

20. Lifestyle Details of the Life to be Assured:

- A) Is your occupation associated with any specific hazard (e.g chemical factory,mines,explosives,radiation,corrosive chemicals etc.) Yes No
- B) Are you employed in the armed,para military or police forces Yes No
if yes,please provide Rank,Department/Division,Date of Last medical and category after medical exam
- C) Do you take part in activities or have hobbies that could be dangerous in any way? (e.g aviation other than as a fare paying passenger,diving,mountaineering,any form of racing etc.) Yes No
- D) Do you own a Car Yes No
- E) Do you consume or have ever consumed Tobacco,Alcohol or any narcotics? Yes No
if yes,please give the following details

Substance Consumed	Yes	No	Consumed As	Quantity per Day	No. of Years
Tobacco			Cigar/Cigarette/Beedi/Gutka		
Alcohol			Beer/Wine/Hard Liquor	Glasses/Pegs	
Any Narcotics					

If the answer to any question between Q20 A to C is yes, please provide details:

Question No.	Details

21. Family Details of the Life to be Assured:

Please give details of family members of the life to be assured.Also ,in case any of the family members are either suffering or have suffered / died from heart disease,stroke,high blood pressure,diabetes mellitus,any form of eye disease,cancer,kidney disease,paralysis or any hereditary/family disorder, any communicable disease such as tuberculosis,etc.or any other disease not mentioned above, mention the same in the following table.

(KINDLY REFER ABOVE TABLE FOR FILLING THE TABLE)

Family Member	If Alive	Date of Birth/ Current Age	If Deceased	Age at Death
	Health Status (if suffering/have suffered from cancer please give details)		Cause of Death (if died due to cancer please give details)	
Father				
Mother				
Brother(s)				
Sister(s)				
*Spouse		DD/MM/YY		
*Child		DD/MM/YY		
*Child		DD/MM/YY		

No of Dependents:

*Please provide Date of Birth

22. Personal Details of the Life to be Assured:

- (a) Are you presently in good health? Yes No Please submit Previous Medical reports (if any) as receipt of these reports helps us in faster assessment of the health of the life to be assured

- b) Height: ft inches or centimete (c) Weight: kil ogram

PLEASE TICK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS

23. Health Questions

Yes No

- (a) Do you have any physical deformity/handicap? Yes No
- (b) Do you have any congenital defect/abnormality? Yes No
- (c) Have your ever consulted any doctor or are you currently undergoing / have undergone any tests,investigations,awaiting results of any tests or investigations or have you ever been advised to undergo any tests,investigations or surgery or been hospitalised for general check up,observation treatment or surgery ? Yes No
- (d) Are you aware of or have you ever been treated or hospitalized for cancer,tumour,cysts or any other growths ? Yes No
- (e) Have you ever been referred to an oncologist or cancer hospital for any investigation or treatment. Yes No
- (f) Did you have any ailment/injury requiring treatment/medication for more than a week? Yes No
- (g) Have you ever availed leave on medical grounds in the last two years? Yes No
- (h) Have you ever suffered or are suffering from any of the following:
 - i. Diabetes/High Blood Sugar Yes No
 - ii. High/Low BP (Blood Pressure) Yes No
 - iii. Disorders of Eye,Ear,Nose,Throat including defective sight,speech or hearing and discharge from ears? Yes No
 - iv. Ailments relating to Liver,Reproductive System Yes No
 - v. Loss of weight of 10 kgs or more in the last six months Yes No
 - vi.Symptoms/ailment relating to brain, Mental/psychiatric ailment, Parkinsonism, Multiple Sclerosis, Nervous system, Stroke, Paralysis or Epilepsy Yes No
 - vii. Asthma,Bronchitis, Blood spitting, Tuberculosis or other Respiratory disorders Yes No
 - viii. Anemia,Blood or blood related disorders Yes No
 - ix. Musculoskeletal disorders such as arthritis, recurrent back pain, slipped disc or any other disorder of spine, joints or limbs or leprosy Yes No
 - x. Were you or your spouse ever tested for Hepatitis B or C,HIV/AIDS or any other,sexually transmitted Disease? Yes No
 - xi. Chest pain,palpitaion,rheumatic fever,heart murmur,heart attack,shortness of breath or any other heart related disorder Yes No
 - xii. Symptoms/Ailment relating to kidney,prostate, hydrocele, urinary system. Yes No
 - xiii. Gastritis, stomach or duodenal ulcer, hernia, jaundice, hepatitis, fistula, piles or any other disease or disorders of the gastrointestinal system Yes No
 - xiv. Thyroid disorder or any other disease or disorder of the endocrine system. Yes No
 - xv. Have you undergone/have been recommended to under go any of the following-angioplasty, bypass surgery, brain surgery, heart valve surgery, aorta surgery or organ transplant. Yes No
- (i) Any other illness or impairment not mentioned above Yes No

