of any other insurer? If so, give details.					Answer 'Yes' or 'No'	If 'Yes', please give full details
10	Please give following details of previous insurance (from LIC and other Insurers) of life to be assured, if any (including policies surrendered / lapsed during last 3 years)						
	Policy number	Name of the Divisional office or of other insurer	Plan & Term	Sum Assured	Whether accepted as proposed at ordinary rates? If not, give details	Date of commencement/ Revival	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.						
11(a)	Has a proposal or an application for revival of a policy on your life and/ or on the life of life to be assured made to this or any other 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?				
11(b)	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:				
12	FAMILY HISTORY				
		Living	Dead		
		Age	State of Health`	Age at death	Date / Year and Cause of death
	Father				
	Mother				
	Brothers Living Dead				
	Sisters Living..... Dead.....				
13(a)	Give below the particulars of all the assurance in full force on the lives of parents, brothers and sisters of Life to be assured	Relationship	Policy Number		Sum Assured
		Father			
		Mother			
		Brother			

		Sister		
13(b)	Whether all the children insured equally? Yes/ No. If No, please mention reason for the same			
	<i>(Please give details of all questions in the space provided for the same.). If space is insufficient, attach a separate sheet duly signed by LP</i>			
			Answer 'Yes' or 'No	If Yes please give full details
14	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].			
15(a)	Has any of life to be assured's relations, living or dead, suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, tuberculosis, cancer, leprosy, etc.? If yes, give detail .			
15(b)	Has the life to be assured come in contact during the last three years with any person suffering from tuberculosis, leprosy, or any other infectious disease? If so, give details.			
16(a)	Is the life to be assured now in good health and good constitution and free from disease?			
16(b)	Has the life assured had (1) Small Pox or (2) Successful vaccination ? And if so, (3) When ?			
17(a)	Are life to be assured ever suffered or undergone investigation in the past or have life to be assured been advised to undergo investigation or treatment for the following :			
	Disease	Yes' or 'No	Disease	Yes' or 'No
	1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc		2.Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease 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/digestive disorder		4. Any disease of kidney /prostate or urinary system	

	5. Paralysis/epilepsy/ insanity/ Tremors, numbness, double vision, dizzy or fainting spells/ Head Injury / Insomania/ 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 /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/ Goitre/ Thyroid or other endocrine disorder			10. Bone / Joint/ Spine Disease/ Arthritis		
	11.Mental Disorder (Depression/ Anxiety, etc.).			12. Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy.		
	13. Any accident or injury/ any bodily defect or deformity.			14. Any other disease?		
17(b)	If answer to any of the questions is yes, please give details as below . If hospitalized , the discharge summary and all investigation papers are to be enclosed along with the proposal form.					
	Nature of disease / illness	Date of Diagnosis	Fully recovered (Y/N)	Still on treatment (Y/N), If Yes give details of treatment	Name and address of Doctor/ Hospital	
18(a)	Has the Life to be assured ever had, an Electro cardiogram, X-ray or Screening, Blood, Urine or Stool examination? If yes, give detail					
18(b)	Has the Life to be assured ever been in any hospital, asylum, or sanatorium for check-up, observation, treatment or any operation? If yes, give detail					
18(c)	Has the Life to be assured or parents ever received or are at present availing or undergoing medical advice, treatment or test in connection with Hepatitis B or AIDS related condition? If yes, give detail					
19	Do you wish to avail "Options to take Maturity Benefit in installments(Settlement Options)": Do you wish to avail "Option to take Death Benefit in Installments": If 'Yes', Kindly fill the respective addendum which is part of the proposal form.				Yes/No Yes/No	

20	Have you understood fully the terms & conditions of the plan you propose to take?	Yes /No
21	Whether the terms & conditions of the proposed plan have been explained to you by the agent ?	Yes/ No
22	Please provide the following information to help us to serve you better. 1. Bank Account details: a) Type of Account: Saving / Current b) Your Account No: c) 9 Digit MICR: d) IFS Code: e) Name and address of your Bank _____ _____ _____ Attach a photocopy or cancelled cheque with the form	
23	Signature Box	
	Full Name of L.A.	

DECLARATION

I.....(Name of the proposer) do hereby declare that the foregoing statement 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.

And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt any change in the general health of the life to be assured or that of any members of his family occurs, 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 aton theday of20....

Signature of witness.....

Name.....

Occupation & address

.....

.....

.....

Signature or thumb impression of the proposer

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 or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)

"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 and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

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 proposer

2. In case the proposer and/or life to be assured is/are illiterate the thumb impressions of the proposer/life to be 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.

" I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer/life to be assured in -----language and that the proposer/life to be assured has affixed his thumb impression above after fully understanding the contents thereof ."

Name & Address of the Declarant

Signature

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:

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.

FOR MINOR LIVES ONLY

F.NO.3293A

With reference to the Proposal for Rs.....on the life of my son/daughter, I hereby agree and undertake that if under the policy that may be issued, any payment is received by me by way of, loan(if admissible) surrender, Cash Option, or for any other reasons whatsoever before the policy has vested in Life Assured, I shall utilise the moneys thereby received for the benefit of the minor or his estate.

