1. Name of the Employer 2. What is the object of the insurance contract How many employees are 3. working in your unit a)Name of the employee 4. being covered b)His designation / occupation c)Nature of duties assigned d)His annual income Who will be person authorised 5. by the employer to sign the proposal on behalf of the employer Do you wish to impose any 6. restriction/conditions in respect of surrender, loans etc. by the employee after you assign the policy in favour of the employee. Are you agreeable to abide by 7. the conditions of India acceptance, which shall rest solely with the LIC of India?

EMPLOYER - EMPLOYEE SCHEME QUESTIONNAIRE

I agree that I will assign the policy in favour of the above employee and the declarations made by me will form **a part of the insurance contract being entered** into in respect of the employee of mine.

Place :

Date

Signature and seal of the employer/ Authorised representative with designation