27A. Particulars of Plan Applied For:(Inc case of Life/Pension Products)

(Not available with Single Premium and Market Linked plans)
(POLICY CAN BE BACKDATED ONLY WITHIN THE SAME FINANCIAL YEAR)

1.If you require Backdated, please mention Date

DDMMYYYY

2.(a)Select Plan Type

Regular Premium Single Premium (b)Mode(for Regular Premium): Yearly Half-Yearly Monthly

Plan Name	# Premium payment Term	# Coverage Term	Sum Assured/Death Benefit(Rs.)	Premium(Rs.)

Rider Name	Term(Yrs.)	Sum Assured(Rs.)	Premium(Rs.)

IN CASE APPLYING FOR "LIFELINK SUPER" OR "WEALTH ADVANTAGE" ,COLUMN 'COVERAGE TERM' HAS TO BE LEFT BLANK Total Annual Premium(Rs.)

• The rider charges for ULIP products will be deducted by cancellation of units.
RGF and Automatic Transfer Strategy will be applicable only for LifeTime Gold, LifeStage RP, LifeStage Pension, LifeTime Super Pension policies

(c) For unit-linked policy, please choose fund allocation

I wish to invest my First Premium Deposit net of applicable charges in Return Guarantee fund(RGF*): Yes No
*RGF would be available only during the period of subscription as declared by the company.

choosing a fund allocation is mandatory. If RGF has been selected for First Premium Deposit, then Fund allocation stated below will be applicable for subsequent premiums. In case RGF is not applied or is applied for post subscription period, below fund allocation would be applicable for first premium deposit and subsequent premiums.

Basis for Fund Allocation In Percentage(%)	Flexi Growth	Flexi Balanced	Multiplier	Balancer	Protector	Preserver	R.I.C.H.

For LifeStage Policy, please select the portfolio strategy that suits your requirement #: Lifecycle based portfolio strategy Fixed portfolio strategy

Lifecycle based portfolio strategy : If opted the fund allocation will be ignored. # Fixed portfolio strategy : If opted, please fill in the details of the desired fund allocation in the section above.

For SecureSave Policy, please select any of the funds below that suits your requirement*: SecureSave Guarantee Fund(GMB applies) Securesave Builder(GMB doesnot apply)

Above Fund allocation will override any other fund allocation and Automatic transfer Strategy.

(d) Do you wish to opt for Automatic Transfer Strategy (Automatic allocation of funds) Yes No

If yes, please fill the below table with required details

From	To (Select any one)	Amount(Rs.)	Transfer Date
Preserver	<input type="checkbox"/> Multiplier <input type="checkbox"/> Flexi Growth <input type="checkbox"/> R.I.C.H.		<input type="checkbox"/> 1st of the Month <input type="checkbox"/> 15th of the Month

* If the transfer date is not mentioned, the funds will be switched on the 1st of every month

(e) Do you wish to share your portfolio details with your Advisor/Consultant? Yes No

(f)FOR SMARTKID POLICY

Name of Child

Title First Name (PLEASE LEAVE A SPACE BETWEEN EACH PART OF THE NAME) Surname

Age of Child at maturity less Current age of child = Term of Policy(T)
(Yrs.) (Yrs.) (Yrs.)

(Please choose an age between 18-25 years)

Benefits Structure I (Benefits at T-7,T-5,T-2,T Years) Benefits Structure II (Benefits at T-4,T-3,T-2,T-1,T Years)

27B. Particulars of Plan Applied For:(Inc case of Health/Cancer Products)

Mode: Yearly Half-Yearly Monthly If You require backdated, please mention Date

Plan Name	Term	Sum Assured/Units/Plan Size*	Premium(Rs.)

