### Annexure VI

भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA	Inward Number Proposal Number Date of receipt of Proposal Policy Number Date of policy issuance:	Proposal Number Plan No Date of receipt of Proposal Pol. Term /PPT Policy Number Premium Mode					
URN: HPF-1 PROPOSAL FORM FOR LIC'S CANCER COVER							
Branch Office Agent's Name Development Officer's name		R/U/F/S Authorisation expiry date					
1. PROPOSER DETAILS:							
Full Name (Max 40 Char)							
Father's Name							

#### If NRI, Country of Nationality Residence Place of Birth **Objective of Insurance** Age Proof (Nature of Age Proof) Date of Birth Age (Lbd) Sex Male/Female Address for communication City/Town District State **PIN Code** Permanent residential Address City/Town District State **PIN Code** Telephone STD code ..... Phone No..... Mobile (+91) E-Mail id **Residence Proof** Qualification Annual Income & Rs. Source of Income Occupation Income Proof Name of Employer Nature of Duty PAN Number-Aadhar No.-Passport No.-Are you (Proposer) registered under the GST Act: Yes / No If Yes, Provide GSTIN Term Mode of Sum Assured Benefit Options (Choose one of the following options) Premium Payment Option I- Level Sum Insured: tion II- Increasing Sum Insured: 2. PROPOSAL DEPOSIT DETAILS: Cash Г Cheque

# BOC No. Date Amount Rs. ONLINE proposal (access ID)

## 3. NOMINATION DETAILS:

Nominee's Full Name	
Age	Relationship
Appointee's Name (if Nominee is minor)	Appointee's Signature
Appointee's address	

#### 4. BANK DETAILS: (Please enclose a cancelled cheque)

ſ	IFSC (11 digits)	MICR Number (As given on the	
		cheque leaf)	
ſ	Account Number (As given on the	Account Type (Savings/Current)	
	cheque leaf)		
	Bank Name	Bank Branch	

5. Has any of your new proposal/ application for revival/reinstatement for medical, health related insurance or riders or critical illness been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased (extra) premium with LIC or any other insurer in India or abroad?

If Yes, please provide details in the table below

YES | NO

Name of the Insurer	Policy No	Plan/ Cl Rider & Term	Sum Assured	Date of commencement	Terms of Acceptance/D ecline/Postpo ne/Reject	Reason for substandard Terms/ Decline/Postpone/Reject

6. 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] { Yes / No }

#### 7. HEALTH DETAILS AND MEDICAL INFORMATION

				Remarks					
i. Do you consun	ne or have eve	r consumed Narco	otics?			□ Yes	□ No		
ii. Do you smoke	cigarettes/ bio	dis or consume to	bacco in any form?			□ Yes	□ No		
a) If yes,	please specify	the number of ci	garettes/ bidis smoked per da	IY					
b) Have	you consumed	any form of chev	vable tobacco in the last 12 m	onths?		□ Yes □ No			
iii. Have you eve abnormalities du		to quit alcohol consumption?	th any liver	🗆 Yes	□ No				
iv. Has either of before the age o	<i>·</i> ·	ancer	□ Yes						
What type of Ca	ncer			L Yes	□ No				
Age at dia	gnosis								
v. Health Details In the past six m exercise or post	ionths has you	nt (in Cms)	; Weight (in K	gs) n due to diet con		□ Yes	□ No		
vi. Provide deta	ils of Total Exi	sting Critical Illnes	ss cover/Cancer Cover with all	insurance compa	nies including	g LIC:			
Co. name	D. name P&T TYPE - S A DOC CI/Cancer cover				Accepted a	t	Inforce / lapsed		
-		-	vith all insurance companies	including LIC exc	eed	□ Yes	□ No		
INR 5,000,000/-	ncluding curre	nt application?							

en trea	you ever received consultation, medical advice, been investigated, undergone surgery or ated or have noticed signs and symptoms for following:	🗆 Yes	🗆 No
a)	Cancer, lump, swelling, growth, nodes, cyst, tumour, non-healing ulcer and increase in size of number of moles anywhere in your body?	🗆 Yes	□ No
b)	Any persistent loss of blood or unusual discharge from any part of the body?	☐ Yes	□ No
c)	Persistent – fever / headache / cough, difficulty in swallowing, hoarseness of voice (all of the previous symptoms for more than 21 days), visual disturbances, seizures, loss of consciousness, blood disorders, abnormal blood cell count? If yes, please provide details.	□ Yes	🗆 No
d)	For female Lives Only: Any disease or disorder of the cervix, uterus ovaries or vagina, abnormal bleeding OR any disease or disorder of the Breast(s) such as breast lump/cyst, fibrocystic disease, nipple changes or discharge? If Yes, please provide details	□ Yes	□ No
	e you or your spouse ever been tested positive for HIV / AIDS, hepatitis B or C or any cransmitted disease?	Ves	□ No
under an, cyto	than as a part of routine / executive / pre-employment check-up, Have you been advised go any investigations in last 6 months like ultrasound (USG), body scan, MRI, CT ology, pap smear, mammogram, colonoscopy, biopsy, blood tests, cancer / tumor If yes, please provide details.	🗆 Yes	□ No

