भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Proposal Form (URN: HPF-4)
For LIC's New Cancer Cover (2026)

Recent Photograph

Division: **Branch Office:**

INSTRUCTIONS TO FILL THE PROPOSAL FORM

1. Please read all the questions carefully and fill up the details truthfully. Answers should be legible. Questions should be answered in 'Yes' or 'No'. In case of affirmative answers details must be provided.
2. Unless otherwise stated all dates described & used in Proposal Form are in **DD/MM/YYY** format.

D.O./CLIA/Chief Organizer/ Broker/ LICA Code No & Mobile number : Agency Code No& Mobile number:			
For Office Use Only	Inward no :	Date:	Proposal no :

1	Customer ID		**2**	C KYC number		
3	Name	Prefix First Name Middle Name Last Name				
4	Father's Full Name	First Name Middle Name Last Name				
5	Mother's Full Name	First Name Middle Name Last Name				
6	Gender	Male / Female / Transgender	**7**	Marital Status		
8	a. Date of Birth	_ _/___/_____	Age___ (Yrs)	b. Age Proof Submitted		
9	**Proof of Identity:**	Aadhar Driving License Voter Id Passport		**Id Number** (In case of Aadhar only last four digits)		
10	**Permanent Address as per above Proof of Identity**					
	House No./Building Name / Street					
	Town/ Village / Taluka					
	City/ District					
	State &Country					
	PIN Code					
11	**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					
12	WhatsApp Mobile No.			Email id		
13	**Plan / Term**	**Sum Proposed (Basic Sum Assured) (Rs)**		**Mode of Premium Payment**	**Benefit Options (Choose one of the options)**	
				Yearly / Half yearly	**Option I**- Level Sum Insured ☐	**Option II**- Increasing Sum Insured ☐
14	Nationality		**15**	Residential status	Resident Indian / Non Resident Indian/ Foreign National of Indian Origin	
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					
21	Present Occupation / Source of Income					
22	Name of the present employer					
23	Exact Nature of duties					
24	Annual Income (Rs)					

25	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).*	Yes ☐ No ☐
26	Does the total Basic Sum Assured including all existing policies your Critical Illness cover/Cancer Cover with all insurance companies including LIC and the current proposal exceed INR 50,00,000/-	Yes ☐ No ☐

27 **Existing Insurance:** Provide details of Total Existing Critical Illness cover/Cancer Cover with all insurance companies including LIC

	Co. name	Plan / Term	Type - CI/Cancer cover	Sum Assured(Rs)	Date of Commencement	Whether accepted at Ordinary rate	Inforce / lapsed	FUP
i								
ii								
iii								

28	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/ CI Rider & Term	Sum Assured (Rs)	Date of commencement / Date of Revival	Terms of Acceptance / Declined/ Postponed/ Rejected	Reason for extra/ Rejection/ Postponement/ Declining
i							
ii							
iii							
iv							

29 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)}

30 **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 Life to be assured	Mobile no	Email ID	Address of nominee

	Nominee's Bank details:	Bank name	Bank Account no	IFSC code	Type of Account

Appointee Details (applicable in case of minor life)

	Name of Appointee	DOB	Age (in yrs)	Relationship with the Nominee	Mobile no.	Email ID	Address of the Appointee	Appointee's signature or thumb impression as a token of consent

31	**Personal Health (Wherever response is "Yes", please give details**		
1	Do you consume or have ever consumed Narcotics?	☐ Yes	☐ No
2	Do you smoke cigarettes/ bidis / E-cigarettes or consume tobacco in any form? If yes	☐ Yes	☐ No
	i Specify the number of cigarettes/ bidis / E-cigarettes smoked per day		

	ii	Have you consumed any form of chewable tobacco in the last 12 months	☐ Yes ☐ No

