



Affix here your recent passport size photograph

**DEPARTMENT OF POSTS
PROPOSAL FORM FOR RURAL POSTAL LIFE INSURANCE (RPLI)**

(All entries should be filled in CAPITAL letters)
Agent/Advisor Code: _____

Agent/ Sales person Name: _____ Group Leader Name & Code: _____

Proposal Date:

d	d	/	m	m	/	y	y	y	y
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 Date of Declaration:

d	d	/	m	m	/	y	y	y	y
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Product/ Policy Type: WLA CWLA EA AEA GY
Do you already have any PLI/RPLI policy: Yes / No
Customer ID _____ (for existing customers)

1. Proposer's Details:

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

First Name	Middle Name	Last Name
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ii. Aadhaar No. _____ (optional) iv. PAN _____ (optional)

iii. Father's Name OR Mother's Name

First Name	Middle Name	Last Name
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iv. Gender M F Others v. Date of Birth (dd/mm/yyyy)

d	d	/	m	m	/	y	y	y	y
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 vi. Marital Status Married Unmarried Others

vii. Age Proof: [Tick (√) whichever is applicable]
(Standard Age Proof)
 Birth Certificate Matriculation Certificate Driving License Passport PAN Others
Non standard Age Proof: _____ (please specify)

vi. **FOR FEMALE PROPONENT ONLY**
Number of Children:

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 Are you Pregnant now?

Yes		No	
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 If pregnant, expected month of delivery:

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2. Contact Details

i Correspondence Address Tick here if permanent address is same (√)

Correspondence Address: Village/Locality: _____ Post Office: _____ Taluka/District: _____ State: _____ Pincode: _____ Mobile No: _____ Email address: (if any) _____	Permanent Address: Village/Locality: _____ Post Office: _____ Taluka/District: _____ State: _____ Pincode: _____ Mobile No: _____ Email address: (if any) _____
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3. Proposer's Occupation and Income Details:

Occupation: _____

PAN No. (if any)	
Monthly Income	

4. Nomination Details (refer Section 39 of Insurance act 1938)

a. **Details of Nomination** (Not more than 3 nominees)

Name & address of the Nominee(s)	Gender (M/F/Other)	Date of Birth (DD/MM/YYYY)	Aadhaar No. (optional)	Relationship	Share of Nominee(s) %	Mobile & email ID
1.						
2.						
3.						

b. Appointee Details (If nominee is minor)

First Name	Middle Name	Last Name

Relationship. Gender M F

Date of Birth

Mobile No.

C. Particulars of beneficiary(ies), if policy is taken under Married Women Property Act 1874, (nomination in such cases are not allowed).

5. Additional Policy Details, if any:

i. Particulars of other PLI/RPLI policies already held, if any:

Sl. No.	Policy No.	Type	PLI/RPLI/Others	Sum Assured (in ₹)	Maturity Date
1					
2					
3					
4					
Total: (in ₹)					

*Present aggregated sum assured limit for RPLI Policies is Rs.10,00,000/- (including the existing proposal) and aggregated sum assured limit for PLI/RPLI Policies both is Rs.50,00,000/-.

6. Coverage Details

i. Age at Maturity/ Premium ceasing age **Years** ii. Policy Term **Years** iii. Sum Assured

7. Premium Details

i. Premium ii. Initial Premium Payment Mode iii. Subsequent Premium Payment Mode **Cash / Online**

(Cash/Cheque/Credit Card/Debit Card)

iv. Premium Payment Frequency Monthly Quarterly Half Yearly Yearly

8. Proponent's Health Information

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

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

			YES	NO
(i)	High blood pressure, angina, heart attack, stroke or any other disorder of heart or circulation?	:		
(ii)	Diabetes, Kidney or liver problem?	:		
(iii)	Colitis or any other stomach, bowel or bladder growth?	:		
(iv)	Asthma, bronchitis, pneumonia, TB or any other respiratory or lung disorder?	:		
(v)	Ulcer, chronic diarrhea, hepatitis or jaundice?	:		
(vi)	Congenital disorder, anaemia, bleeding or blood disorder?	:		
(vii)	Disorder of Skin or Lymph glands?	:		
(viii)	Mental or nervous illness (including depression) lasting for more than 3 months and/or requiring more than 10 consecutive days off work?	:		
(ix)	Reproductive organ or prostrate disorder?	:		
(x)	Arthritis, gout or joint pain, muscle, bone fracture or disorder?	:		
(xi)	AIDS OR AIDS related complication or test indicating presence of HIV?	:		
(xii)	Any form of cancer, tumour or growth?	:		
(xiii)	Any other illness, surgery or inquiry?	:		
(xiv)	Any physical deformity or handicap?	:		
(xv)	Epilepsy	:		
(xvi)	Paralysis	:		

c. Have you ever been hospitalized during the last 3 years? If so, furnish the following information.