QUESTIONS APPLICABLE FOR FEMALE LIVES : i) Husband's Full Name: \_\_\_\_\_\_\_
 ii) Husband's existing health insurance cover: SA amount \_\_\_\_\_\_\_ Ins. Co. name: \_\_\_\_\_\_ Nature of cover of (CIR, Health Ins, Cancer Cover):

IMPORTANT: If answer to any of the above question is "Yes", please provide details (precise diagnosis, past and current treatment, current status, treatment plan for future) in a separate sheet of paper and submit copies of hospital/consultation/investigation reports available with you).

#### DECLARATION BY THE PROPOSER

I \_\_\_\_\_\_\_ declare that I am fully aware of the statements / contents etc. given by me in this proposal form and confirm that they are true and complete in all respects to the best of my knowledge and that I have not withheld any information and I do hereby agree and declare that the same shall form the basis of the contract 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.

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

I further agree that any change / addition / deletion / alteration related to my health, occupation, or any other adverse circumstance (including dropping, deferment, acceptance at terms other than as proposed of any proposal/ revival of policy made to the Corporation or any other insurance company) after the submission of this proposal to the Corporation shall be conveyed before the issuance of the First Premium Receipt/ communication of acceptance of risk. Any omission on my part to do so shall render this assurance invalid. I authorize the Corporation to make any enquiry to anyone concerning our health.

I declare that I consent to the Corporation seeking medical information from any doctor or hospital who/which at any time has attended me or from any past or present employer concerning anything which affects the physical or mental health of mine and seeking information from any insurer to whom an application for insurance on my life has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the Corporation to share information pertaining to my proposal including the medical records of mine for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

In consultation with the agent / intermediary, I understood the plan features and have taken a personal and independent decision in an informed manner to go for the Plan. I understand that the 'application money' deposited by me is a token consideration under this proposal for insurance and that the policy will come into force only after full payment of the premium chargeable. I have read and understood:

#### 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

 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.

"I certify that the contents of the form and documents have been fully explained to me by Mr/ Ms:\_\_\_\_\_\_ and I have understood the significance of the proposed contract".

Signature of the Proposer:\_\_\_\_\_

Addendum to Proposal Form for LIC's e-services (Fields marked with asterisk (\*) are compulsory)

YES / NO

(a)	Do you wish to avail LIC's e-services for your
	Policy through the Customer Portal of L.I.C. of India?

(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 (\*)

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(e) Your Mobile Number (\*) : 9|1| | | | | |

(f) PAN Number:

(g) Passport Number:

(h) UID (Aadhaar) Number:

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

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

Signature of the Proposer

Place : \_\_\_\_\_

Name of Proposer : \_\_\_\_\_

# AGENT'S CONFIDENTIAL REPORT/MORAL HAZARD REPORT

Agent's Name & Code			Club Membersł		prisation	Authorisation expiry date	Development Officer Code	Branch Code		
Name of Life Proposed			Age	Occup	ation					
				Natur	Nature of duties					
1. (a) Acquaintance with the	proposer (No	o. of Years):		·						
(b) Relationship with the p	proposer :									
(c) Educational qualificatio	on of the Life P	roposed:								
2. Annual Income: Rs			Income Source							
Proof of Income			Verifie	d:Yes/No	P	AN				
3. Physical Measurements and	d Identificatio	n Marks of the P	Proposer and other	Members (bene	eficiaries) t	o be insured under th	e proposal.			
Proposer Name	Height	Weight	Abdomen	Chest		Identi	fication Marks			
	(cms)	(kgs)	(cms)	(exp/ins) cms						
					1.					
					2.					
4. Are you aware whether LP		0	``	les the parents,	full siblings	s or children) is/are su	ffering from Cancer?	' 🗆 Yes 🛛		
No . If YES, give comple	te details on a	separate paper	·							
5. Declaration by the Agent										
I do hereby declare that I ha	ve personally	seen the propo	ser and I do here	bv confirm that	there is no	physical deformity	/ impaired sight / he	aring problem /		
mental retardation or any otl	• •							01 .		

mental retardation or any other diseases including cancer and am personally satisfied about his / her financial condition. I also declare that I have explained fully the terms and conditions of the plan to the proposer. I further inform that no proposal / revival has been deferred / declined / dropped / accepted with extra premium. I am fully aware that the policy shall be issued based on my above declaration that if any information given above is incorrect, it would attract penalty under Regulation 16 and other provisions of Life Insurance corporation of India (Agents) Regulations, 2017, besides the other provisions of law applicable.

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Dated at	on the	day of	
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Agent's Address & Phone No.

I am fully aware and endorse the above contents; I recommend the proposal for acceptance.

**Development Officer / CLIA** 

Assistant Branch Manager (Sales)/Chief/Sr./Branch Manager.

(Signature of the Agent)