



Life Insurance Corporation of India

(Incorporated in India)(Established by the Life Insurance Corporation Act, 1956)

LICI House, 11, Butt Street Suva ☐ 5, Tui Street Lautoka ☐

PROPOSAL FOR INSURANCE ON OWN LIFE

(Not to be used for insurance on the lives of minors)

FOR OFFICE
USE ONLY

RACE		Proposal Number																		
FIRST/ SUBSEQUENT		Date of receipt																		
		Agency code																		
		Agent's name																		

PLEASE FILL THE FORM LEGIBLY IN BLOCK LETTERS ONLY

1.	Name (Mr/Mrs/Ms)																				
	Address for all correspondence																				
	Phone no																				
	Email																				
	Permanent residential address, if different from above																				
	Father's name																				
2.	Nominee's Name																				
	Nominee's address																				
	Relationship to you																Age				
	If nominee is a minor, appointee's name and address																				
	Relationship to nominee																Age				
	Signature of appointee as a token of consent (see note below)																				
3A	Present Occupation											Exact Nature of Duties									
3B	Name of Present Employer											Length of Service with Present Employer					Qualification				
4	Annual Income						Sources of Income										Are you a PAYE tax assessee				
5.	If you are employed in the Armed Forces, please state:																				
	Wing to which you belong																				
	Rank therein																				
	Date of last medical examination																				
	Medical category after above examination																				
	Were you ever below A-1 Category? If so																				
	When?																				
	Note: Nomination of minor is not valid unless completed Form No. 17 is attached with proposal																				

6 Object of insurance

Place of birth

Nationality

Sex

Date of birth (DD/MM/YY)

Age (nearer birthday)

Nature of age proof

PA/Sub PA code

FNPF/EDP no.

Risk dt. if policy is to be dated back

		Plan-Term								
		Sum proposed (F\$)								
		Mode (Pl. tick mark)	Yly	Hly	Qly	Mly	Fly	Bly	Wly	
		Billing type	Direct/Banker/SSS							
		Height (without shoes)	cms							
		Wt. (with thin clothes)	kgs							
		Amount deposited*								
		(Total accident benefit under all existing policies shall be limited to F\$ 200,000)								

Is accident benefit reqd. ☐ Yes ☐ NoIs Term rider reqd. ☐ Yes ☐ No If yes sum proposed (F\$) Is Critical illness reqd. ☐ Yes ☐ No If yes sum proposed (F\$)

7 Is your life being proposed for another assurance or an application for revival of a Policy on your life under consideration in any office of the Corporation? If yes give details

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8 Has a proposal (or application for revival of a policy) on your life made to any office of the Corporation ever been:

(a) Withdrawn, deferred, dropped or declined?

yes/no	
yes/no	
yes/no	

(b) Accepted with extra premium or lien?

(c) Accepted on terms other than those proposed?

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

Policy no	Table-term	S.A.	Year of Issue	Whether accepted at OR	Accident benefit	Medical	Status	Due dt of last prem. paid
				yes/no	yes/no	yes/no		
				yes/no	yes/no	yes/no		
				yes/no	yes/no	yes/no		
				yes/no	yes/no	yes/no		
				yes/no	yes/no	yes/no		
				yes/no	yes/no	yes/no		
				yes/no	yes/no	yes/no		
				yes/no	yes/no	yes/no		
				yes/no	yes/no	yes/no		

NB. 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 .

	Living		Dead	
	Age(,.,.)	State of Health	Age at death	Cause of death
Father				
Mother				
Brother				
Sister				
Wife/Husband				
Children				

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Personal history**If yes, please give full details**

a) During the last 5 years did you consult a medical practitioner for any ailment requiring treatment for more than a week?	yes/no	
b) Have you ever been admitted to any hospital or nursing home for general check-up, observation, treatment or operation?	yes/no	
c) Have you remained absent from place of work on grounds of health during the last 5 years?	yes/no	
d) Are you suffering from or have ever suffered from ailments pertaining to liver, stomach, heart, lungs, kidney, brain or nervous system?	yes/no	
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?	yes/no	
f) Do you have any bodily defect or deformity?	yes/no	
g) Did you ever have any accident or injury?	yes/no	
h) Do you use or have you ever used alcoholic drinks, narcotics or any other drugs?	yes/no	
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.	---	

Additional questions in the case of female lives only:

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Are you pregnant now?			
Date of last delivery			
Have you had any abortion or miscarriage or Caesarian? If so give details			
Date of last menstruation			
Husband's full name			
His occupation			
His annual income			
Details of husband's insurance			
policy no	Sum assured	Table & Term	Present status

DECLARATION BY THE PROPOSER

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 absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

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 the 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 or any other insurer has been withdrawn or dropped, deferred, declined 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 Assurance invalid and all moneys which shall have been paid in respect thereof forfeited to the Corporation.

Dated at _____ on the _____ day of _____, 20 ____

Witness:

Signature _____

Name _____

Occupation _____

Address _____

(Proposer's signature)

If in this form the answers to the questions are not in the Proposer's handwriting, then the following declarations should also be filled in.

1) I hereby declare that I have explained the contents of the proposal form to the Proposer in _____ language and that I have read out to the Proposer the answers to the questions dictated by the Proposer and that the Proposer has signed the proposal form after fully understanding the contents thereof.

Agent's signature _____

2) I hereby declare that the Agent has fully explained the above questions to me and that he has recorded the replies as per my dictation. I further declare that I have signed the proposal form only after ensuring that the replies have been correctly recorded therein.

Proposer's signature _____

For medical cases only : "I certify that the Proposer has signed in my presence after admitting that all the answers to Question nos. 10 and onwards of this form have been correctly recorded."

Signature of medical examiner _____

Proposer's signature (NB: Signature should be affixed in the presence of Medical Examiner)