

**DEPARTMENT OF POSTS
PROPOSAL FORM FOR RURAL POSTAL LIFE INSURANCE**

Affix here
your recent
passport
size
photograph

All entries should be filled in **CAPITAL** letter:

| 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) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Agent Code <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | Proposal No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Date of Receipt <div style="border: 1px solid black; width: 100%; height: 20px;"></div> No. of LI-7(a) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Amount deposited ₹ <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Post Office at which deposited <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ACG-67 Receipt No. and Date <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Policy No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

Proposal Date (DD/MM/YYYY)

 Date of Declaration (DD/MM/YYYY)

Product/ Policy Type WLA CWLA EA AEA GY

1. Proposer's Details

i. Name of Proponent (Mr./ Mrs./ Ms.)

First Name
Middle Name
Last Name

ii. Father's Name

iii. Spouse Name (If proponent is married)

iv. Gender v. Marital Status (Married/ Unmarried) vi. Date of Birth (DD/MM/YYYY)

M F

vii. Age Proof: [Tick (✓) whichever is applicable]
(Standard Age Proof)
 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.

(Non-Standard Age Proof)
 Horoscope Elder's Declaration Aadhaar Card Medical Examiners Approximate age certificate
 Dec by insurant counter signed by Panchayat Member Only month year of Birth is known

viii. Nationality

ix. **FOR FEMALE PROPONENT ONLY**
 Number of Children Are you Pregnant now? (Yes/ No) Date of last Delivery Date of Last Menstruation

If pregnant, expected month of delivery

Have you had any abortion or miscarriage or caesarean section? If so, give details.

x. Mark of Identity (1)
 Mark of Identity (2)

2. Proposer's Address Details

i. Communication Address (If Permanent Address is same as Communication Address please ✓ in the box)

| | | | |
|---------|----------|------------|--|
| | | | |
| Village | Taluka | | |
| City | District | | |
| State | Country | PIN | |

ii. Permanent Address

| | | | |
|---------|----------|------------|--|
| | | | |
| Village | Taluka | | |
| City | District | | |
| State | Country | PIN | |

ii. Second Nominee Details- (Mr./ Mrs./ Ms.)

| | | |
|---|-------------|-----------|
| First Name | Middle Name | Last Name |
| | | |
| Relationship: Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> | | |
| Father-in-law <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Others <input type="checkbox"/> | | |
| Share %age: <input type="text"/> % Gender: M <input type="checkbox"/> F <input type="checkbox"/> | | |
| Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Age: <input type="text"/> Years | | |

Communication Address

| | |
|---------|---|
| | |
| | |
| Village | Taluka |
| City | District |
| State | Country PIN |

Phone No. E-mail ID (If any)

iii. Third Nominee Details- (Mr./ Mrs./ Ms.)

| | | |
|---|-------------|-----------|
| First Name | Middle Name | Last Name |
| | | |
| Relationship: Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> | | |
| Father-in-law <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Others <input type="checkbox"/> | | |
| Share %age: <input type="text"/> % Gender: M <input type="checkbox"/> F <input type="checkbox"/> | | |
| Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Age: <input type="text"/> Years | | |

Communication Address

| | |
|---------|---|
| | |
| | |
| Village | Taluka |
| City | District |
| State | Country PIN |

Phone No. E-mail ID (If any)

b. Appointee Details (If nominee is minor)

| | | |
|---|-------------|---|
| First Name | Middle Name | Last Name |
| | | |
| Relationship: <input style="width:150px;" type="text"/> | | Gender: M <input type="checkbox"/> F <input type="checkbox"/> |
| Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> | | Age: <input type="text"/> Years |

Communication Address

| | |
|---------|---|
| | |
| | |
| Village | Taluka |
| City | District |
| State | Country PIN |

Phone No. E-mail ID (If any)

8. Additional Policy Details

i. Particulars of other PLI/ RPLI policies already held, if any:

| | Policy No. | Type | Sum Assured (in ₹) | Maturity Date |
|----------------------|------------|------|--------------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| Total: (in ₹) | | | | |

ii. Particulars of life insurance policies of other companies already held, if any:

| | Policy No. | Type | Insurer | Sum Assured (in ₹) | Maturity Date |
|----------------------|------------|------|---------|--------------------|---------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| Total: (in ₹) | | | | | |

any member 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 Department has been withdrawn or dropped, deferred or declined or accepted at an increased premium or subject to a lien or a term other than as proposed, I shall forthwith intimate the same to the Department 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 Department.

- 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.

Proponent's Signature: _____

Dated: The _____ Day of _____ 20____

Declaration by the person filling in the form

Declarant's Name _____

Address _____

I hereby declare that I have fully explained the above information to the proposer and I have truthfully recorded the answers given by the proposer

Signature of Agent or the person filling the proposal form

Date : _____

Declaration in case the proposer is illiterate

Note : In case the proposer is illiterate the thumb impression of the proposer should be attested by a person of standing whose identity can easily be established but unconnected with the Deptt and this declaration should be made by him..

I hereby declare that I have explained the content of this form to the proposer in (Language) which he/ she easily understands and that the proposer has affixed the thumb impression above after fully understanding the contents there of

Signature

Declarant's Name

Address

Date

13. To be filled in by DO/ FO (PLI)/ Agent

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: _____

14. Medical Examiner's Certificate:

Certified that I have carefully examined Shri/ Smt. _____ the proponent 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 11, I find the proponent to be medically fit. He/ She does not suffer from any terminal or other serious health hazard which would be risk to his/ her life. I recommend acceptance of his/ her proposal of Postal Life Insurance policy.

OR

The proponent is medically unfit. I do not recommend acceptance of his/ her proposal for Postal Life Insurance policy.

Signature of Proponent: _____

Signature of Medical Examiner: _____

Name: _____

Seal : _____

Date : _____

ID/ Code : _____

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.

15. Confidential Report

This will consist of information not revealed in the proposal form. SDI/ ASP report is not only required for granting a policy but will also be required when claim arises, to check the correctness of data in proposal form. This will be completed by SDI/ ASP after proposal form is completed by proposer. Content of the report should not be discussed with the proposer or divulged to him.

(The form should be completed by SDI/ ASP)

| | | | | | | | |
|----|--|---|-----------|--------------------------|--|---------------|--------------------------|
| 1. | Are you related to the proposer? | : | Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| 2. | Are you aware of any financial/physical/mental situation concerning proposer which makes him unsuitable for consideration of his Insurance proposal? | : | Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| 3. | In case of any doubt, please visit the concerned police station and verify if the proponent was ever arrested/ convicted in the criminal case. If yes, give details. | : | Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| 4. | Has he signed proposal/Declaration form? | : | Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| 5. | Any other matter you would like to bring to the notice of Proposal accepting authority. | : | Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| 6. | Do you recommend the acceptance of the proposal? | : | Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| 7. | If not recommended, give reasons. | : | Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| 8. | Please confirm that :- | | | | | | |
| | (1) Confidential report has been written by you after completion of proposal form by proposer. | : | Confirmed | <input type="checkbox"/> | | Not Confirmed | <input type="checkbox"/> |
| | (2) Confidential report has not been divulged to proposer/ or discussed with him. | : | Confirmed | <input type="checkbox"/> | | Not Confirmed | <input type="checkbox"/> |

Signature of SDI/ ASP
Full Name With Stamp