

**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act, 1956)

F.No.300 (BV)

Proposal No.:                      Branch  
 Agent's Name:  
 License No.  
 Date of expiry.  
 Agency Code No.              D.O.Code

**PROPOSAL FOR INSURANCE UNDER BAL VIDYA PLAN**

Divisional Office \_\_\_\_\_ Inward No.                      Date

(All Answers to be filled in legibly. Answers must be given in words. Stroke of the pen or dots or dashes will not be accepted as replies)

<b>Full Name (Surname first) and Address to which Communications are to be sent of the following:-</b>	<b>Object of Insurance</b>
<b>1.Name of Proposer (Parent)</b>  <b>Address :-</b>  <b>Residential address, if different</b>  <b>Short Name :-</b>	<b>Place of Birth</b>  <b>Nationality</b>  <b>Sex</b>  <b>Age (nearer birthday)</b>  <b>Date of Birth</b>  <b>Nature of Age-proof Submitted</b> <hr/> <b>Father's Full Name (Surname first)</b>
<b>2. Name of Proposer (Named Child)</b>  <b>Short Name :-</b>	<b>Place of Birth.</b> <b>Nationality</b> <b>Sex</b> <b>Age (Last birthday)</b> <b>Date of Birth</b> <b>Nature of Age-proof submitted</b>
<b>2A. Name of guardian for Proposer No.2.</b>  <b>Address.</b>  <b>Short Name.</b>	<b>Place of Birth</b> <b>Nationality</b> <b>Sex</b> <b>Date of Birth</b> <b>Age (Nearer birthday)</b> <b>Relationship with proposer No. 2. (Named child)</b>

3.

Plan & Term	Sum Proposed	Mode	If Policy is to be dated back, indicate date	Amount deposited	BOC No.
		Single premium			

The following questions are to be answered by the proposer No. 1 (parent) only.

4A. Present Occupation Exact Nature of Duties

4B. Name of present employer Length of Service with Him

5.

Educational Qualification	Annual Income Rs.	Sources of Income	Are you an Income Tax Assessee?

6. If you are employed in the Armed Forces, please state:

Wing to which you belong	Rank therein	Date of Invt medical Examination	Medical category after medical examination	Were you ever below A-1 Category? If so, when?

7. Is your life also proposed for another assurance or an application for Revival of a policy on your life is under consideration in any office of the Corporation? If yes, give details.

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

- a) Withdraw, Deferred, Dropped or Declined?
- b) Accepted with Extra Premium or Lien?
- c) Accepted on terms otherwise than those proposed?

Answer 'Yes' or 'No'	If yes, give Details

**9. Please give details of your previous insurance: (including policies surrendered/lapsed during last 3 years)**

Policy No.	Office Of the Corpn		Table & Term	Sum Assured	Year Of Issue	Whether Accepted as Proposed at Ordinary Rates	With or Without Accident Benefit	Medical Or Non-medical	Whether In force for full Sum Assured	If not give Due date of Last Premium Paid or Date of surrender
	DO	BO								

**N.B.:** 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
<b>Father</b>				
<b>Mother</b>				
<b>Brothers:</b>				
Living -----				
Dead -----				
<b>Sisters:</b>				
Living -----				
Dead -----				
<b>Wife/Husband</b>				
<b>Children:</b>				
Living -----				
Dead -----				

**11. Personal History**

**Answer 'Yes' or 'No'**

**If 'Yes', Please  
give full details**

- a) **During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than one week?**
- b) **have you ever been admitted to my hospital or nursing home for general check up, observation, treatment or operation? Give details.**
- c) **have you remained absent from place of work or grounds of health during the last 5 years?**
- d) **Are you suffering form or have you ever Suffered form ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system?**
- 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?**
- f) **Did you ever have or are you having any bodily defect or deformity?**
- g) **Did you ever have any accident or injury?**
- h) **Do you use or have you ever used –**
  - (i) **Alcoholic drinks**
  - (ii) **Narcotics**
  - (iii) **Any other drugs**
  - (iv) **Tobacco in any form**
- i) **What has been your usual state of health?**
- j) **Have you ever required or at presnt availing/ Undergoing medical advice, treatment or tests in Connection with Hepatitis B or AIDS related condition?**

**12. In Non-medical cases, please state exact Height in Cms, and Weight in Kgs. (without shoues)**

**Height**

**Weight**

**13.A. Additional Questions in the case of female lives:**

<b>Are you pregnant Now?</b>	<b>Date of last Delivery</b>	<b>Have you had any abortion or miscarriage or Caesarian Section? If so, give details.</b>	<b>Date of last Menstruation</b>

**13B.**

<b>Husband's full Name</b>	<b>His Occupation</b>	<b>His annual income</b>

**13C. Details of Husband's Insurance:**

<b>Policy No.</b>	<b>Office of Corporation</b>	<b>Sum Assured</b>	<b>Table &amp; Term</b>	<b>Present status of the policy</b>

**13D. For the purpose of reference give name, occupation and permanent address of a friend.**

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**ANSWER TO QUESTIONS IS GIVEN AFTER READING THE QUESTIONS CAREFULLY.**

**DECLARATION BY THE PROPOSER No.1 (PARENT). AND NATURAL/LEGAL GUARDIAN OF THE PROPOSER No.2 – (NAMED CHILD)**

We, (I) \_\_\_\_\_ (ii) \_\_\_\_\_ jointly and severally Declare that the foregoing statements and answers have been given by the Proposer No.1 (Parent) (i.e the person whose life is herein being proposed to be assured) after fully understanding the questions and the same are true and complete in every particular and that no information has been withheld and we hereby jointly and severally declare that these statements and this declaration shall be the basis of the contract of assurance between us 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 and doctor, hospital and or employer from divulging any knowledge or information about and concerning the proposer's (parent) health or employment on the grounds of secrecy, we, our heirs, executors, administrators and assignees or any other person or person having interest of any kind whatsoever in the policy contract issued to us, 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.



**For Medical Cases only**

**I certify that the Life Assured (Proposer No.1-parent) has signed/put his/her thumb impression in my presence after admitting that all the answers to Question Nos. 10 onwards of this form have been correctly recorded.**

\_\_\_\_\_  
**Signature or thumb impression of the  
Proposer No.1 (parent)**

**N.B. Signature of Thumb impression should be  
Affixed in presence of Medical Examiner.**

\_\_\_\_\_  
**Signature of the Medical Examiner**

**Insurance Act 1938 Under Section 41 (Summary)**

**N.B.: Rebate of premiums shall be allowed only in accordance with the details given in the prospectus of premium rates, or as the case may be, the relevant document and that an offer or acceptance of any other rebates shall be an offence under section 41 of the Insurance Act, 1938.**