



ಭಾರತೀಯ ಜೀವ ವಿಮಾ ನಿಗಮ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
ಬೆಂಗಳೂರು ಮಂಡಲ-II / BANGALORE DIVISION-II

ಅಧಿಕಾರ ಪತ್ರ / प्राधिकरण पत्र / AUTHORITY LETTER

(ಪಾಲಿಸಿಗೆ ಸಂಬಂಧಿಸಿದವನು ಇತರ ವಿವರಗಳನ್ನು ಮೂರು ಪ್ರತಿಗಳಲ್ಲಿ ವಿಮಾ ಕೋಶದವರು ಭರ್ತಿ ಮಾಡಬೇಕು)
(प्रस्तावक को पालिसी विवरण को छोड़कर अन्य विवरण को तीन प्रतियों में भरना है)
(To be filled in Triplicate by the proponent except for details under the Item Policy Particulars)

ಗೆ / सेवाಗೆ / To the _____ ಸ್ಥಳ / स्थान / Place _____
ದಿನಾಂಕ ದಿನಾಂಕ Date _____

ಮಾನ್ಯರ / महोदय / Dear Sir,

I have taken out a Life Insurance policy with the Life Insurance Corporation of India under the Salary Savings Scheme. The Particulars of the policy are given below. I desire to pay premiums by deduction from salary every month. I request you to kindly arrange to deduct and pay to the Branch Manager, Life Insurance Corporation of India the premium amount stated below from my salary due for the month given below and also to continue to deduct and pay such amounts regularly every month including arrears of premiums, if any, with interest.

I agree that your liability will be confined to making arrangements for deduction of premium from my salary whenever this can be made and for remitting the amount of deduction to the Corporation in time up to the month and year of last instalment stated below or till I give you and LIC specific Notice of withdrawal of authorisation. I also agree, that the notice of authorisation shall not be withdrawn by me until premiums have been paid for a minimum period of 3 years from the date of commencement of the policy. I shall be entirely responsible for any consequence on account of non payment of premiums on my policy for reasons beyond your control, such as in the event of my proceeding on leave without pay, or my drawing advance salary without deduction of premiums per chance, or my withdrawing this authorisation by a due notice to you and to the Corporation after the minimum period of 3 years as stated above or on my being transferred to an office where Salary Saving Scheme has not been introduced or my being transferred on promotion to a Gazetted post where the Salary Saving Scheme is non operative or my leaving present service. In any such case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever it will be my responsibility to make arrangements for remittance of premium directly to the Life Insurance Corporation of India to prevent my policy from lapsing.

ತಮ್ಮ ವಿಶ್ವಾಸಿ / भवदीय / Yours faithfully,

ಪಾಲಿಸಿದಾರರ ಸಹಿ / बीमेदार के हस्ताक्षर / Signature of the policy holder

ಪಾಲಿಸಿದಾರರ ವಿವರಗಳು / पालिसी धारक का विवरण / POLICY HOLDER'S PARTICULARS

ಪೂರ್ಣ ಹೆಸರು / पूरा नाम / Name in full _____
ವ್ಯವಹಾರ ಸಹಿ ಹೆಸರು / व्यवहार के लिए लघु नाम Short Name of Correspondence _____
ಹುದ್ದೆ / पदनाम Designation (Salary / Badge No. If any) _____
ಕಾರ್ಯಾಲಯ / कार्यालय Office of Service _____
ವಿಭಾಗ / कक्ष / विभाग / कार्यालय Department / Office _____
ಕಾರ್ಯಾಲಯ ವಿಳಾಸ / कार्यालय का पता Office Address _____
ಪ್ರಾಚೀನ ನಿವಾಸ / स्थायी निवास का पता Permanent Residential Address _____
ವೇತನ ಉಳಿತಾಯ ಯೋಜನೆಯಲ್ಲಿ ತೆಗೆದುಕೊಂಡಿರುವ ಇತರ ಪಾಲಿಸಿಗಳು / वेतन बचत योजना के अंतर्गत अन्य पालिसियां Other Policies already under the Salary Savings Scheme _____

ಸಂಬಳ ನೀಡುವ ಅಧಿಕಾರಿಯ ವಿವರ / Salary Drawing and / or Disbursing Office i.e.

