भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Proposal Form (URN: HPF- 3)
For LIC's Health Shield (2026)

Branch Office: **Divisional Office:**

To be filled by Agent/ Intermediary: 1. D.O./CLIA/ Chief Organizer Code No / Intermediary Agency Code & Mobile number : 2. Agent's/Specified Person's/DSA's/Sup Agent's Name ,Code No & Mobile number: 3. Licence No/ Registration No: 4. Date of Expiry:

For Office Use Only	Inward no : Date(DD/MM/YYYY):Proposal no : B.O.C No: Date(DD/MM/YYYY) : Amt of Deposit (Rs) :

Section - I : Details of the Principal Insured and other members to be insured

No. of lives to be covered under the policy (including Principal Insured)					
A	**Personal Details**	**Principal Insured (Proposer)**			
1	Customer ID				
2	C KYC number				
3	ABHA number				
4	Full Name	Prefix First Name Middle Name Last Name			
5	Father's Full name	First Name Middle Name Last Name			
6	Mother's Full name	First Name Middle Name Last Name			
7	Gender				
8	Marital Status				
9	a.Date of Birth(DD/MM/YYYY)	____/_____/_______	Age___ yrs	b. Age proof submitted	
10	**Proof of Identity:**	Aadhar Driving License Voter Id Passport		**Id Number** (In case of Aadhar only last four digits)	
11	**Permanent Address as per above Proof of Identity**				
	House No./Building Name / Street				
	Town/ Village / Taluka				
	City/ District				
	State & Country				
	PIN Code				
12	**Correspondence / Current Address if different from above(Proof to be submitted)**				
	House No./Building Name / Street				
	Town/ Village / Taluka				
	City/ District				
	State & Country				
	PIN Code				
13	Contact details	Mobile Number	WhatsApp Mobile No.	Email id	
14	Nationality				
15	Residential status	Resident Indian / Non Resident Indian* / Foreign National of Indian Origin* *NRI Questionnaire mandatory			
16	Is your country of Tax Residency outside India ?		Yes / No (If yes, fill the Self Certification Form)		
17	Are you an Income Tax Assessee		Yes / No		
18	Permanent Account Number (PAN)				
19	If Registered under GST, please give GSTIN				
20	**Educational Qualification and Occupation**				
a	Educational qualification				

b	Present Occupation / Source of Income	
c	Name of the present employer	
d	Exact Nature of duties	
e	Length of service	
f	Annual Income (Rs)	
g	Are you employed in the Armed Forces (If Yes, submit relevant questionnaire)	**Yes / No**
21	**Others**	
a	Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? If yes , give details and submit respective questionnaire .	
b	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.	
c	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 by a foreign country.]*	

22	**Details of Nominee and Appointee**(*It is in the interest of the Life to be assured to avail the facility of nomination.The nomination can be Single or Multiple. Please give % share in case of multiple nomination*)							
	Name of Nominee	% share	DOB	Age(in Yrs)	Relationship with the Principal Insured	Mobile no.	E mail ID	Address of the Nominee
	Nominee's Bank details:							
	Bank name			Bank account no.		IFSC code		
	Appointee details (applicable in case of minor nominee)							
	Name of Appointee	DOB	Age (in yrs)	Relationship with nominee	Mobile no.	Email ID	Address of nominee	Appointee's signature or thumb impression as a token of consent
23	**Bank Details of Principal Insured**							
	a) Type of Account-Savings / Current b) Your Account No :_____ c) IFS Code:_____d) Name of your bank:_____ (Attach a cancelled cheque leaf (along with copy of bank passbook if name is not printed on the cheque leaf)							

B	**Personal Details**	**Other Member to be Insured - 1**	**Other Member to be Insured - 2**	**Other Member to be Insured - 3**
1	Customer ID			
2	C KYC number			
3	ABHA number			
4	Full Name			
5	Relationship between PI and other member to be assured			
6	Father's Full name			
7	Mother's Full name			
8	Gender			
9	Marital Status			
10	Date of Birth (DD/MM/YYYY) Age (in years	___/___/_____ ___yrs	___/___/_____ ___ yrs	___/___/_____ ___ yrs
11	Age Proof Submitted			

