

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)	Proposal No.
	Date of Receipt
	No. of LI-7(a)
	Amount deposited ₹
	Post Office at which deposited
	Receipt No. and Date
	Policy No.
DO/FO/Postal Employee/GDS/Agent/Sales Force Code	

Proposal Date (DD/MM/YYYY)

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

		/			/				
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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

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

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iv. Gender M  F

v. Marital Status (Married/ Unmarried)

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

		/			/				
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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.
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viii. Aadhaar No.

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ix. Nationality

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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.

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

i. Spouse Name

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

		/			/				
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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.
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viii. Aadhaar No.

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ix. Nationality

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- (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)**

- |   | <b>Proponent</b>   | <b>Spouse (if Yugal Suraksha)</b>                        |
|---|--|--|
| (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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (ii) Diabetes/ High Blood Sugar   | : Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (iii) High/ Low Blood Pressure  | : Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (vi) Have you ever suffered Thyroid dis- order or any other disease or disorder of the endocrine system   | : Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (vii) Ave you undergone/have been recommended to undergo Angioplasty , bypass surgery, brain surgery, Heart valve surgery Aorta surgery or organ transplant   | : Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- (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
- iii. 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 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 Medical Examiner: \_\_\_\_\_

Name: \_\_\_\_\_

Seal : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

ID/ Code : \_\_\_\_\_

(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- 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