Sl. No.	Name of Hospital	Period of Hospitalization	Reason for hospitalization
1.			
2.			
3.			

d. Do you have any physical deformity or congenital by birth defects? : **Yes** **No**

If Yes, please provide details below:

9. Declaration of Proponent

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 Department of Posts and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Department.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or on the grounds of secrecy I, my heirs nominee, executors, administrators and assignees or any other persons 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 Department.

And I further agree that if after the date of the submission of the proposal but before the acceptance of the proposal, (i) any change in my occupation any adverse circumstance connected with my financial position or the general health of myself or that of any member 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 Department has been withdrawn or dropped, deferred or declined or accepted at an increase premium or subject to a lien or a term other than as proposed, I shall forthwith intimate the same to the Department in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this assurance invalid and all moneys which shall have been paid in respect thereof forfeited to the Department.

- 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)

I _____ Son/ Wife/ Daughter of _____ aged ____ years do hereby declare that:

i. I _____ am not suffering from Hypertension & Diabetes and not taking any treatment for Hypertension & Diabetes.

OR

I have been suffering from Diabetes/Hypertension from the last _____ years but with proper medical advice & medication it is with in control and no complication has surfaced so far posing any threat to my life.

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

The above recommendation is based on the information provided by me. I have been explained about the features of the product and I believe, it would be suitable for me based on my insurance needs and financial objectives.

Proponent's Signature /
Thumb Impression
(in case proposer is illiterate)



Dated:

d	d	/	m	m	/	y	y	y	y
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10. Declaration in case the proposer is illiterate, and form is filled by person other than proposer

I _____ hereby declare that I have explained the content of this form to the proposer in _____ (Language) which he/she easily understands and that the proposer has affixed the thumb impression above after fully understanding the contents there of. I have carefully filled up the proposal form.

Signature:



Declarant's Name: _____

Address: _____

Date:

d	d	/	m	m	/	y	y	y	y
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11. Declaration by Agent/Sales Person

I _____ Agent Code No./ID _____ working as _____ in _____ BO/SO under _____ Division declare that the information (personal, financial & medical) 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 have been verified and found correct to best of my knowledge. I am fully aware about financial/physical/mental situation concerning proposer which makes him suitable/unsuitable for the consideration of his Insurance proposal. The proposal is recommended/not recommended for acceptance. I further undertake that I have carried out required verification and completed the confidential report & enclosed with this proposal form.

Date:

d	d	/	m	m	/	y	y	y	y
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Signature with Stamp:



Mobile Number: -.....

Email Id: -.....

Notes/Instructions for filling up the Proposal Form (Not to be scanned & uploaded)

1. Please provide valid proof of your age. In case you are not having any valid proof of date of birth you may produce any of the following documents (non standard age proof)* :
 - a. Self-declaration attested by Panchayat member/gram Pradhan.
 - b. Medical officer's appropriate age certificate.
 - c. Voter ID bearing age.
 - d. Aadhar Card

(*policy(ies) taken on non standard age proof will be charged 5% additional premium)

2. Please mention your mobile number, email ID at appropriate place. Mentioning mobile number and email address will help us in sending SMS and e-mail alerts to you for various services of .
3. Nomination in Policy will help in timely and hassle-free settlement of claim, if a policy becomes a claim before date of maturity. Therefore, it is advisable to give nominee (s) details in each case.
4. In case policy is taken under Married Women Property Act 1874, nomination in such case is not required. In such case name of the beneficiary (i.e. wife) should be mentioned at serl 4 © of proposal form
5. Mentioning Aadhar/ PAN is optional. However, it would facilitate us to provide better after sales services.
6. In case of change of address/nomination, proponent is advised to notify the same to nearest CPC concerned.
7. In case, nominee is minor, particulars of person as appointee should be given at appropriate place.
8. Please mention your Bank Account No. or Post Office Account, if any.
9. Willful concealment of any material information will render the contract voidable at any time.
10. Change of communication address, mobile number or email address may be brought to information of Department to avail better after sales service.
11. In case the proposer is illiterate the thumb impression of the proposer should be attested by a person of standing whose identity can easily be established but unconnected with the Deptt. and this declaration should be made by him.