12	**Proof of Identity must be any one of Aadhar/ Driving License/ Voter Id / Passport.** In case of Aadhar only last four digits to be mentioned			
a	Proof of Identity			
b	Id Number			
13	**Permanent Address as per above Proof of Identity**			
	House No./Building Name / Street			
	Town/ Village			
	City/ District			
	State &Country			
	PIN Code			
14	**Correspondence / Current Address if different from above(Proof to be submitted)**			
	House No ./Building Name / Street			
	Town/ Village			
	City/ District			
	State &Country			
	PIN Code			
15	**Contact details**			
a	Mobile Number			
b	WhatsApp Mobile No			
c	Email id			
16	Nationality			
17	Residential status	Resident Indian / *NRI / *FNIO	Resident Indian / *NRI / *FNIO	Resident Indian / *NRI / *FNIO
18	Is your country of Tax Residency outside India**	Yes / No	Yes / No	Yes / No
	*NRI Questionnaire mandatory	** If yes, fill the Self Certification Form		
19	Is life to be insured Income Tax Assessee	Yes / No	Yes / No	Yes / No
20	Permanent Account Number (PAN)			
21	If Registered under GST, please give GSTIN			
22	**Educational Qualification and Occupation**			
a	Educational qualification			
b	Present Occupation/ Source of Income			
c	Name of the present employer			
d	Exact Nature of duties			
e	Length of service			
f	Annual Income (Rs)			
g	Are you employed in the Armed Forces (If Yes, submit relevant questionnaire)	**Yes / No**	**Yes / No**	**Yes / No**
23	**Others**			
a	Is life to be insured's occupation associated with any specific hazard or does life to be insured take part in hazardous activities or have hobbies that could be dangerous in any way? If yes , give details and submit respective questionnaire .			
b	Has life to be insured ever been or is currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.			
c	Is life to be insured a Politically Exposed Person OR is 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 by a foreign country.]*			

Section - II: Details related to proposed Plan and Previous policies under Health Plan
(Initial Daily Benefit will be "per life*" basis)

1	Mode of premium payment				
2	Initial Daily Benefit chosen for				
	Principal Insured	Rs.			
	Other Member to be Insured - 1	Rs.			
	Other Member to be Insured - 2	Rs.			
	Other Member to be Insured - 3	Rs.			
	Note: **1. Default provision for Insured Spouse/ Eldest of Surviving Major Insured to become Principal Insured on exit of Original PI from the policy.** On the exit of Original PI in the event of death or on Original PI exhausting all the lifetime maximum Benefit Limits, the policy shall continue with the surviving Insured Spouse as **new successive PI** along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the Original PI; or if the Insured Spouse has exited from the policy, the policy shall continue with eldest of the surviving major Insured as **new successive PI** along with other eligible surviving Insured(s).In case of minor lives, on exit of last successive PI the legal guardian of minor life shall be the beneficiary. The premium for such newsuccessive PI (if AHC Benefit is not applicable) would be based on the tabular premium rates of Principal Insured and the age for calculation of revised premium rate will be his/her age at entry. Such change in premium of new successive PI shall be effective from the coinciding or following instalment premium due date. However, the existing level of cover in respect of the new successive PI shall remain unaltered as applicable to him /her. The premium rates for other Insured(s) shall remain same. **2. *The total Initial Daily Benefit under all policies issued to an individual under this plan shall not exceed Rs. 10,000/-.**				
3	Whether You/Your Spouse want to avail New Term Assurance Rider and / or Accident Benefit Rider (Only available for Principal Insured and spouse), If yes please specify below			Yes / No	
	a. Accident Benefit Rider Sum Assured (Rs)	PI :		Spouse:	
	b. New Term Assurance Rider Sum Assured (Rs)	PI:		Spouse	
4	Previous health Insurance policies under LIC's Health Shield and LIC's Arogya Rakshak Plan(If more policies , separate addendum may be used)				
	Life	Policy No	Initial Daily Benefit availed(Rs)	Lapsed/ In force	
	Principal Insured				
	Other Member to be Insured - 1				
	Other Member to be Insured - 2				
	Other Member to be Insured - 3				
5	**Details of all previous policies under Health and Life are to be given in Annexure 'B' in respect of each life to be Insured under this proposal.**				

