भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

FORM No. 505 (Rev 2024)
PROPOSAL FORM FOR MICRO INSURANCE PRODUCTS

LATEST COLOUR PHOTO OF THE LIFE TO BE ASSURED

Division: **Branch Office:**

Instructions: All answers to be filled in legibly. Answers must be given in words in Block letters. Strokes of pen or dots or dashes will not be accepted as answers. (✔)Tick wherever applicable.

To be filled by Agent/ Intermediary :
1. D.O./CLIA/Chief Organizer/ Intermediary Agency Code No & Mobile number :
2. Agent's/Specified Person's/DSA's/Sup Agent's Name ,Code No & Mobile number:
3. POSP-LI's / RAP / VLE-Ins' Name, Code No & Mobile number:
4. Licence No/ Registration No: 5. Date of Expiry(DD/MM/YYYY):

For Office Use Only	Inward no :	Date(DD/MM/YYYY):	Proposal no :
	B.O.C No:	Date(DD/MM/YYYY) :	Amt of Deposit (Rs) :

I	**Personal Details of the Life to be assured**				
1	Customer ID				
2	C KYC number				
3	ABHA number				
4	Name	Prefix	First Name	Middle Name	Last Name
5	Father's Full name	First Name	Middle Name	Last Name	
6	Mother's Full name	First Name	Middle Name	Last Name	
7	Gender	Male / Female / Transgender			
8	Marital Status				
9	a. Date of Birth (DD/MM/YYYY)	__/___/_____	Age ___ yrs	b. Age Proof Submitted	
10	**Proof of Identity:**	Aadhar Voter Id	Driving License Passport	**Id Number** (In case of Aadhar only last four digits)	
11	**Permanent Address as per above Proof of Identity**				
	House No./Building Name / Street				
	Town/ Village / Taluka				
	City/ District				
	State & Country				
	PIN Code				
12	**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				
13	Contact details	Mobile Number	WhatsApp Mobile No.	E mail id:	
14	Nationality				
15	Are you an Income Tax Assessee	Yes / No			
16	Permanent Account Number (PAN) Please provide Form 60, if PAN is not available)				
17	If Registered under GST, please give GSTIN				
II	**Educational Qualification and Occupation**				
1	Educational qualification				
2	Present Occupation / Source of Income				
3	Name of employer				
4	Exact Nature of duties (please specify if engaged in police duty)				
5	Annual Income (Rs)				

III	**Others**							
1	Is your occupation associated with any specific hazard or do you take part in hazardous activities or have hobbies that could be dangerous in any way? If yes, give details and submit respective questionnaire.							
2	Have you ever been or are currently being investigated, charge sheeted, prosecuted or convicted or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad ? If yes, give details.							
3	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*.]							
IV	**Particulars of existing Micro Insurance policies, if any**							
a.	Policy Number	Plan and Term	Sum Assured * (Rs)	Date of commencement (DD/MM/YYYY)	Whether Inforce (Yes/No)			
b.	Has a proposal (or an application for revival of a policy) on your life made to any office of the Corporation or to any other Insurer ever been Accepted with extra or modified terms, Withdrawn, Deferred, Dropped or Declined?, if yes give proposal number& branch / policy number / Name of Insurer							
V	**Details of Nominee** (*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 A/c details:							
	Bank name			Bank A/c no			IFSC no	
	Appointee Details (applicable in case of minor nominees)							
	Name of Appointee	DOB	Age (in yrs)	Relationship with the nominee	Mobile no.	Email ID	Address of Appointee	Appointee's signature or thumb impression as a token of consent
VI	**Bank Details** {Attach a cancelled cheque leaf (along with copy of bank passbook if name is not printed on the cheque leaf)}							
	a) Type of Account : Savings / Current: b) Your Account No :				c) IFS Code: d) Name of your bank:			
VII	**Objective of Insurance:** Saving / Risk Cover							
VIII	**Details of Plan and Riders opted. (Riders are subject to availability under the selected plan).** **** The total Sum Assured under all policies issued to an individual under each of the Micro Insurance Plan viz. LIC's New JeevanMangal, LIC's Bhagya Lakshmi, LIC's Micro Bachat (including sum assured under this proposal and sum assured under all the versions of the respective plan) should not exceed Rs. 2 lakhs.***							
a	**Plan**		**Riders opted**		**Tick the opted Rider**		**Rider Sum Proposed (Rs)**	
	Term		**LIC's Accident Benefit Rider ========OR========== LIC's Accidental Death and Disability Benefit Rider**					
	Premium Paying Term							
	Sum Proposed (Basic Sum Assured) Rs							

	Mode of Premium Payment (Yly/Hly/Qly/Mly)		**If engaged in police duty do you wish to avail AB/AD&DB Rider while on police duty Yes / No**	
b	Is your life being proposed simultaneously under the same plan? If yes, give Proposal no. and Branch Code		Y/N	
c	**Do you wish to avail the physical policy document?**			
d	**Please give EIA no. (e-Insurance Account) if available**			
IX	**Personal Health**			
a	Please state exact height and weight (without shoes)	Height (in cms)	Weight(in Kgs	
b	Are you currently under any medical treatment or suffering from any disease / medical conditions requiring medical investigations / medical treatment ? If yes, give details			Yes/No
c	Have you undergone any medical treatment during last 5 years? If yes, give details			Yes/No
d	Whether hospitalized during last 5 years or undergone surgery ? If yes, give details			Yes/No
e	Do you have any congenital defect, physical deformity or handicap? If yes, please give details.			Yes/No
f	Whether you have any significant medical history like Diabetes, Hypertension, Coronary Artery disease, Stroke, Cancer, Malignancy, Major Surgery, HIV/AIDS, Tuberculosis, Lung or Kidney related ailments, Mental or Nervous disorder related ailments including depression, etc . If yes, give details including of medications, if any			Yes/No
X	**Personal Habits**			
	Do you smoke/consume or have you ever smoked/consumed the following		Y/N, If yes, quantity consumed and duration	
a	Alcoholic drinks			
b	Narcotics or any other drugs, If yes, which one			
c	Tobacco in any form such as cigarettes, beedis, chewable tobacco like Gutkha, flavored pan masala, etc. (in sticks /packets/ sachets/day or gms/day)			
XI	**For Female Proponents only**			
a	Are you pregnant now?			
b	Have you had any abortion or miscarriage or Cesarean section in last 3 months? If so, give details			
c	Have you ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)			

DECLARATION BY THE LIFE TO BE ASSURED

I _____ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me 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 me 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.

Not-withstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital ,diagnostic center and/or employer, reinsurer/ credit bureau from divulging any knowledge or information about me concerning my health or employment , occupation, insurance , financial etc. on the grounds of privacy, I , my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority , having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation, and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental / Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and/or claim settlement.

And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so

shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

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 respectively and to receive phone calls, SMS/ E mail from Central KYC registry in this regard.
I understand that the Corporation reserves the right to accept /Postpone/ drop/ decline or offer alternate terms on this proposal for life insurance.
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
Name of the Life to be assured _____
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 The Life to be assured has affixed the thumb impression/ signature as below after fully understanding the contents thereof."

Name & address of the Declarant: _____Signature:_____

"I certify that the contents of the form have been fully explained to me by (Name, Designation, occupation) Mr. / Ms.:_____.

Signature or Thumb impression of the Life to be assured

2.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.
"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."

Name & Address of the Declarant: _____ Signature: _____

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.