Government of India
Department of Posts
Proposal for Life Insurance
High Tension

1. Name in full (in block letters)  [Proposer]
2. Father's Name / Husband's Name (in block letters)  [Proposer]
3. Whether serving in Army / Navy / Air Force  [Spouse]
4. a) Present Official Address (in block letters)  [Proposer]
b) Permanent residential Address (in block letters)  [Spouse]

NB: Any change in the address must be intimated to CPMG (PLI)..........................Circle......................Pin.

5. Designation and nature of duties.................................................................
6. Date of entry in service..............................................................................
b) Address of employer.

c) Designation & Address of immediate superior.

9. Whether the spouse (other than the proposer) has an independent source of income? If so, evidence thereto.

10. Particulars of the Policy

<table>
<thead>
<tr>
<th>Type of Policy</th>
<th>Sum Assured</th>
<th>Amount of Premium</th>
<th>Mode of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

11. Date of Birth

   a) Proposer........................ Nature of proof attached........................

   b) Spouse........................ Nature of proof attached........................

12. Designation & address of Pay Disbursing Office/PAO (if any)

   Note:
   i) Proof of date of birth to be attached (certified copy of 1st page of Service Book, attested copy of school leaving certificate or any other proof of date of birth).
   ii) Information in para : 3, 4, 5, 6, 7, 8 & 12 is to be furnished only in respect of the proposer.

13. If the premia is to be paid in cash, state Post Office at which you wish to pay:

   Name of Post Office........................................ Pin..................

14. Nomination under Section 39 of the Insurance Act, 1938. Nomination of a person to whom their money secured by the policy applied to are to be paid in the event of simultaneous death of the insurant & his/her spouse (can alter the above nomination at any time before the maturity of the policy by giving a notice in writing)

<table>
<thead>
<tr>
<th>Full Name of the Nominee</th>
<th>Full address of the Nominee</th>
<th>Relationship to proposer</th>
<th>Age of Nominee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

15. If the Nominee is a minor, do you wish to appoint a person to receive the policy money, if the claim arises during minority of the nominee. If so, please state:

<table>
<thead>
<tr>
<th>Full Name &amp; address of Appointee</th>
<th>Signature of the appointee</th>
<th>Relationship to nominee</th>
<th>Age of appointee</th>
</tr>
</thead>
</table>
16. a) Do you hold any other Postal Life Insurance Policy? If so, give details:

<table>
<thead>
<tr>
<th>Proposer</th>
<th>Policy No.</th>
<th>Type</th>
<th>Sum Assured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Do you hold any LIC Policy? If so, give details:

<table>
<thead>
<tr>
<th>Proposer</th>
<th>Policy No.</th>
<th>Type</th>
<th>Sum Assured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Family history:

Has any of your family members (living or dead) suffered from any hereditary or infectious disease like insanity/Epilepsy/Gout/Asthma/Tuberculosis/Cancer/Leprosy/Diabetes etc.

i) Proposer.................................................................

ii) Spouse.................................................................

Note:

i) The term family includes Mother, Father, Brothers & Sisters

18. Personal history:

a) Are you at present in sound health

i) Proposer.................................................................

ii) Spouse.................................................................

b) Have you ever suffered from any of the following diseases

i) Tuberculosis
ii) Cancer
iii) Paralysis
iv) Insanity
v) Any disease of heart and lungs Proposer.................................................................
vi) Kidney
vii) Disease of brain Spouse.................................................................
viii) Diabetes
ix) Hypertension
x) Any other serious disease

c) Have you remained on leave on medical advice (other than minor ailments) during the last 3 years or been hospitalised? If so, please give details.

<table>
<thead>
<tr>
<th>Proposer</th>
<th>Spouse</th>
</tr>
</thead>
</table>

19. For all applicants

I, hereby declare that I am in good health and free from diseases, that I have not had any serious illness or major operation for the last 3 years and no proposal of insurance on my life has ever been adversely treated.

<table>
<thead>
<tr>
<th>Proposer</th>
<th>Spouse</th>
</tr>
</thead>
</table>

(Signature or Thumb impression of the applicant)
20. Declaration of the proposer and the spouse:

i) We do hereby declare that the foregoing statements made are true to the best of our knowledge and belief. In case we have wilfully made any untrue statement or have concealed any circumstances with regard to which information has been required from us, then all the premium which shall have been paid to us shall be forfeited and the contract rendered absolutely null and void.

ii) We hereby agree to pay the fee of Rs.----------(per individual) for the medical examination if our proposal is not accepted.

Dated ___________ The Day of ___________ 20__________
Proposer ___________
Spouse ___________

(Signature or thumb impression of the applicant)

21. Certificate of immediate superior:

Certified that the information furnished under question No. 1 to 8 and 10 have been verified and found to be correct.

(Signature) ___________
Name (in block letters) ___________
Designation ___________
Seal ___________

Dated ___________

22. Declaration of DO/FO (PLI)

I certify that the above information including declaration of health has been furnished by the proposer and spouse in my presence.

I further certify that the documents in proof of their date of birth furnished by the proposer and spouse have been personally verified by me and date of births are found to have been correctly stated.

Signature of DO/FO (PLI) ___________
Dated ___________
Station ___________

Certificate of Medical Officer
(For Medical cases only)

I have carefully examined Shri/Smt. ____________________________ Proposer and his/her spouse

Shri/Smt. ____________________________ whose signatures are given below, today ____________________________
of. ____________________________ 20__________ The Proposer Shri/Smt. ____________________________ 20__________

The Proposer Shri/Smt. ____________________________ and spouse

Smt./Shri. ____________________________ are medically fit/unfit. I recommend/do not recommend acceptance of the proposal for a Yugal Suraksha Policy by the Chief Postmaster General.

Proposer ____________________________
Spouse ____________________________

Date ____________________________

Signature of the Medical Officer (in block capital) ___________
Seal ___________