6		**Principal Insured**	**Other Member to be Insured - 1**	**Other Member to be Insured - 2**	**Other Member to be Insured– 3**
a	Has any proposal/ application for revival for life, health or critical illness cover been postponed, declined or accepted on special				

Formatted: Not Highlight

	terms? (If yes, Give proposal number& branch / policy number / Name of Insurer)				
b	Is any proposal for life or health insurance under consideration on life to be insured with LIC or any other company?				
7a	**Do you wish to avail the physical policy document?**				
b	**Please give EIA no. (e-Insurance Account) if available**				

Section – III: Personal and family details of health / habits

	Details	**Principal Insured**	**Other Member to be Insured - 1**	**Other Member to be Insured - 2**	**Other Member to be Insured - 3**
1	Please state exact height and weight (without shoes)	Height _____cms Weight _____kgs	Height _____cms Weight _____kgs	Height _____cms Weight _____kgs	Height _____cms Weight _____kgs
2	Is the life to be insured currently taking any medication or drugs? Or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition, other than for minor coughs, cold, flu, typhoid?				
3	Has the life to be insured lost more than 5 Kgs. of weight in the last 12 months except due to exercise or weight loss programmes, If yes, please state the reason for the weight loss.				
4	During the past 5 years, has the life to be insured ever suffered from any illness, disorder, disability or injury which has required any form of medical or specialized examination (including X-ray, blood tests, ECG, USG, CT/MRI, gynecological investigations), Consultation, hospitalization or surgery?				
5	Has the life to be insured remained absent from place of work, school or college on grounds of health for more than 7 days during the last 2 years? If yes, give details				
6	Has the life to be insured planned for a surgery or is currently aware of any medical condition that might require medical advice/surgery in near future?				
7	Has the life to be insured ever suffered from or suffering from or undergone investigation in the past or been advised to undergo investigation or treatment for the following ailments:				
a	Hypertension/high blood pressure				
b	Diabetes or raised blood sugar				
c	Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain				

d	(i) Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones, genital organ disorder,Hydrocele/ fistula / piles (ii) symptoms or ailment relating to Prostate, Urinary System or Reproductive System or any other disorder				
e	Cancer of any type or a cyst or lump or growth of any kind				
f	Mental Disorder e.g. Depression, anxiety, schizophrenia, or any other mental, psychiatric or nervous disorder				
g	Endocrine diseases e.g.: Thyroid or any other hormonal disorder				
h	Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract				
i	Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.				
j	Musculoskeletal diseases e.g.: Osteoporosis, prolapsed disc, back or neck complaint, any physical disability/deformity or other disorder of the bones, joints, arthritis, gout etc				
k	Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, stroke, any other disease or disorder of the brain, spinal cord or nerves				
l	Congenital Disorders				
m	Blood disorder e.g. Anemia, hemophilia, thalassemia				
n	(i) Eye, Ear, Nose, Throat or Skin disorders (ii) Does the life to be insured wear glasses? If yes, please give power of glasses				
o	Has the life to be insured ever been tested positive for HIV / AIDS,hepatitis B or C or any sexually transmitted disease?				
p	Any other disease?				
8	If answer to any of the questions mentioned in '7' above is yes, please give details as below (If hospitalized , enclose the discharge summary and all investigation papers along with the proposal form.)				
a	Nature of disease / illness				
b	Date of Diagnosis(DD/MM/YYYY)				
c	Fully recovered (Y/N)				
d	Still on treatment (Y/N), If Yes give details of treatment				
e	Name and address of Doctor/ Hospital				
9	**Family History :**Does the life to be insured have a parent, brother or sister who was or has been diagnosed with heart disease, stroke, diabetes, cancer, neurological / mental disorders or any hereditary disorder under the age of 65 years ? If yes, please give				
a	Name of the disease/condition				
b	Relationship with the life to be assured				