.....
Signature of witness

.....
Signature of the Proposer

Note: In case of dispute in respect of interpretation of terms the English version shall stand valid.

ADDENDUM TO PROPOSAL

"I understand and agree that the policy shall automatically vest on the Life Assured on the policy anniversary coinciding with or immediately following the completion of 18 years of age and shall on vesting be deemed to be a contract between the Corporation and Life Assured."

Dated aton theday of20....

Signature of witness.....

Name.....

Occupation & address

.....
.....

.....

Signature or thumb impression of the proposer

Addendum to Proposal Form for LIC's e-services

(Fields marked with asterisk (*) are compulsory)

(a) Do you wish to avail LIC's e-services for your

Policy through the Customer Portal of L.I.C. of India?

YES / NO

(b) Are you already registered with customer portal of LIC of India? YES / NO

(c) If yes, please provide Policy Number of one of The policies enrolled on the customer portal :

(d) Your e-mail id for future correspondence (*)

[illegible]

(e) Your Mobile Number (*) :

[illegible]

(f) PAN Number:

[illegible]

g) Passport Number:

[illegible]

(It is mandatory to provide either PAN Noor Passport No. for availing LIC's e services)

Date :

Signature of the Proposer

Place :

Name of Proposer :

Addendum to Proposal Form for Settlement Option (for Maturity Benefit)

(To be furnished by the Life Assured/Policyholder)

Proposal No. / Policy No.

Do you wish to avail Settlement Option (for Maturity Benefit) under the proposal / policy? YES /NO

If yes, please Tick/Strikeout (if not applicable) the following:

(i) Period for settlement option (in years): 5 / 10 / 15

(ii) Whether Settlement Option (for Maturity Benefit) is required for: Full / Part of the benefit proceeds

If in part, specify the amount/ percentage of the benefit proceeds:

Absolute amount: -----

Percentage of benefit proceeds: -----

(iii) Mode of Installment payment: Yearly / Half-Yearly / Quarterly / Monthly

Date: _____

Signature of the Life Assured/Policyholder

Place: _____ Name of Life Assured/Policyholder _____

Addendum to Proposal Form for Option to take Death Benefit in Installments

(To be furnished by the Life Assured / Policyholder)

Proposal No. / Policy No.

Do you wish to avail Option to take Death Benefit in Installments under the proposal / policy? YES
/ NO

If yes, please Tick/Strikeout (if not applicable) the following:

- (i) Period for Option to take Death Benefit in Installments (in years): 5 / 10 / 15
- (ii) Whether Option to take Death Benefit in Installments is required for: Full / Part of the benefit proceeds

If in part, specify the amount/ percentage of the benefit proceeds:

Absolute amount: -----

Percentage of benefit proceeds: -----

- (iii) Mode of Installment payment: Yearly / Half-Yearly / Quarterly / Monthly

Date: _____

Signature of the Life Assured /Policyholder

Place: _____ Name of Life Assured//Policyholder_____

AGENTS CONFIDENTIAL REPORT/MORAL HAZART REPORT				
Agency code Agent's/Specified Person's Name & Address/Moblile number		D.O./CLIA Code No./Mentor		
		Mobile number		
		Club Membership	Licence No.	
			Date of Expiry	Sum Proposed
1	Name of Proposer		Age	
	(a) How long do you know the proposed?			
	(b) Are you related to him/her? If so, give details.			
	(c) What is the educational qualification of the life proposed?			
	(d) Whether the life proposed is a Politically Exposed Person (PEP) or a family member or close relative of a Politically Exposed Person? [As per RBI guidelines, PEPs are individuals who are or have been entrusted with prominent public functions in a foreign country.] If yes give details.			
2	(i) Give details of the Annual income from	Proposer	Life Proposed	Remarks
	(a) Employment			
	(b) Business/Profession			
	(c) H.U.F.			
	(d) Other Source (Specify details)			
	Total			
	(ii) What proof of income verified by you in respect of income stated above?			
	(a) Whether it is salary sheet or certification issued by the employer?			
	(b) Whether it is certificate issued by C.A.? What is the Permanent Account No. allotted by IT authority?			
	(c) Whether copies of income tax returns verified/ What is the PAN Number?			
	(d) Are you personally satisfied with the financial standing of the Proposer/life proposed and justifies the current proposal?			
	(e) Whether KYC/AML norms are fulfilled for the proposer?			
	(f) Are you satisfied that the proposed and/or proposer is not connected with any terrorist activities?			
3	(a) What is the general state of health of the life proposed?			
	(b) Does he/she has any physical deformity, impaired sight or hearing, Physical impairment or Mental Retardation?			
	(c) Do you have any knowledge of his/her having suffered from any illness or injury or undergone any operation or medical investigation?			
4	Did you discuss with the proposer/Life Proposed the status of Previous Policies and are you satisfied that no policy has lapsed			

