

Self Declaration by the Proponent (If applicable)

For extended clientele

I _____ S/o,D/o,W/o _____ hereby declare that I am self employed/ Professional having monthly income of Rs _____ to pay the PLI premium amount and relevant educational degree from recognized institution/regulatory body is enclosed.

I _____ S/o,D/o,W/o _____ hereby declare that I am working in company listed in NSE/BSE _____ OR Private Educational Institution _____ . ID card issued by the NSE/BSE/Private educational institution is enclosed .

For other than extended clientele

I _____ S/o,D/o,W/o _____ hereby declare that I have other source of income to pay the PLI premium amount. **(where Net pay is less than 40% of Gross income)**

(To be inserted as item no 7(a) of proposal form for Insurance cover >Rs20 lakhs and uptoRS 50 lakhs for other than extended clientele)

Gross salary income for 3 months 1.

2.

3.

(To be inserted as item no 31(A) of proposal form for Insurance cover >Rs20 lakhs and upto Rs50 lakhs)

Certified that I have not underwent any treatment for the diseases mentioned at items a,b (i to xv),c,d of point No.11 of the proponent of the proposal form during the last 3 years and I also certify that I have not claimed any medical reimbursement claims in c/w any of the disease mentioned at items a,b (i to xv),c,d of point 11 of the proposal Form (except Hypertension and diabetes) from the Employer or from any other medical Insurance company/firm during the last 3 years.

Date:

Signature of the proponent

(Above Rs20 lakhs for All Clientele other than Extended Clientele)

Certified that as per official records, no medical reimbursement claim of

Shri/Smt/Kum _____ employed as _____ in _____ (indicate Name of the office) has been received or admitted in r/o disease mentioned at items (i) to (xvii) (except hypertension and diabetes) of Point No 11 of the proposal form during last 3 years.

Date:

(Certification of Head of Office)

With Official Seal

Note.

Child bearing cases declaration may be dispensed to take a separate declaration as required information can be filled in proposal form in Pg no 1 and Point no 10

Additional declaration is not required for Diabetes and Hypertension as required information can be filled in proposal form in Pg no 7 and Point no 15 (B)

Various types of declarations may be dispensed as only one declaration if required may be ascertained which is attached