c	Date of diagnosis (DD/MM/YYYY)				
d	Age at diagnosis				
e	Date of death, if any (DD/MM/YYYY)				
10	**Habits:** Does life to be insured smoke/consume or ever smoked/consumed the following. If yes, quantity consumed				
a	Alcoholic drinks (kind of alcohol and pegs per day)				
b	Narcotics				
c	Any other drugs, If yes, which one				
d	Tobacco* in any form (If yes in sticks /packets/ sachets/day or gms /day)				
*Tobacco product includes but not limited to cigars, cigarettes, beedis, chewable tobacco like Gutkha, flavoured paan masala, etc.					
11	**For Female Lives only**				
a	Is life to be insured pregnant now? If yes expected date of delivery				
b	Date of last delivery(DD/MM/YYYY)				
c	Has life to be insured had any abortion or miscarriage or Cesarean section? If so, give details				
d	Has life to be insured ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)				
e	Has any of life insured's children had any congenital abnormality ?				
12	Husband's details (Applicable for only female principal Insured)				
a	Husband's full Name				
b	His Occupation				
c	His Annual Income				
d	Details of Husband's health Insurance				

Policy number	Name of branch/ Division/ Name of the insurer (if other than LIC) from where policy has been taken	Sum Assured	Plan & Term	Present status of the policy

Section-IV : Declaration

DECLARATION BY THE PRINCIPAL INSURED AND OTHER MAJOR MEMBERS TO BE INSURED

I, do hereby declare that I am authorized to propose on behalf of these other persons and give consent on my behalf and on behalf of all persons proposed to be insured

I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the foregoing statements and answers have been given by me in this proposal form along with Annexure 'B' 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 us and the Life Insurance Corporation of India 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.

Not-withstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital , diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me and all those proposed to be insured concerning my/their health , employment , occupation, insurance , financial etc. on the grounds of privacy, I/they , my/our 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 the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting /

investigation / risk mitigation / fraud control and/or claim settlement. And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my/their occupation or any adverse circumstances connected with our 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/ life of all persons proposed made to any office of the Corporation or any other insurance companies is withdrawn or dropped, deferred or accepted at an increased premium 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 contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

. I understand that the Corporation reserves the right to accept /postpone/ drop / regret or decline or offer alternate terms on this proposal for health insurance .

I am aware that if the information on my/their Tax Residency is found to be false or untrue or misleading or misrepresenting, I may be held liable for it. I also undertake to inform the Corporation of any change in my Tax Residency status.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to obtain and share my data from / with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I hereby give my consent to receive phone calls, SMS/whatsapp messages, E mail on the above mentioned registered number(s)/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/ notifying about the status of Claim

I also understand that the premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at ……On the…… Day of ……20

	Principal Insured	Other Member to be Insured -1	Other Member to be Insured -2	Other Member to be Insured -3
Signature/ Thumb impression				

Witness:
(Signature/Thumb impression, Name & Address)

Declaration by the person filling in the form (In case form is filled /signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)

"I hereby declare that I have fully explained above questions to the proposer and I have truthfully recorded the answers given by the proposer and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name and Address of the Declarant:_____ Signature:_____

I certify that the contents of the form have been fully explained to me by Mr/ Ms:_____.

	Principal Insured	Other Member to be Insured -1	Other Member to be Insured -2	Other Member to be Insured -3
Signature/ Thumb impression				

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Signature: _____

Name and Address of the Declarant: _____

SECTION 45 OF THE INSURANCE ACT, 1938

(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 purposes 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.'

In accordance with the applicable provision of Section 41 of the Insurance Act, 1938:

"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"

Various Sections of the Insurance Act, 1938 applicable to LIC to apply as amended from time to time.

Please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.