*For Hospital Care, Please indicate Plan Size required, namely A,B,C,or D

28. Details of First Premium Deposit Paid:

Mode of deposit: Tick One Cash Cheque/DD Credit Card (Please submit credit card mandate for this option)

Any cash or cheque payment made towards First or Renewal Premium is deemed to be received by ICICI Prudential Life Insurance Company Ltd. only when the same has been received by any of its office or collection point and after an official printed receipt is issued by the Company.

Cheque must be drawn only in favor of ICICI Prudential Life Insurance Company Ltd.

(Application no. for First Premium / Policy no. for Renewal Premium to be recorded at the rear of the cheque).

Note - The collection points / centers for accepting payments in cash and/or cheques would be as specified by the Company from time to time.

Amount(Rs.) Cheque/D.D.No. Date: Date Month Year

Bank Name: Bank Branch:

29. Preferences of Renewal Premium Payment:

Method: Cheque Credit Card Direct Debit Post Dated Cheque Bill Junction* Bill Desk*
 ECS Infinity*(FOR ICICIBANK CUSTOMER ONLY)

* PLEASE REGISTER ON WEBSITE
www.billjunction.com,www.billdesk.com,
www.icicibank.com

30. Payment Mode (Choose any one mode only):

Mode selected would be used by the company to make payout(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy

Payment Options (Cheque would be used if none of the below electronic payout option is chosen)

ECS Direct Credit(Select Bank only) NEFT

Bank Name Account Type Current Savings

Branch Name

Bank Account No.

MICR (Mandatory for ECS Mode)

IFSC Code (Mandatory for NEFT Mode)

Please provide a cancelled copy of your cheque if any of the above payout option is selected

Disclaimer : In case of non credit to my bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. Further, the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for Direct Credit option.

(Please strike off unfilled cells)

Signature of Proposer

31. Additional Details of the Proposer:

1. **Identity Proof:** Passport PAN Card Voter's Identity Card Others(Specify) _____
2. **Address Proof:** Telephone Bill Ration Card Electricity Bill Others(Specify) _____
3. **Income Proof:** ITR Audited P and L Account CA certificate Others(Specify) _____
4. **Are you a politically Exposed Person(PEP)?** Yes No

Details of Life Insurance/Mediclaim/Health/Personal Accident Policies held/applied with ICICI Prudential/other companies:

(Of the Life to be Assued) *Please attach a separate sheet in case the space is inadequate

Policy or Proposal No.	Company Name	Year of Issue/ Application	Medical Policy		Annual Premium(Rs.)	Basic Sum Assured(Rs.)	Base Plan- decision(std./ With Extra/Postponed/ Declined/Not Completed)	Mention Name of the Riders and Decision (std./With Extra/Postponed/ Declined/Not Completed)	In Force/Lapsed(Mention yr of Lapse/Revival Applied For)
			Yes	No					

Declaration and Authorization:

I/We declare that I/We have answered the questions in the proposal from after being explained by the advisor of the ICICI Prudential Life Insurance Company Limited,(hereinafter referred to as the Company) and have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I/We, further declare that the answers given by me/us to all the questions in the proposal form and the information given to the Medical Examiner of the company as to the state of health and habits of the life to be assured are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I/We have made no statement to the Insurance Advisor, Medical examiner, or any other person associated with ICICI Prudential Life Insurance Company Limited which in any way modifies the answer and statements on this application. I/we, undertake to notify the company of any change in the state of health of the life to be assured or as to his occupation subsequent to the signing of this proposal and before the acceptance of the risk by the company. I/We, also understand that in case of any mis statement or suppression of material information or where the Company is not notified of the change in health the company has the right to repudiate the claim under this policy in accordance with section 45 of the insurance Act. The policy shall become void where it is found that the policy was issued on the basis of fake/tampered documents and/or proofs. I/We also certify that I/we have read and understood the Benefits illustrations as published by the company that were handed over to me/us along with this proposal form. I also understand that the term and conditions including the premium and benefits under the policy are subject to taxes/duties/charges in accordance to the applicable laws. I confirm that all premiums will be paid from bonafide sources" I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to conduct screening/confirmation /reconfirmation of overall status of the life to be assured including the health status, through medical examinations which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacteria/viral/fungal infections. I/We hereby give my/are consent to undergo HIV1/2 test.I/We am/are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS. The company reserves the right to accept, decline or offer alternative terms on my proposal for life insurance. In order to enable the company to assess the risk under this proposal and any time thereafter, I/we hereby, authorize the past and present employer(s)/business associates/medical practitioner/hospital /any life and non-life insurance company/or organisation or Life Insurance Association's medical register to release to the Company and the Company to release to any life and non-life insurance company/or Life Insurance Association or medical register, such details and provide the records of employment/business or other details as may be considered relevant. I understand that if I have not submitted standard age proof at the time of proposal the same must be submitted at the time of commencement of annuity payment in case of Zero Death Benefit Pension Plans. I also understand that annuity options shall be restricted as per the company rules in case of submission of non-standard age-proof. This proposal form shall be a part of the life insurance policy contract,in case of its acceptance by the company

