डाक जीवन बीमा
Postal Life Insurance

Affix here Child's recent passport size photograph

DEPARTMENT OF POSTS
PROPOSAL FORM FOR CHILDREN POLICY (APS)

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)

Agent Code

Proposal No.

Date of Receipt

No. of LI-7(a)

Amount deposited ₹

Post Office at which deposited

ACG-67 Receipt No. and Date

Policy No.

Proposal Date (DD/MM/YYYY) / /

Date of Declaration (DD/MM/YYYY) / /

Product/ Policy Type PLI ☐

1. Child's Details

i. Name of Child

First Name | Middle Name | Last Name

ii. Father's Name

iii. Mother's Name

iv. Gender **M** ☐ **F** ☐

v. Date of Birth (DD/MM/YYYY) / /

vi. Parent's Policy Number

vi. Age Proof: [Tick (√) whichever is applicable] **(Standard Age Proof)**

Birth Certificate ☐ Matriculation Certificate ☐ Driving License ☐ Passport ☐ PAN ☐

vii. Nationality

2. Address Details

i. Communication Address: **UNIT PIN CODE**

ii. Permanent Address

Village		Taluka	
City		District	
State		Country	**PIN**

3. Contact Details

i. Phone No. with STD Code

ii. Mobile No.

4. Parent's Employment/ Occupation Details

i. Service Number

ii. Rank

iii Name

iv Occupation:
Army ☐ Navy ☐ Air Force ☐ Para Military Forces ☐ Defence Civilian ☐

v. Date of Entry in Service
☐☐/☐☐/☐☐☐☐

vi. PAN No.

vii. Monthly Income ₹

viii. DDO Code

ix. Name of CDA/CDA A/C No(for Officers Only) **/** PAO (OR) (for PBOR only)

x. PAO Code

xi. Office Address: **UNIT PIN CODE**

xii. Office Phone No. with STD Code

xiii. Qualification
Post Graduate ☐ Graduate ☐ Diploma ☐ Se. Sec. Education ☐ High School ☐ Middle Class ☐ Primary Education ☐
Illiterate ☐ Other ☐ (furnish detail)

5. Additional Policy Details Held by Parents

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 ₹)				

6. Coverage Details

i. Age at Maturity ☐☐ **Years**

ii. Policy Term ☐☐ **Years**

iii. Sum Assured ₹

7. Premium Details

i. Premium ₹ /-

ii. Initial Premium Payment Mode
(Cash/ Cheque/ Credit Card/ Debit Card/ Salary)

iii. Subsequent Premium Payment Mode

iv. Premium Payment Frequency

Monthly ☐

8. Health Information

a. Are you and your child in sound health at present? **Yes** ☐ **No** ☐

b. Have your child ever suffered/ suffering from any of the following? (Say Yes or No)

			Child	
(i)	Tuberculosis	:	Yes ☐	No ☐
(ii)	Cancer	:	Yes ☐	No ☐
(iii)	Paralysis	:	Yes ☐	No ☐
(iv)	Insanity	:	Yes ☐	No ☐
(v)	Any disease of heart and lungs	:	Yes ☐	No ☐
(vi)	Kidney disease	:	Yes ☐	No ☐
(vii)	Any disease of brain	:	Yes ☐	No ☐
(viii)	HIV Positive	:	Yes ☐	No ☐
(ix)	Hepatitis-B	:	Yes ☐	No ☐
(x)	Epilepsy	:	Yes ☐	No ☐
(xi)	Nervous disorder	:	Yes ☐	No ☐
(xii)	Liver	:	Yes ☐	No ☐
(xiii)	Leprosy	:	Yes ☐	No ☐
(xiv)	Any physical deformity or handicap	:	Yes ☐	No ☐
(xv)	Any other serious disease	:	Yes ☐	No ☐

c. Has any of your family members (Father, Mother, Brothers or Sisters) living or dead suffered from any hereditary or infectious disease like, Insanity/ Epilepsy/ Gout/ Asthma/ Tuberculosis/ Cancer/ Leprosy/ Diabetes etc?