4	Has either of your parents and /or brother or sister suffered/suffering from, or died due to cancer? If **Yes** give following details			☐ Yes ☐ No
	i	What type of Cancer		
	ii	Relation with the person contracting Cancer		
	iii	Age at diagnosis		
	iv	Age at Death (If any)		
5	i	Build Details:	Height (in Cms) _____Weight (in Kgs) _____	
	ii	In the past six months has your weight reduced by 5 kgs or more other than due to diet control exercise or post pregnancy?		☐ Yes ☐ No
6	Have you ever received consultation, medical advice, been investigated, undergone surgery or been treated or have noticed signs and symptoms for following:			
	i	Cancer, lump, swelling, growth, nodes, cyst, tumour, ulcer and increase in size of number of moles anywhere in your body?		☐ Yes ☐ No
	ii	Any persistent loss of blood or unusual discharge from any part of the body?		☐ Yes ☐ No
	iii	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
7	Have you or your spouse ever been tested positive for HIV / AIDS, hepatitis B or C or any sexually transmitted disease?			☐ Yes ☐ No
8	Other than as a part of routine / executive / pre-employment check-up, Have you been advised to undergo or undergone any investigations in the last 2 years like ultrasound (USG), PET scan, MRI, CT scan, cytology, FNAC, pap smear, mammogram, endoscopy, colonoscopy, biopsy, blood tests, cancer / tumor markers? If yes, please provide details And copies of available reports			☐ Yes ☐ No
9	**For female Lives Only**: Any disease or disorder of the cervix, fallopian tubes, 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

<u>IMPORTANT:</u> If answer to any of the above questions 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).

32	**QUESTIONS APPLICABLE FOR FEMALE LIVES :**				
	i	Husband's Full Name:			
	ii	Husband's existing health insurance cover:			
	Ins. Co. name		Policy no.	Sum assured(Rs)	Nature of cover of (CIR, Health Ins, Cancer Cover)

3	Have you ever been advised to quit alcohol consumption for health reasons OR diagnosed with any liver abnormalities due to alcohol consumption?	☐ Yes ☐ No

33	**Do you wish to avail the physical policy document?**	
34	**Please give EIA no. (e-Insurance Account) if available**	

DECLARATION BY THE LIFE TO BE ASSURED

I hereby declare, that the foregoing statements and answers have been given by me in this proposal form 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.

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

I further declare that any change related to my health, occupation or any other adverse circumstance after the submission of this proposal to the Corporation shall be conveyed in writing before the issuance of the First Premium Receipt/ communication of acceptance of risk. I also declare that I will inform about dropping, deferment, acceptance at terms other than as proposed of any proposal/ revival of policy made to the Corporation or any other insurance company. Any omission on my part to do so shall render this contract invalid.

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 my physical or mental health 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 my medical records for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

I am aware that if the information on my 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_____

_____ _____

Signature or Thumb impression of Witness Signature or Thumb impression of the Life to be assured

Name, Occupation & Address:

1. **Declaration by the person filling in the form (In case form is filled up/signed in a language different from that of the Proposal Form or in case the Life to be assured 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 the above questions to the Life to be assured and I have truthfully recorded the answers given by the Life to be assured and Life to be assured 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 (Name, Designation, and occupation) Mr. / Ms.:_____

   Signature or Thumb impression of the Life to be assured

   In case the Life to be assured 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/her.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the Life to be assured in _____language, and that the Life to be assured 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 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.

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

AGENT'S CONFIDENTIAL REPORT / MORAL HAZARD REPORT

Agent's/Specified Person's/DSA's/Sup Agent's Name, Code No & Mobile number:		D.O./CLIA/Chief Organizer/ Intermediary Agency Code No & Mobile number:
Name of Life to be assured	Age	Occupation & Nature of duties

1. (a) Acquaintance with the Life to be assured (No. of Years):

(b) Relationship with the Life to be assured :

(c) Educational qualification of the Life to be assured :

2. Annual Income: Rs..... Source of Income: .....
Proof of Income..... Verified: Yes/No PAN.....

3. Physical Measurements and Identification Marks of the Life to be assured

Name of Life to be assured	Height (ems)	Weight (kgs)	Abdomen (ems)	Chest (exp/ins) ems	Identification Marks
					1. 2.

4. Are you aware whether Life to be assured or any of Life to be assured's first degree relatives (which includes the parents, full siblings or children) is/are suffering from Cancer? ☐ Yes ☐ No.
If YES, give complete details on a separate paper.

5. **Declaration by the Agent**

I do hereby declare that I have personally seen the Life to be assured and I do hereby confirm that there is no physical deformity / impaired sight / hearing problem / 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 Life to be assured. 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.

Dated at on the day of 20

Agent's Address & Phone No. _____

Signature of the Agent : •

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

Development Officer / CLIA **ABM/BM/SBM/CM**