

Proposal Form - my:jeevika Medisure Micro Insurance
GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
 2. Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.
 4. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
 5. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the proposal form.
Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.
- PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Branch Code : _____
 Intermediary Code* : _____
 Intermediary Location Code : _____
 Intermediary Employee Code : _____
 Intermediary Reference Code : _____
 Sales Manager Code : _____

1. PROPOSER INFORMATION (Please enter details of the Customer)

 Title* (Pls. Tick): Mr. Ms. Mrs. UID No: _____

Name*: | F | I | R | S | T | | | | | | | | | | | | | | | | M | I | D | D | L | E | | | | | | | | | | | | | | | L | A | S | T |

Father's Name*: | F | I | R | S | T | | | | | | | | | | | | | | | | M | I | D | D | L | E | | | | | | | | | | | | | | | L | A | S | T |

 Gender*: Male Female Date of Birth*: | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | Age*: | Y | R | S |

Correspondence Address:

Block/Flat No.*: _____ Building Name: _____

Street Name: _____ Locality: _____

Landmark : _____

City/Village: _____ Pincode*: _____

Post Office: _____ Mobile No.: _____

Tehsil*: _____ Landline: | S | T | D | | | | | | | | | | | | | | |

Nationality: _____ PAN No.: _____

Email ID: _____

Proposed period of Insurance: From hrs on | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | To Midnight on | D | D | M | M | Y | Y | Y | Y |

 Marital Status*: Single Married Sum Insured: ₹30,000 Policy Type*: Individual Family Floater

2. PROPOSED INSURED(S) INFORMATION * (Please provide more details of the people who are being covered in this policy)

Sr.No.	Name (First, Middle & Last)	Father's Name	Relationship with Proposer	Gender	Age / Date of Birth	Name of Pre-existing disease / illness / condition (if any)	Name of Nominee/ Relationship
1.							
2.							
3.							
4.							
5.							
6.							

*All fields are mandatory

1/2

Received from Ms / Mrs / Mr _____ Branch Code: _____

a sum of ₹ _____ through Cash#/Cheque/DD _____ Intermediary Code*: _____

against your proposal for my:jeevika Medisure Micro Insurance

Signature of L&T official / Intermediary: _____ Date: | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | Intermediary Location Code: _____

Neither the submission of a complete proposal for insurance not does any payment for any policy sought oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion.	If the Company accept's a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.	If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.
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L&T official / Intermediary Name: _____ Time: _____ Intermediary Employee Code: _____

Premium in Cash will be accepted only at our branch offices. Intermediary Reference Code: _____

Intermediary Contact Details: _____