Yes ☐ No ☐

If yes, give details: _____

d. Have child hospitalized during the last 3 years? If so, furnish the following information.

	Ailment	Name of Hospital	Period of Hospitalization	
			From	To
1.				
2.				
3.				

e. Does the child any physical deformity or congenital by birth defects? (Yes/ No) _____

i. If yes, Type of deformity (Congenital/ Non-Congenital): _____

ii. In case of congenital deformity, please state whether it is Blindness/ Deafness/ Dumbness/ Orthopedic Handicap of One Limb/ Loss of one limb/ Midgets/ Hunchback _____

iii. In case of non-congenital deformity, please state whether it is Blindness/ Deafness/ Dumbness/ Orthopedic Handicap of One Limb/ Loss of one limb _____

f. Particulars of the family doctor, if any:_____

9. Declaration of Parent

(A) I do hereby declare that (a) no proposal of insurance on life of above named child has ever been adversely treated by any insurance company (b) the foregoing statements made are true to the best of my knowledge and belief (c) in case it is found that I have wilfully made any untrue statement or have concealed any relevant circumstances then all the premia which shall have been paid by me, shall be forfeited and this contract rendered absolutely null and void (d) I understand that child's life shall be insured from the date my proposal is accepted (e) I have gone through the terms and conditions for insurance with PLI, a copy of which has been given to me and explained to me in my language. I hereby agree to abide by them.

(B) I hereby agree to pay the fee of ₹_____(per individual) for the medical examination if our proposal is not accepted.

Parent's Signature:_____
(Signature with service No)
No _____ Rank_____

Name _____

Present unit/office address_____
with PIN Code _____

Dated: The _____Day of _____ 20____

10. Certificate of Immediate Superior

(a) Certified that No _____Rank _____Name _____ is a permanent/ temporary employee in _____ and information furnished against column No. 1 to 4 of this proposal form is correct as per his/ her service records.

Date : _____ Signature: _____

Place: _____ Name : _____

Designation/Seal: _____

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

I No_____ Rank _____Name _____
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.

DO/FO/Agent's Signature: _____
No _____ Rank _____
Date: _____ Name _____

12. Medical Examiner's Certificate:

Certified that I have carefully examined Master/ Shri/ Ms. _____ the proponent whose signature is 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 Child:_____

Signature of Medical Examiner: _____
Name: _____
Seal : _____
Date : _____
ID/ Code : _____

NOTE FOR MEDICAL OFFICER

a) When there are two or more cases of diabetes in the family, report of Glucose" Tolerance Test and Urine would be required and if the proponent is overweight in addition to the family history of diabetes or there is a suspicion of sugar in the urine or personal history of glycosuria, a blood sugar report would be necessary.
b) If the proponent is overweight or has doubtful family history an electrocardiogram and a report on the scanning of the chest would be required.
c) If the proponent is underweight and has family history of TB, an X-Ray of the chest would be required.
d) Expense of the above mentioned tests will have to be borne by the proponent.

13. Declaration for Recovery of Premia

In the event of my proposal for my son/daughter dated_____ for Postal Life Insurance Policy for the sum of Rs _____ being accepted. I hereby authorise Addl DG APS, IHQ of MoD (Army) to direct _____ (Name of PAO), being the office maintaining my pay accounts, to deduct from my pay a sum equal to the amount of the first premium and subsequent premia payable by me with effect from the month of acceptance of PLI proposal in respect of the said insurance, to receive the said sum from him and apply it towards payments of the said premia.

Station: _____ Signature: _____
No _____ Rank _____
Dated: _____ Name _____

COUNTERSIGNED

Dated: _____

_____
(Signature of Officer with name and designation stamp)

Seal_____

14. Unit Code with Details of Proposal Checked by:

Unit Code		Sig	Field Officer	DA	Asst PO	OC (With Rubber Stamp)