PROPOSAL FOR LIC's HEALTH SHIELD

PHOTO ADDENDUM FOR PREPARATION OF HEALTH IDENTITY CARDS Plan No. ----------

Members to be Insured (In the same sequence of details of other member/s	Principal insured (Affix stamp size photograph)	Other Insured 1 (Affix stamp size photograph)	Other Insured 2 (Affix stamp size photograph)	Other Insured 3 (Affix stamp size photograph)
i) Name				
ii) DOB				
iii) Gender (Male/Female)				
iv) Relationship				

Members to be Insured (In the same sequence of details of other member/s	Other Insured 4 (Affix stamp size photograph)	Other Insured 5 (Affix stamp size photograph)	Other Insured 6 (Affix stamp size photograph)
i) Name			
ii) DOB			
iii) Gender (Male/Female)			
iv) Relationship			

Specimen Signature /Thumb impression of the Principal Insured:

For Office Use:

Policy Number……..
Total Number of Lives Covered……
Division Name and Code……..
Branch Name & Code……

Check list:

1. Age Proof(s) of all the Members to be insured
2. Photographs of all the Members to be insured
3. Signature / Thumb impression of the Principal Insured

PROPOSAL FOR LIC's HEALTH SHIELD (URN: HPF- 3) **Annexure-A**

HEALTH DETAILS AND MEDICAL INFORMATION

(IN RESPECT OFOTHER MEMBERS TO BE INSURED)

(To be used if the total number of members to be insured excluding PI (in the proposal form) exceeds 3)

Section - I: Details of other members to be insured

A	Personal Details	Other Member to be insured - 4	Other Member to be insured - 5	Other Member to be insured - 6
1	Customer ID			
2	C KYC number			
3	ABHA number			
4	Full Name			
5	Relationship between PI and other member to be assured			
6	Father's Full name			
7	Mother's Full name			
8	Gender			
9	Marital Status			
10	Date of Birth (DD/MM/YYYY) Age (in years)	___/___/_____ ___ yrs	___/___/_____ ___ yrs	___/___/_____ ___ yrs
11	Age Proof Submitted			
12	**Proof of Identity must be any one of Aadhar/ Driving License/ Voter Id / Passport.** In case of Aadhar only last four digits to be mentioned			
a	Proof of Identity			
b	Id Number			
13	**Permanent Address as per above Proof of Identity**			
	House No. / Building Name / Street			
	Town/ Village/ Taluka			
	City/ District			
	Country			
	PIN Code			
14	**Correspondence / Current Address if different from above(Proof to be submitted)**			
	House No./ Building Name / Street			
	Town/ Village/ Taluka			
	City/ District			
	State & Country			
	PIN Code			
15	**Contact details**			
a	Mobile Number			
b	WhatsApp Mobile No			
c	Email id			
16	Nationality			
17	Residential status	Resident Indian / *NRI / *FNIO	Resident Indian / *NRI / *FNIO	Resident Indian / *NRI / *FNIO
18	Is your country of Tax Residency outside India**	Yes / No	Yes / No	Yes / No
	*NRI Questionnaire mandatory **If yes, fill the Self Certification Form			
19	Is life to be insured Income Tax Assessee	Yes / No	Yes / No	Yes / No
20	Permanent Account Number (PAN)			
21	If Registered under GST, please give GSTIN			

22	**Educational Qualification and Occupation**			
a	Educational qualification			
b	Present Occupation/ Source of Income			
c	Name of the present employer			
d	Exact Nature of duties			
e	Length of service			
f	Annual Income (Rs)			
g	Are you employed in the Armed Forces (If Yes, submit relevant questionnaire)	**Yes / No**	**Yes / No**	**Yes / No**
23	**Others**			
a	Is life to be insured's occupation associated with any specific hazard or does life to be insured take part in hazardous activities or have hobbies that could be dangerous in any way? If yes, give details and submit respective questionnaire .			
b	Has life to be insured ever been or is currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.			
c	Is life to be insured a Politically Exposed Person OR is 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.]			

Section - II: Details related to proposed Plan and Previous policies under Health Plan
(Initial Daily Benefit will be "per life*" basis)

1	Mode of premium payment	
2	Initial Daily Benefit chosen for	
	Other Member to be Insured- 4	Rs.
	Other Member to be Insured - 5	Rs.
	Other Member to be Insured - 6	Rs.

