

Inward Number
Proposal Number
Date of receipt of Proposal
Policy Number
Date of policy issuance:

Plan Name. LIC's Cancer Cover Plan
Plan No.
Pol. Term /PPT
Premium Mode
Installment Premium

Latest Photograph

URN: HPF-1

PROPOSAL FORM FOR LIC'S CANCER COVER

Office		Divisional Office						
Name	Code No)	Authoris	ation exp	oiry date
pment Officer's name	Develo	pment	cer & Code		 			
1. PROPOSER DETAILS:								
Full Name (Max 40 Char)								
Father's Name								
Nationality					If NRI, Count Residence	try of		
Place of Birth					Objective of	Insurance		
Age Proof (Nature of Age Proof)			Date of Birth		Age (Lbd)		Sex	Male/Female
Address for communication								
City/Town					District			
State					PIN Code			
Permanent residential Address								
City/Town					District			
State					PIN Code			
Telephone	STD code .		. Phone No		Mobile		(+91)	
E-Mail id								
Residence Proof								
Qualification					Annual Inc		Rs.	
Occupation					Income Pro	oof		
Name of Employer					Nature of	Duty		
PAN Number-	Aadhar No				Passport No			
Are you (Proposer) registered under to If Yes, Provide GSTIN	the GST Act: Yes	/ No						
Term	Mode of Premium Payment		Sum Assured	Benefit Op	otions (Choose	e one of th	e followir	ng options)
	Tuyment			Option I- I	evel Sum Insi	ured:	tion II- I	ncreasing Sum Insu
2. PROPOSAL DEPOSIT DETAILS:	Cash			Cheque				
BOC No.		Date		Amount Rs.				
ONLINE proposal (access ID)								
3. NOMINATION DETAILS:								
Nominee's Full Name								
Nominee's Full Name Age			Rela	ntionship				

4.	DANK DETAILS:	(Please enclose a	a cancelled chequ	e)					
	IFSC (11 digits)					As given on the			
	Account Number	(As given on the			cheque leaf) Account Type (Savings/Current)			
	cheque leaf) Bank Name								
5.	refused, withdraw India or abroad?		oned or offered v			related insurance or ri creased (extra) premi		ther insurer i	
	Name of the Insurer Policy No		Plan/ CI Rider Sum Assured & Term		Date of commencer	Terms of Acceptance/ ecline/Postp ne/Reject			
6. 7.	the individuals wh	lly exposed person no are or have bee AND MEDICAL INFO	n entrusted with	-	-	tically exposed persor ign country]	n? [As per RBI guidelii { Yes / No }	nes PEPs are	
			DETAILS				Remarks		
i. Do you co	onsume or have eve	r consumed Narco	tics?			☐ Yes		□ No	
ii. Do you s	moke cigarettes/ bi	dis or consume tol	pacco in any form	?		☐ Yes	□ No		
-	If yes, please specify								
b) I	Have you consumed	any form of cnew	able tobacco in tr	ie iast 12 montns:		☐ Yes		□ No	
abnormalit	u ever been advised ies due to alcohol co	onsumption?				/ liver ☐ Yes		□ No	
	ner of your parents a age of 60 years? If Y			iffering from, or di	ed due to cancer				
What type	of Cancer		Relation with t	he person contrac	ting Cancer	☐ Yes		□ No	
Age at	diagnosis			Age at	Death (If	any)			
v. Health D	Details- Heigh	ht (in Cms)	; V	Veight (in Kgs)				□No	
•	six months has you post pregnancy?	ur weight reduced	by 5 kgs or mor	e other than due	to diet control	LI TES		□ NO	
vi. Provide	e details of Total Exi	sting Critical Illnes	s cover/Cancer Co	over with all insura	nce companies in	cluding LIC:			
Co. name	P&T	epted at	Inforce / lapsed						
	Critical Illness cove		vith all insurance	companies includ	ing LIC exceed	☐ Yes		□ No	
11VK 5,000,0	000/- including curre	ent application?							

		T	
	you ever received consultation, medical advice, been investigated, undergone surgery or ated or have noticed signs and symptoms for following:	□ Yes	□No
a)	Cancer, lump, swelling, growth, nodes, cyst, tumour, non-healing ulcer and increase in size of number of moles anywhere in your body?	☐ Yes	□No
b)	Any persistent loss of blood or unusual discharge from any part of the body?	□Yes	□No
c)	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
d)	For female Lives Only: Any disease or disorder of the cervix, 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
	e you or your spouse ever been tested positive for HIV / AIDS, hepatitis B or C or any transmitted disease?	☐ Yes	□No
to under	than as a part of routine / executive / pre-employment check-up, Have you been advised rgo any investigations in last 6 months like ultrasound (USG), body scan, MRI, CT blogy, pap smear, mammogram, colonoscopy, biopsy, blood tests, cancer / tumor or lf yes, please provide details.	□Yes	□No
8.	. QUESTIONS APPLICABLE FOR FEMALE LIVES : i) Husband's Full Name: ii) Husband's existing health insurance cover: SA amount Ins. Co. name: Cover):	Nature of cov	 rer of (CIR, Health Ins, Canc
	ANT: If answer to any of the above question is "Yes", please provide details (precise diagnosis, pas ent plan for future) in a separate sheet of paper and submit copies of hospital/consultation/investig		•
	DECLARATION BY THE PROPOSER		
-	declare that I am fully aware of the statements / contents etc. given by me in this all respects to the best of my knowledge and that I have not withheld any information and I do her contract and that if any untrue averment be contained therein the said contract shall be dealt wi	eby agree and declar	e that the same shall form t