भुगतान प्रधिकारी विवरण / Paying Authority Particulars

ಹುದ್ದೆ / पद Designation _____
ಕಛೇರಿ ವಿಳಾಸ ಮತ್ತು ಸ್ಥಳ / कार्यालय का पता और स्थान Office Address and Place _____
ಪ್ರಧಾನ ಹೆಸರು / राक्षकोष का नाम Name of the Treasury _____
ಪಿ.ಎ. ಕೋಡ್ ಸಂಖ್ಯೆ / नियोजक संकेत संख्या P.A. Code _____

ಪಾಲಿಸಿ ವಿವರಗಳು / पालिसी विवरण / Policy Particulars

ಭಾ.ಜೀ.ವಿ. ನಿಗಮ ಪೂರ್ಣ ಮಾಡಬೇಕು / भा.जी.बी.नि. को भरना है / (To be completed by LIC)

ಪಾಲಿಸಿ ಸಂಖ್ಯೆ / पालिसी सं. Policy No. _____ ಪಾಲಿಸಿ ಮೊತ್ತ / बीमा धन. Sum Assured _____
ಪ್ರೀಮಿಯಂ ಸಂಖ್ಯೆ / प्रीमियम किस्त रु. Instalment Premium Rs. _____ ಎಂದಿನಿಂದ / ಎಂದಿನಿಂದ / ಎಂದಿನಿಂದ / ಎಂದಿನಿಂದ _____
ಕಡಿತ ಮಾಡಬೇಕು / वेतन से कटौती आरंभ Deduction to commence from _____ Salary _____
1 ರಂದು / 1 ರಂದು / 1 ರಂದು / 1 ರಂದು Payable on or after 1st _____ 20 _____
ಅಂತಿಮ / अंतिम / अंतिम / अंतिम Month and year of last instalment of premium _____

शाखा संकेत / Branch Code _____ आरंभ तिथि / DOC _____ योजना क अवधि / Plan & Term _____
अधिकारी संकेत / Agency Code _____ वि. अधिकारी संकेत / Dev. Officer's Code _____ नियोजक संकेत / P.A. Code _____



ಭಾರತೀಯ ಜೀವನ ವಿಮಾ ನಿಗಮ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

ಬೆಂಗಳೂರು ಮಂಡಲ - II / BANGALORE DIVISION-II

_____ Branch

ADDENDUM TO THE APPLICATION FOR INSURANCE UNDER SSS

I _____ (Name) Son/Daughter of _____ submitting a proposal dated _____ for life Insurance with the Life Insurance Corporation of India (hereinafter called the "Corporation") and I request that the policy for this proposal be issued by the Corporation under Salary Saving Scheme (hereinafter called the "Scheme") maintained with my Employer _____ (hereinafter called the "Employer") on the undermentioned terms and conditions:

- 1) The instalment premium as mentioned on the Schedule of the policy to be issued shall be payable on the due dates during the term of the policy or earlier death so long as I continue to be the employee of the present employer. If the premium is not paid during the days of grace, the policy will lapse.
- 2) I agree that I shall be entirely responsible for keeping the policy to be issued by the Corporation in force by regular payment of premiums on due dates, but since I am an employee of _____ where Salary Saving Scheme of the Corporation is in operation, I hereby authorize my employer _____ to make monthly deduction of premium amount from my salary and remit the same to the corporation acting as a representative on my behalf.
- 3) The premiums including arrears of premium with interest, if any, as may be intimated by the Corporation to the employer, be deducted from my salary or any other compensation that may be payable to me by the employer for every due month regularly and remitted to the corporation within the stipulated time upto the month and the year of the last instalment as may be indicated by the corporation or till I give a specific notice in writing to the corporation and to the employer or till I leave the service of the employer.
- 4) It is further declared and agreed that while deducting the premium from my salary and remitting it to the corporation, the employer is acting on my behalf and in no way the employer is representing the Corporation.
- 5) As stated, I shall be entirely responsible for keeping the policy to be issued by the corporation in force by ensuring the payment of premium to the corporation within the stipulated time. In the event of the nonpayment of premiums to the corporation by the employer for whatever reason, it shall be my responsibility to make the payment of premiums directly to the corporation together with any additional charges as applicable for monthly payment of premium and with interest, if any, to keep the policy in force.
- 6) I agree that in the event of the said policy become lapsed on account of the non-payment of the premiums to the corporation within the stipulated time for whatever reasons, the liability of the corporation will be limited to the extent of the premiums actually received by it and the corporation shall not be held responsible for any claim beyond this liability as accrued to the said policy at the time of its lapsation.
- 7) I also agree that the authorisation for the deduction of premium from my Salary and its remittance to the Corporation will not be withdrawn by me until the premiums have been paid for a minimum period of three years from the date of commencement of this procedure.
- 8) I agree that in the event of the cessation of the said policy from the Scheme on account of my leaving the employment of the employer or the Scheme being withdrawn from the employer, the premium shall stand increased by the imposition of the additional charges for the monthly payment that has been waived under the Scheme at the rate 5% of the premium exclusive of any premium charged for the double accident benefit or any other extra premium.
- 9) I undertake to inform the corporation from time to time any change in my address for communication.
- 10) During the period in which the said policy is under the scheme, the instalment premium will be deemed to fall due on 20th day each month instead of the due date mentioned in the said policy.

Date at _____ On the _____ day of _____ (month _____ year _____)

Signature of Witnesses :

Name _____

Address _____


SIGNATURE OF POLICYHOLDER