Note:

1.Default provision for Insured Spouse/ Eldest of Surviving Major Insured to become Principal Insured on exit of Original PI from the policy.

On the exit of Original PI in the event of death or on Original PI exhausting all the lifetime maximum Benefit Limits, the policy shall continue with the surviving Insured Spouse as **new successive PI** along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the Original PI; or if the Insured Spouse has exited from the policy, the policy shall continue with eldest of the surviving major Insured as **new successive PI** along with other eligible surviving Insured(s).In case of minor lives, on exit of last successive PI the legal guardian of minor life shall be the beneficiary.

The premium for such new successive PI (if AHC benefit is not applicable) would be based on the tabular premium rates of Principal Insured and the age for calculation of revised premium rate will be his/her age at entry. Such change in premium of new successive PI shall be effective from the coinciding or following instalment premium due date. However, the existing level of cover in respect of the new successive PI shall remain unaltered as applicable to him /her. The premium rates for other Insured(s) shall remain same.

2.* The total Initial Daily Benefit under all policies issued to an individual under this plan shall not exceed Rs. 10,000/-

3	Previous health Insurance policies under LIC's Health Shield and LIC's Arogya Rakshak Plan (If more policies , separate addendum may be used)			
	Life	Policy No	Initial Daily Benefit availed (Rs.)	Lapsed/ In force
	Other Member to be Insured - 4			
	Other Member to be Insured- 5			
	Other Member to be Insured- 6			
	Details of all previous policies under Health and Life are to be given in Annexure 'B' in respect of each life to be Insured under this proposal.			

4		**Other Member to be Insured - 4**	**Other Member to be Insured - 5**	**Other Member to be Insured - 6**
a	Has any proposal/ application for revival for life, health, or critical illness cover been postponed, declined or accepted on special terms? (If yes, give proposal number& branch / policy number / Name of Insurer)			
b	Is any proposal for life or health insurance under consideration on life to be insured with LIC or any other company.			

Section – III: Personal and family details of health / habits

	Details	**Other Member to be Insured - 4**	**Other Member to be Insured - 5**	**OtherMember to be Insured - 6**
1	Please state exact height (in cms) and weight (in Kgs) (without shoes)	Height _____cms Weight _____kgs	Height _____cms Weight _____kgs	Height _____cms Weight _____kgs
2	Is the life to be insured currently taking any medication or drugs? Or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition, other than for minor coughs, cold, flu, typhoid?			
3	Has the life to be insured lost more than 5 Kgs. of weight in the last 12 months except due to exercise or weight loss programmes. If yes, please state the reason for the weight loss.			
4	During the past 5 years, has the life to be insured ever suffered from any illness, disorder, disability or injury which has required any form of medical or specialized examination (including X-ray, blood tests, ECG, USG, CT/MRI, gynecological investigations), Consultation, hospitalization or surgery?			
5	Has the life to be insured remained absent from place of work, school or college on grounds of health for more than 7 days during the last 2 years? If yes, give details			
6	Has the life to be insured planned for a surgery or is currently aware of any			

