

STANDARD PROPOSAL FORM FOR LIFE INSURANCE**Name of the Insurance Company :****Servicing Branch Name :****Complete Address of Servicing Branch :****Agency / Broker Name and contact details :****License No. & Validity Details :**

Affix latest
passport
photo

Name of the Product	
Sum Assured	

Term of the Product	
Premium Paying Term	
Premium Payment Mode (One time/Annual/Half Yearly/Quarterly etc.)	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">(Signature of Proposer)</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">(Signature of Agent/Broker/Bancassurance)</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">(Signature of Insurer)*</div> </div>	

**At the time of acceptance of proposal*

Instructions for Proposer: Please follow these carefully

1. It is necessary for the proposer to fill up this proposal form himself/herself and not allow an intermediary or any third party to do it. However, in case the proposer is not in a position to do so or the details are filled in by the proposer in vernacular, he/she must ensure that the details filled in are read out to him/her and that they are understood by him/her. He/she must make a declaration to this effect as indicated in **Section D** of this form.
2. Please read all the questions carefully and fill up the details truthfully.
3. Please ensure that you affix your signatures in all the places as required. In certain places more than one signature is required. This is in your own interest
4. Wherever the intermediary (Agent/Bancassurance/Broker) is required to sign, please ensure that the same has been done by him/her.
5. This form contains 4 sections namely **Section A:** Contains the Details of Proposer which is mandatory, **Section B:** Contains Specialised/Additional Information which may vary based on the product, **Section C:** Contains Suitability Analysis which is highly recommended and **Section D:** Product Proposed which is mandatory.
6. For proposer and each life assured, separate forms to be submitted.
7. Signature/ of life assured and/or proposer sought twice in his/her interest.

Instructions to Intermediary (Agent/Bancassurance/Broker): Please follow these carefully

1. It is highly recommended that the proposer is advised by you to give information required for Suitability Analysis as per **Section C** of the form, in his/her own interest.
2. Please ensure that the product recommended suits the needs of the proposer.
3. Do not fill up the proposal form or any column of the form on behalf of the proposer even if requested to do so.
4. Please ensure that you affix your signatures wherever required in the form.
5. Please ensure that for proposer and each life assured, separate forms are collected.

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SECTION A: DETAILS OF PROPOSER and/or LIFE ASSURED**(Mandatory)**

1. Personal Details	
a. Name	
b. Spouse's Name	
c. Father's Name	
d. Mother's Name	
e. Gender	
f. Date of birth	
g. Age Proof	
h. Identification marks	
i. Address for Communication	
j. Permanent Address	
k. Address Proof (Electricity Bill/ Telephone Bill/Ration Card)*	
l. Telephone (Landline/Mobile)	
m. E-mail id	
n. Marital status	
o. Nationality	
p. Education Qualifications	
q. Habits impacting health adversely	
(i). Smoking/other tobacco related habits	Yes/No
a) If Yes, whether occasionally or frequently	
(ii). Consuming Alcohol	Yes/No
b) If Yes, whether occasionally or frequently	
(iii). Drug Abuse	Yes/No
r. Habits having a positive impact on health	Yes/No
(i). If Yes, specify details	

(* Any one to be submitted)

2. Identification Proof *	
a. PAN Number	
b. Aadhaar Number	
c. Ration Card/ Driving License/ Passport Number	

(* Any one to be submitted)

3. Family details					
a. Number of dependants					
b. Details of dependants	1	2	3	4	5
c. Name					
d. Male/Female					
e. Relationship					
f. Age					
g. Date of Birth					
h. Occupation					
i. Whether financially dependent					

4. If employed - Employment details	
a. Occupation	
b. Nature of Work	
c. Length of service	
d. Annual income (in Rupees)	
e. Details of Income proof submitted	
f. Whether covered under pension scheme	
g. Normal retirement age	

5. If self-employed - Details	
a. Occupation	
b. Nature of Work	
c. Projected active working life	
d. Annual income (in Rupees)	
e. If labour - Number of working days	

6. Pension Details, if any, if not employed/self-employed	
a. Employer's Scheme/Insurance	
b. Personal contribution/Premium	
c. Retirement age	
d. Anticipated value	

