

ANNEXURE

DIRECTORATE OF INSURANCE
GOVERNMENT OF ANDHRA PRADESH : HYDERABAD-1

POLICY NO: REGIONAL OFFICE
Proposal No.

PROPOSAL FOR FURTHER INSURANCE

(PLEASE ANSWER THE QUESTIONS FULLY AND DISTINCTLY)

1. a. Name in full (Block Letters) : _____
- b. Male / Female : _____
- c. Father’s Name in Full : _____
- d. Address : _____

- e. Designation : _____
- f. Date of Birth : _____
2. a. Are you married : _____
- b. If married, Mention : _____
- i. No of Childrens living and
Their present ages
- ii. No. of childrens dead with ages
& year of death : _____
3. Details of Service in State Government :
- a. Date of First Appointment : _____
- b. Present / Substantive post held if any: _____ Pay / Scale
4. If already insured with Directorate of _____
Insurance : Policy No. _____
Monthly Premium
- a. To be filled after verification policy documents : _____
- b. Proposed monthly premium now (deducted from
the salary / Challan remitted)
5. a. Mentioned the date as on which the previous
Assurance was issued : _____
- b. Have you in good health? : _____
- c. Has you health been effected since the date : _____
Of mentioned at is so, give full particulars of
The illness and treatment ndergone along with
Copies of medical certificate if any.
- d. Give particulars of leave applied for if any on
Medical grounds, if none, state “nil” : _____

- e. Have there been any serious illness or death
Among the members or your family since the
Date mentioned in answer to (a) above?
Give details if any :

(For Females only)

6. Have you periods been regular and painless
And are they go now ? : _____
7. State the last date of your last menstruation : _____
8. a. When was your last confinement (Pregnancy): _____
- b. Are you Pregnant now? : _____
- c. Have you had any miscarriages ? : _____
9. Details of Nominations ? : _____
- a. Name of the Nominee / Moninees : _____
- b. Name of Nominee Father : _____
- c. Relationship of Nominee to the proponent : _____
- d. Present age of the Nominee / Nominees : _____
- e. Share / Shares : _____

I do hereby declare that the above answers and particulars are correct and true that
I have not withheld any in information for an assurance on my life.

Date

Signature of the person whose
Life is proposed to be assured

CERTIFIED BY THE OFFICER BEFORE WHOM THE PROPOSAL IS SIGNED

I certify that the service particulars and other particulars stated above are correct and
the proposer is not on leave at the time of declaration and the proponent's signature has
been affixed in my presence. The first premium for further insurance is recovered at
Rs.in all Rs.from the pay ofvide token
No.....datedAnd cheque no,.....dated:

Station : Signature

Dated : Designation :

Office seal

Note : Nomination is compulsory

APGLI Revised Slab Rates in RPS 2010 as per G.O.Ms. No., 231 fin, dt. 28-06-2010.

Pay From	Rs. 6,700	to Rs. 8,440	monthly premium	@ Rs.250
Pay From	Rs. 8,441	to Rs. 10,900	monthly premium	@ Rs.350
Pay From	Rs. 10,901	to Rs. 14,860	monthly premium	@ Rs.450
Pay From	Rs. 14,861	to Rs. 18,030	monthly premium	@ Rs.600
Pay From	Rs. 18,031	to Rs. 25,600	monthly premium	@ Rs.750
Pay From	Rs. 25,601	to and above	monthly premium	@ Rs.1000

Employees who crossed 48 years of age as on proposal date need not pay the enhanced PREMIUM.

PREPARED BY---STU NELLORE