	medical condition that might require medical advice/surgery in near future?			
7	Has the life to be insured ever suffered from or suffering from or undergone investigation in the past or been advised to undergo investigation or treatment for the following ailments:			
a	Hypertension/high blood pressure			
b	Diabetes or raised blood sugar			
c	Cardiovascular disease, Palpitations, Heart attack, stroke, chest pain			
d	(i) Genitourinary diseases e.g. Kidney disorder, Bladder disorder, Urine abnormality, renal stones, genital organ disorder, Hydrocele / fistula / piles (ii) symptoms or ailment relating to Prostate, Urinary System or Reproductive System or any other disorder			
e	Cancer of any type or a cyst or lump or growth of any kind			
f	Mental Disorder e.g. Depression, anxiety, schizophrenia, or any other mental, psychiatric or nervous disorder			
g	Endocrine diseases e.g.: Thyroid or any other hormonal disorder			
h	Digestive disease e.g.: Liver and gall bladder disorder, gastric ulcer, bleeding from intestine or any other disorder of the digestive tract			
i	Respiratory diseases e.g.: Asthma, pneumonia, bronchitis, tuberculosis, persistent cough, or any other disorder of the chest or lungs.			
j	Musculoskeletal diseases e.g.: Osteoporosis, prolapsed disc, back or neck complaint, any physical disability/deformity or other disorder of the bones, joints, arthritis, gout etc			
k	Neurological diseases e.g.: Fits, epilepsy, recurrent headache, paralysis, stroke, any other disease or disorder of the brain, spinal cord or nerves			
l	Congenital Disorders			
m	Blood disorder e.g. Anemia, hemophilia, thalassemia			
n	(i) Eye, Ear, Nose, Throat or Skin disorders (ii) Does the life to be insured wear glasses? If yes, please give power of glasses			
o	Has the life to be insured ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?			
p	Any other disease?			
8	If answer to any of the questions mentioned in '7' above is yes, please give details as below (If hospitalized, enclose the discharge summary and all investigation papers along with the proposal form.)			
a	Nature of disease / illness			
b	Date of Diagnosis(DD/MM/YYYY)			
c	Fully recovered (Y/N)			
d	Still on treatment (Y/N), If Yes give details			

	of treatment			
e	Name and address of Doctor/ Hospital			
9	**Family History :** Does the life to be insured have a parent, brother or sister who was or has been diagnosed with heart disease, stroke, diabetes, cancer, neurological / mental disorders or any hereditary disorder under the age of 65 years ? If yes, please give			
a	Name of the disease/condition			
b	Relationship with the life to be assured			
c	Date of diagnosis(DD/MM/YYYY)			
d	Age at diagnosis			
e	Date of death, if any(DD/MM/YYYY)			
10	**Habits :** Does life to be insured smoke/consume or eversmoked/consumed the following.If yes, quantity consumed			
a	Alcoholic drinks (kind of alcohol and pegs per day)			
b	Narcotics			
c	Any other drugs, If yes, which one			
d	Tobacco* in any form () (If yes in sticks /packets/ sachets/day or gms /day)			
	*Tobacco product includes but not limited to cigars, cigarettes, beedis, chewable tobacco like Gutkha, flavored paan masala, etc.			
11	**For Female Lives only**			
a	Is life to be insured pregnant now? If yes expected date of delivery			
b	Date of last delivery(DD/MM/YYYY)			
c	Has life to be insured had any abortion or miscarriage or Cesarean section? If so, give details			
d	Has life to be insured ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)			
e	Has any of life insured's children had any congenital abnormality ?			
12	Husband's details (Applicable for only female principal Insured)			
a	Husband's full Name			
b	His Occupation			
c	His Annual Income			
d	Details of Husband's health Insurance			

Policy number	Name of branch/ Division/ Name of the insurer (if other than LIC) from where policy has been taken	Sum Assured	Plan & Term	Present status of the policy

Section-IV : Declaration

DECLARATION BY THE PRINCIPAL INSURED AND OTHER MAJOR MEMBERS TO BE INSURED

I, do hereby declare that I am authorized to propose on behalf of these other persons and give consent on my behalf and on behalf of all persons proposed to be insured.

I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the foregoing statements and answers have been given by me in this proposal form along with Annexure 'B' 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 us and the Life Insurance Corporation of India 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.

Not-withstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital , diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me and all those

proposed to be insured concerning my/their health , employment , occupation, insurance , financial etc. on the grounds of privacy, I/they , my/our 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 the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and_____/_____or claim settlement.
And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my/their occupation or any adverse circumstances connected with our 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/ life of all persons proposed made to any office of the Corporation or any other insurance companies is withdrawn or dropped, deferred or accepted at an increased premium 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 contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

. I understand that the Corporation reserves the right to accept /postpone/ drop / regret or decline or offer alternate terms on this proposal for health insurance ..