Signature/ thumb impression* of the life to be assured

(Where Life Assured is minor only proposer's signature is required)

Signature*/thumb impression* of the proposer (if different from the life to be assured)

Proposer's Photograph

Signature of the Advisor

*If thumb impression provided then it has to be witnessed by the Advisor.

Date: Place: _____
DD MM YYYY

Section 41-Prohibition rebates:(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 prospectuses 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 bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Section 45 - Policy not to be called in question on ground of mis-statement after two years No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that 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.

Declaration

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or where the proposer has signed in vernacular language.

(Note: The below must be witnessed by someone other than the advisor/employee of the company)

I/We verify that the product applied for by me/us and the contents of the proposal form have been clearly explained to me/us and I/we have fully understood them. I/we further certify that the replies in the proposal form have been recorded as per the information provided by me/us.

I (Full name of Witness) _____ (Relation with Proposer) _____ adult and Inhabitant of (city)

do here by state that I have read out and explained the contents of the proposal form and all the other documents incidental to availing

the insurance policy from ICICI Prudential Life Insurance Company Limited to the Proposer and he/she/they have understood the same and do here by agree to abide by all the terms and conditions of the policy and the clauses of the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

(Signature of the Witness)

(Signature #/thumb impression* of Life to be Assured/Proposer signing in vernacular language)

Date:
DD MM YYYY

Place: _____

Approximate Time Taken for Each Test

TIPS for Doctors

Medical Examination Report(MER)	20-30 minutes
Child Medical Examination Report	10-20 minutes
Routine Urine Analysis(RUA)	10 minutes
Electro Cardiogram(ECG)	20-30 minutes
Treadmill Test(TMT)	25-30 minutes
Chest X-ray(TELE)	10-15 minutes
Lipid Profile(LIP)*	} All blood tests, singly or together take a maximum time of approx.10 minutes
Australian Antigen Test(AUS) by ELISA	
Combination of 12 tests(SMA12)*	
Complete Blood Count with HB%(CBC)	
Erythrocyte Sedimentation Rate(ESR)	
HIV 1/HIV 2 Tests by ELISA Method	
Fasting Blood Sugar (FBS)*	

SMA 12 includes :1.FBS 2.S Cholestrol 3.S Triglycerides 4.S HDL Cholestrol 5.S LDL 6.S Proteins 7.S Albumin 8.Bilirubin(Direct and indirect) 9.SGOT 10.SGPT 11.S Creatinine 12. S GGT

*These tests require fasting for minimum 12-14 hours(water allowed)

Please Do

- * Perform the test/s only after being satisfied about the identity of the client (Photo identification). If not satisfied, please call us.
- * Ensure the client signs on the Medical Report in your presence.
- * Mention the ME code on the MER as that will enable quick settlement of bills.
- * Keep one copy of Medical Examination (ME) slip with yourself and attach the other copy to the Medical Report/s.
- * Call the designated courier person after the Medical Reports are ready for delivery to the company.

Please

- * Do not perform tests which are not mentioned in the ME slip.
- * Do not perform tests for which you are not authorized.
- * Do not hand over the Medical Reports to anyone other than the designated courier person.
- * Do not accept any payments from the client for the tests done under any circumstances, as all the bills will be settled by the company only.