CC b 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 further agree that any change / addition / deletion / alteration related to my health, occupation, or any other adverse circumstance (including dropping, deferment, acceptance at terms other than as proposed of any proposal/ revival of policy made to the Corporation or any other insurance company) after the submission of this proposal to the Corporation shall be conveyed before the issuance of the First Premium Receipt/ communication of acceptance of risk. Any omission on my part to do so shall render this assurance invalid. I authorize the Corporation to make any enquiry to anyone concerning our health.

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

In consultation with the agent / intermediary, I understood the plan features and have taken a personal and independent decision in an informed manner to go for the Plan. I understand that the 'application money' deposited by me is a token consideration under this proposal for insurance and that the policy will come into force only after full payment of the premium chargeable.

I have read and understood:

SECTION 45 OF THE INSURANCE ACT,1938 AS AMENDED BY INSURANCE LAWS(AMENDMENT)ACT,2015

(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 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

(e) Your Mobile Number (*) :

(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.'

SECTION 41 OF THE INSURANCE ACT,1938 AS AMENDED BY INSURANCE LAWS(AMENDMENT)ACT,2015

1) 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.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the Insurance agent satisfies the prescribed conditions establishing that he is a bonafide Insurance Agent employed by the insurer.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

9|1| | | | | | | |

Dated a	t	On the			Day of .			20		
Witness (Signate	s: ure, Name & Address)					(\$	Signature c	of the Propo	1/3	
In case	form is filled up / signed in a language differen	t from that of th	ne Proposal	Form:						
	tion by the person filling in the form: "I hereby ly recorded the answers given by the proposer.		have fully e	xplained the	e above	e question	s to the pr	oposer in _		language and I have
Name &	Address of the declarant				Sig	gnature of	the declar	ant:		
Declarat	ion by the Proposer									
	that the contents of the form and documents h ificance of the proposed contract".	ave been fully	explained to	me by Mr/ N	/ls:		ar	nd I have ur	derstood	
					Si	ignature of	f the Propo	oser:	<	
									2/3	
			dum to Prop marked wit							
(a)	Do you wish to avail LIC's e-services for your Policy through the Customer Portal of L.I.C.	of India?		YES	/ NO	ı				
(b)	Are you already registered with customer por	tal of LIC of Ind	ia?	YES	/ NO					
(c)	If yes, please provide Policy Number of one of the policies enrolled on the customer porta		111							
(d)	Your e-mail id for future correspondence (*)								

(f) PAN Number:										
(g) Passport Number:			<u> </u>							
(h) UID (Aadhaar) Number:										
(It is mandatory to provide eit	her PAN No, I	Passport No or	UID No. for availin	ng LIC's e service	es)					
				✓						
Date :				3/3 Signa	ature of the I	Proposer				
Place :				Name of Propo	ser :					
		ΔGFNT'S	CONFIDENTIAL RE							
		AGENT 5	CONTIDENTIALIE	I ON I WORKE	IAZAKO KEI	<u> </u>				
						T		T		
Agent's Name & Code			Club Member		horisation	Authorisation expiry date	Development	Branch Code		
			Wielliber	3mp 140.		expiry date	Officer Code	Coue		
Name of Life Proposed			Age	Occ	upation					
				Nat	Nature of duties					
1. (a) Acquaintance with the	proposer (No	o. of Years):								
(b) Relationship with the p	roposer :									
(c) Educational qualification	n of the Life P	Proposed:								
2. Annual Income: Rs			Income Source							
Proof of Income			Verifi	ied:Yes/No		PAN				
3. Physical Measurements and	l Identification	n Marks of the	Proposer and other	er Members (be	neficiaries) t	o be insured under th	e proposal.			
Proposer Name	Height	Weight	Abdomen	Chest		Ident	ification Marks			
	(cms)	(kgs)	(cms)	(exp/ins)						
				cms	1.					
					2.					
4. Are you aware whether LP of	•	Ū	`	des the parent	s, full sibling	s or children) is/are sı	uffering from Cancer?	P □ Yes □		
No . If YES, give complet 5. Declaration by the Agent	e details on a	separate pape	r.							
3. Declaration by the Agent										
I do hereby declare that I have				-			-			
mental retardation or any oth the terms and conditions of t		=		=						
premium. I am fully aware the	-						= = =	=		
under Regulation 16 and other	r provisions o	f Life Insurance	corporation of In	dia (Agents) Re	gulations, 20	17, besides the other	provisions of law app	olicable.		
Dated at	on the	day of		20						
Agent's Address & Phone No.						(Signature o	f the Agent)			
I am fully aware and endorse	the above co	ntents; I recom	mend the proposa	I for acceptanc	е.					
Development Officer / CLIA					Ass	istant Branch Manag	er (Sales)/Chief/Sr./B	ranch Manager.		

Assistant Branch Manager (Sales)/Chief/Sr./Branch Manager.