I am aware that if the information on my/their Tax Residency is found to be false or untrue or misleading or misrepresenting, I may be held liable for it. I also undertake to inform the Corporation of any change in my Tax Residency status.

I undertake to inform the Corporation immediately of any changes in KYC documents such as residence. I also give my consent to obtain and share my data from / with Central KYC Registry and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.

I hereby give my consent to receive phone calls, SMS/whatsapp messages, E mail on the above mentioned registered number(s)/ E mail address from / on behalf of the Corporation with respect to my life insurance policy/regarding servicing of insurance policies/ notifying about the status of Claim

I also understand that the premium and benefits under the policy are subject to taxes / duties/ charges in accordance with the laws as applicable from time to time.

Dated at ……On the…… Day of ……20

	Principal Insured	Other Member to be Insured -4	Other Member to be Insured -5	Other Member to be Insured -6
Signature/ Thumb impression				

Witness:
(Signature/ Thumb impression, Name & Address)

Declaration by the person filling in the form (In case form is filled /signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)

I hereby declare that I have fully explained above questions to the proposer and I have truthfully recorded the answers given by the proposer and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name and Address of the Declarant:_____ Signature:_____

"I certify that the contents of the form have been fully explained to me by Mr/ Ms:_____

	Principal Insured	Other Member to be Insured -4	Other Member to be Insured -5	Other Member to be Insured -6
Signature/ Thumb impression				

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Signature: _____

Name and Address of the Declarant: _____

SECTION 45 OF THE INSURANCE ACT, 1938

(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 purposes 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.

In accordance with the applicable provision of Section 41 of the Insurance Act, 1938:

"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"

Various Sections of the Insurance Act, 1938 applicable to LIC to apply as amended from time to time.

Please visit our site www.licindia.in and register yourself with LIC Portal after completion of this proposal to avail the benefit of e services.

(To be attached with proposal form for LIC's HEALTH SHIELD) **Annexure - B**

Name of the Member to be insured _____ Proposal Number _____

DETAILS OF EXISTING HEALTH INSURANCE POLICIES INCLUDING (A) POLICIES SURRENDERED/LAPSED (DURING LAST 3 YEARS) (B) IN FORCE HEALTH INSURANCE POLICIES (C) POLICIES ACCEPTED WITH MODIFIED TERMS OR WITH EXTRA PREMIUM (If No. of policies are more, please attach a separate sheet)

A.

Policy No.	Insurance cos. from where the previous policies have been purchased with address (if purchased from LIC, give name of BO/DO)	Plan & Term	Sum Assured (Rs)	Term assurance Rider Sum Assured (Rs)	Amount of Accident Benefit taken (Rs)	Year of issue/ Year of Revival	a. Whether accepted as proposed at ordinary rates. b. If not, mention terms of acceptance (mention extra premium charged)	a. Whether in full force for full sum assured. b. If not in force, give due date of last premium paid or date of surrender(DD/MM/YYYY)

B. DETAILS OF EXISTING LIFE INSURANCE POLICIES INCLUDING (A) POLICIES SURRENDERED/LAPSED (DURING LAST 3 YEARS) (B) IN FORCE POLICIES (C) POLICIES ACCEPTED WITH MODIFIED TERMS OR WITH EXTRA PREMIUM (If No. of policies are more, please attach a separate sheet)

Policy No.	Insurance cos. from where the previous policies have been purchased with address (if purchased from LIC, give name of BO/DO)	Table & Term	Sum Assured (Rs)	Term assurance Rider Sum Assured (Rs)	Amount of Accident Benefit taken	Year of issue/ Year of Revival	a. Whether accepted as proposed at ordinary rates. YES/NO b. If not, mention terms of acceptance (mention extra premium charged)	a. Whether in full force for full sum assured. YES/NO b. If not in force, give due date of last premium paid or date of surrender(DD/MM/YYYY)

Note: The above information is required in respect of each of the member to be insured under this proposal.

Signatures / Thumb impression of other Major Members to be Insured, proposed for insurance by the PI

Signature / Thumb impression of the Principal Insured

i)..... ii)..... iii).....