डाक जीवन बीमा
Postal Life Insurance

Affix here Spouse's recent passport size photograph

Affix here Proponent's recent passport size photograph

DEPARTMENT OF POSTS
PROPOSAL FORM FOR POSTAL LIFE INSURANCE (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 WLA ☐ CWLA ☐ EA ☐ AEA ☐ YS ☐

1. Proposer's Details

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

First Name | Middle Name | Last Name

ii. Father's/ Husband's Name **(In case of Yugal Suraksha give father's name)**

iii. Gender M ☐ F ☐

iv. Marital Status (Married/ Unmarried)

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

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

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.

vii. Nationality

viii. **FOR FEMALE PROPONENT ONLY/ FEMALE SPOUSE (in case of Yugal Suraksha)**

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.

2. Spouse Details **(In case of Yugal Suraksha policy only)**

i. Spouse Name

ii. Spouse Date of Birth (DD/MM/YYYY)

iii. Spouse Age Proof: [Tick (√) whichever is applicable]

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.

iv. Spouse Nationality

3. Proposer's Address Details

i. Permanent Address

Village | Taluka

City | District

State | Country | **PIN**

ii. Communication Address

UNIT PIN CODE

4. Proposer's Contact Details

i. Phone No. with STD Code

ii. Mobile No.

5. Proposer's Employment 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)

6. Nomination Details (refer Section 39 of Insurance act 1938) (Not applicable in case of policy under MWPA 1874)

a. State particulars of the nominees (not more than three Nominees)

i. Sole/ First Nominee Details- (Mr./ Mrs./ Ms.)

First Name | Middle Name | Last Name

Relationship: Brother ☐ Sister ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Spouse ☐

Father-in-law ☐ Mother-in-law ☐

Share %age: ☐☐☐% Gender: M ☐ F ☐

Date of Birth: ☐☐/☐☐/☐☐☐☐ Age: ☐☐ Years

Communication Address

Village		Taluka	
City		District	
State		Country	**PIN**

Phone No.

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

First Name | Middle Name | Last Name

Relationship: Brother ☐ Sister ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Spouse ☐

Father-in-law ☐ Mother-in-law ☐

Share %age: ☐☐☐% Gender: M ☐ F ☐

Date of Birth: ☐☐/☐☐/☐☐☐☐ Age: ☐☐ Years

Communication Address

Village		Taluka	
City		District	
State		Country	**PIN**

Phone No.

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

First Name | Middle Name | Last Name

Relationship: Brother ☐ Sister ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Spouse ☐

Father-in-law ☐ Mother-in-law ☐

Share %age: ☐☐☐% Gender: M ☐ F ☐

Date of Birth: ☐☐/☐☐/☐☐☐☐ Age: ☐☐ Years

Communication Address

Village | Taluka
City | District
State | Country | PIN

Phone No.

b. Appointee Details (If nominee is minor)

First Name | Middle Name | Last Name

Relationship: Gender: M F

Date of Birth: / / Age: Years

Communication Address

Village | Taluka
City | District
State | Country | PIN

Phone No.

7. 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 ₹)				

8. Coverage Details

i. Premium Ceasing Age/ Age at Maturity **Years**

ii. Policy Term **Years**

iii. Sum Assured ₹ / -

9. 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 Quarterly Half Yearly Yearly

10. Proponent's Health Information

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

b. Have you or your spouse (spouse in case proposal is of Yugal Suraksha) ever suffered/ suffering from any of the following?

(Say Yes or No)

			Proponent		**Spouse** (if Yugal Suraksha)	
(i)	Tuberculosis	:	Yes No		Yes No	
(ii)	Cancer	:	Yes No		Yes No	
(iii)	Paralysis	:	Yes No		Yes No	
(iv)	Insanity	:	Yes No		Yes No	
(v)	Any disease of heart and lungs	:	Yes No		Yes No	
(vi)	Kidney disease	:	Yes No		Yes No	
(vii)	Any disease of brain	:	Yes No		Yes No	
(viii)	HIV Positive	:	Yes No		Yes No	
(ix)	Hepatitis-B	:	Yes No		Yes No	
(x)	Epilepsy	:	Yes No		Yes No	
(xi)	Nervous disorder	:	Yes No		Yes No	
(xii)	Liver	:	Yes No		Yes No	

(xiii)	Leprosy	:	Yes ☐	No ☐		Yes ☐	No ☐	
(xiv)	Any physical deformity or handicap	:	Yes ☐	No ☐		Yes ☐	No ☐	
(xv)	Any other serious disease	:	Yes ☐	No ☐		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 you availed any kind of leave on medical ground or hospitalized during the last 3 years? If so, furnish the following information.

	Kind of leave	**Period of leave**	**Ailment**	**Name of Hospital**	**Period of Hospitalization**	
					From	**To**
1.						
2.						
3.						
4.						
5.						
6.						

e. Do you have 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:_____

11. Declaration of Proponent/ Spouse

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

I further declare that:

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.
g) MY MEDICAL CATEGORY IS SHAPE-1 (Applicable for Defence and Para Military pers only)
h) In the event of my proposal dated _____ for Postal Life Insurance Policy for the sum of Rs _____ being accepted, I hereby authorize 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 premium.

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

_____
(Signature of the proposer with service No)

Spouse's Signature:_____

No _____ Rank_____

Name _____

Present unit/office address_____

with PIN Code _____

Dated: The _____Day of _____ 20_____

12. Certificate of Immediate Superior

(a) Certified that No _____Rank _____Name _____ is a permanent/ temporary employee in _____ and information furnished against column No. 1 to 5 of this proposal form is correct as per his/ her service records.

(b) It is also certified that the medical category of the above proposer is SHAPE-1 as per his last Medical Examination carried out on _____ (Not applicable for personnel of GREF, Def Civilians/Non Medical Cases).

(c) The form is countersigned in respect of declaration at Serial 11 A(h) above.

Date : _____ Signature: _____

Place: _____ Name : _____

Designation/Seal: _____

13. 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 _____

14. Medical Examiner's Certificate:

Certified that I have carefully examined Shri/ Smt. No _____ Rank _____Name _____

the proponent, and Shri/ Smt. _____ the spouse,

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 12, I find the proponent/ spouse to be medically fit. He/ She/ They does/ do not suffer from any terminal or other serious health hazard which would be risk to his/ her/ their life. I recommend acceptance of his/ her/ their proposal of Postal Life Insurance policy.

OR

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

Signature of Proponent:_____

Signature of Spouse:_____
(In case of Yugal Suraksha)

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.

15. Unit Code with Details of Proposal Checked by:

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