For any clarifications please contact our Customer Service Helpline(Timings:9AM to 9PM,Monday to Saturday; excluding National holidays)

Andhra Pradesh	9849577766	Maharashtra(Mumbai)	9892577766
Assam	9854077766	Maharashtra(Rest)	9890447766
Bihar	9931377766	Orissa	9937777766
Chattisgarh	9893127766	West Bengal(Kolkata)	9831377766
Delhi	9818177766	West Bengal(Rest)	9933077766
Goa	9890447766	Punjab	9815977766
Gujarat	9898277766	Rajasthan	9829277766
Haryana(Karnal)	9896177766	Tamil Nadu(Chennai)	9840877766
Haryana(Faridabad)	9818177766	Tamil Nadu(Rest)	9894477766
Karnataka	9845577766	Uttar Pradesh(Agra,Bareilly,Meerut,Varanasi)	9897307766
Kerala	9895477766	Uttar Pradesh(Kanpur,Lucknow)	9935277766
Madhya Pradesh	9893127766	Uttaranchal	9897307766

You can also call us on our Toll-Free Number 1800-22-2020 from your MTNL or BSNL Line

For Your Reference

- * Based on underwriting requirements, we may request for further medical/financial requirement(s) or make some alternations in the stated premium amount subject to your consent.
- * For all applications received by us, the cheque against the first premium deposit will be banked on the next working date.
- * Please note that incase of unit linked policies, the first premium deposit submitted by you will be invested at the time of commencement of risk coverage.
- * For the status of your policy kindly click on the **Application Tracker** link on our website **www.iciciprulife.com**
- * For proposals which entail a medical examination, we request you to undergo the medical test at the earliest to ensure speedy processing of the proposal

Application No.: LL/PP/HH/HC/CC/CR 38453903

Name of the LA:

Advisor Code: Date:

Advisor Name:

Details of Dr/Hospital/Lab:

- MER
- Child MER(upto 14 years)
- RUA(Urine Test)
- ECG
- TMT
- Chest X-ray PA view
- Any Other(Specify)

- LIP*(Lip Profile)
- AUS(HbSAg) by ELISA
- SMA 12*
- FBS*
- CBC
- ESR*
- HIV 1/HIV 2 by ELISA

ALL BLOOD TESTS

SMA12 includes:1.FBA 2.S Cholesterol 3.S Triglycerides 4.HDL Cholesterol 5.S LDL 6.S Proteins 7.S Albumin 8. S Bilirubin(Direct and indirect) 9.SGOT 10.SGPT 11.S Creatinine 12.S GGT



Dear Customer, Please carry your Passport or Driving License or Company/Defense ID card or PAN card or Credit card with photo or Voters card when for the medical.

* Fasting Tests, see Reverse for approx time taken and pre-requisites for each test.

Application No.: LL/PP/HH/HC/CC/CR 38453903

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Advisor Code: Date:

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- CBC
- ESR*
- HIV 1/HIV 2 by ELISA

ALL BLOOD TESTS

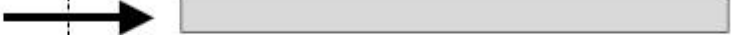
SMA12 includes:1.FBA 2.S Cholesterol 3.S Triglycerides 4.HDL Cholesterol 5.S LDL 6.S Proteins 7.S Albumin 8. S Bilirubin(Direct and indirect) 9.SGOT 10.SGPT 11.S Creatinine 12.S GGT

Mandatory to carry photo identification for medical testing

Dr. to attach with medical report Life Assured to Sign before going to the Doctor

* Fasting Tests, see Reverse for approx time taken and pre-requisites for each test.

Dear Doctor please state proof of photo ID seen



DEPOSIT SLIP

(To be stamped and returned to the customer)

Application No.: LL/PP/HH/HC/CC/CR 38453903
Plan Name(s):

(This Deposit Slip does not in any way communicate acceptance or commencement of risk, though after due evaluation the company may backdate the policy for your benefit. In case you do not receive Policy Document within 7 days of completing all your requirements, Please contact us. kindly see overleaf for our contact details.)

This acknowledgement slip is not your premium receipt. The premium receipt will be issued only on receipt of premium by the Company and upon application of the premium to your policy. In case of payment by cheque, please draw the instrument in Favour of "ICICI PruLife,Application No."

Received from Mr./Ms the proposal for life insurance

along with a total deposit of Rs. towards the following application.

Application No.	Amount in Rs.	Mode of payment(Cheque/cash/dd/cc)	Date of cheque/deposit	Instrument No.	Drawn No.
LL/PP					
HH					
HC					
CC					
CR					

branch

Advisor Name and Code

Signature & Rubber Stamp of branch official