7. Bank details	
a. Do you have a bank account?	Yes/No
b. If yes, Account No	

c. Account type	
d. Bank Name and Branch -	

8. Details of Nominee & Appointee*		
	Nominee	Appointee
a. Name		
b. Date of Birth		
c. Relationship		
d. Address		
e. Percentage of entitlement		

*where Nominee is a minor, Appointee details also to be furnished

9. Existing Insurance	Name of Member (whether proposer or covered person)	Details of premium being paid (in Rupees)	Name of Member (whether proposer or covered person)	Details of premium being paid (in Rupees)
a. Life				
b. Health				
c. Unit Linked Insurance Policy				
d. Pension Policy				
e. Other (to specify)				

10. What is the purpose of your opting for this policy?

(Sections 41 and 45 to be reproduced by insurer)

Declaration:

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy and that the policy is subject to Board approved underwriting policy of the insurance company and the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation, financial health or general health of the life to be assured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be assured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance office to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records with any Governmental and/or Regulatory authority. Further, the information may be shared for the sole purpose of proposal underwriting and claims settlement.

Date: _____

(Signature of Proposer/Thumb Impression)

(Signature of Proposer)

(Signature/Thumb Impression of Life Assured,
if different from Proposer)

(Signature of Life Assured,
if different from Proposer)

SECTION B: SPECIALISED/ADDITIONAL INFORMATION

1. Physical/Medical Information (Questionnaire)—for each covered person	
Height	:
Weight	:
a. Do you have any physical deformity/handicap/congenital defect/abnormality?	YES/NO
b. Are you currently undergoing/have undergone any tests, investigations, awaiting results of any tests, investigations or have you ever been advised to undergo any tests, investigations or surgery or been hospitalized for general checkup, observations, treatment or surgery?	YES/NO
c. Have you ever been treated or hospitalized for Cancer, Tumor, Cysts or any other growth?	YES/NO
d. Have you ever been referred to an Oncologist or Cancer hospital for any investigation or treatment?	YES/NO
e. Did you have any ailment/injury/accident requiring treatment/medication for more than a week?	YES/NO
f. Have you ever been absent from work for more than a week in last 2 years due to any illness?	YES/NO
g. Were you or your spouse ever tested for Hepatitis B or C, HIV/AIDS or any other sexually transmitted disease?	YES/NO

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h. Have you ever suffered Chest pain, Palpitation, Rheumatic fever, Heart Murmur, Heart attack, shortness of Breath or any other Heart related disorder?	YES/NO
i. Have you ever suffered symptoms/ailment relating to Kidney, Prostate, Hydrocele, And Urinary System?	YES/NO
j. Have you ever suffered Gastritis, Stomach or Duodenal Ulcer, Hernia, Jaundice, Fistula Piles or any other disease or disorders of the Gastrointestinal System?	YES/NO
k. Have you ever suffered Thyroid disorder or any other disease or disorder of the Endocrine system?	YES/NO
l. Have you undergone/have been recommended to undergo Angioplasty, Bypass Surgery, Brain Surgery, Heart Valve Surgery, Aorta Surgery or Organ Transplant?	YES/NO
m. Have you ever suffered Diabetes/ High Blood Sugar?	YES/NO
n. Have you ever suffered High/Low Blood Pressure?	YES/NO
o. Have you ever suffered Disorders of Eye, Ear, Nose, Throat including defective sight, speech or hearing & discharge from ears?	YES/NO
p. Have you ever suffered ailments relating to Liver or reproductive System?	YES/NO
q. Have you ever suffered Symptoms/ailments relating to Brian, Depression? Mental/Psychiatric ailment, Multiple Sclerosis, Nervous System, Stroke, Paralysis, Parkinsonism or Epilepsy?	YES/NO
r. Have you ever suffered Asthma, Bronchitis, Blood spitting, Tuberculosis or other Respiratory disorders?	YES/NO
s. Have you ever suffered Anaemia, Blood or Blood related disorders?	YES/NO
t. 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
u. Have you ever suffered any other illness or impairment not mentioned above?	YES/NO

2. Details of Female Proposers /covered person	
a. Are you currently pregnant?	YES/NO
b. If yes, current months of pregnancy	
c. State age of first pregnancy	
d. Have you ever had any abortion, miscarriage or ectopic pregnancy?	YES/NO
e. Have you undergone any gynecological investigations, internal checkups, breast checks such as mammogram or biopsy?	YES/NO
f. 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 disease?	YES/NO

[Note: Insurers may ask appropriate questions based on particular product. The above questions are illustrative only.]

Declaration:

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy and that the policy is subject to Board approved underwriting policy of the insurance company and the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation, financial health or general health of the life to be assured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be assured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance office to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records with any Governmental and/or Regulatory authority. Further, the information may be shared for the sole purpose of proposal underwriting and claims settlement.

Date; _____

(Signature of Proposer/Thumb Impression)

(Signature of Proposer)

(Signature/Thumb Impression of Life Assured,
if different from Proposer)

(Signature of Life Assured,
if different from Proposer)

SECTION C: SUITABILITY ANALYSIS

(Highly recommended)

1. Affordable contribution—Current and projected (in Rupees)							
YEAR	Last Year	Current Year	5-10 Years	10-15 Years	15-20 Years	20-25 Years	25-30 Years
a. Yearly							
b. Monthly							

2. How do you project your work span?						
a. Number of Years	5 Years	10 Years	15 Years	20 Years	25 Years	30 Years
b. Working span						

3. Income/Expenditure --Current and projected (in Rupees)							
YEAR	Last Year	Current Year	5-10 Years	10-15 Years	15-20 Years	20-25 Years	25-30 Years
a. Income							
b. Expenditure							

4. Financial details	
a. Value of savings and assets (in Rupees)	
b. Details of liabilities	
c. Expected inheritance	

5. Identified insurance needs (in Rupees)	
a. Life Insurance (Death/Maturity)	
<i>Desirable Sum Assured</i>	
b. Health Insurance	
<i>Desirable limit of coverage per annum</i>	
c. Savings and Investment Planning	
<i>Desirable returns per annum</i>	
d. Pension planning	
<i>Desirable pension per annum</i>	

6. Insurance Plan Details (Traditional/ULIP/Pension/Health)

a. Plan Name	
b. Premium Type	
c. Payment Mode	
d. Payment Method	
e. Premium Term	
f. Coverage Term	
g. Sum Assured (in Rupees)	
h. Benefits/Riders/Fund Allocation	

7. Identified Life needs**Projections per annum (in Rupees)**

ITEM/YEAR	Last Year	Current Year	5-10 Years	10-15 Years	15-20 Years	20-25 Years	25-30 Years
a. Food, shelter, clothing and other living expenses such as transportation expenses, utilities etc							
b. Education expenses							
c. Health expenses							
d. Marriage expenses							
e. Vacations and other travel expenses							
f. Other commitments such as insurance premium, various contributions etc							
TOTAL							

It is declared that the above information has been provided by the proposer

(Signature of Agent/Bancassurance/Broker)

(Signature of Proposer)/Thumb Impression

(Signature of Proposer)

(Signature/Thumb Impression of Life Assured,
if different from Proposer)

(Signature of Life Assured,
if different from Proposer)

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**SECTION D: PRODUCT PROPOSED
(Mandatory)**

1. Recommendation:	
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 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 recommendation	

Agent/Bancassurance/Broker's Certification:

I /We hereby certify that I/we believe that the product/s recommended 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/Bancassurance/Broker)

(Signature of Insurer)

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 believe it would be suitable for me based on my insurance needs and financial objectives.

Dated: _____

(Signature/Thumb
Impression of Proposer)

(Signature of Proposer)

(Signature/Thumb Impression of Life Assured,
if different from Proposer)

(Signature of Life Assured,
if different from Proposer)

**2. Where the proposer does not accept the Recommendation of the
Agent/Bancassurance/Broker and Insurer:**

I am not in agreement with the Recommendation of the Agent/Bancassurance/Broker and Insurer. I have opted
for the policy named _____ (name of policy to be mentioned here) as per my wish.

(Signature/Thumb Impression of Proposer)

(Signature /Thumb Impression of Life Assured,
where different from Proposer)

Where answers to the questions are filled in by a person other than the proposer or where the answers/
signature of the Proposer/Life Assured are in vernacular:

The details in the proposal form have been read out and explained to me and I have understood the same.

(Signature/Thumb Impression of Proposer)

(Signature/Thumb Impression of Life Assured,
if different from Proposer)