



**LIC**

**LIFE INSURANCE CORPORATION OF INDIA**

\_\_\_\_\_ DIVISION

**ADDENDUM TO PROPOSAL FORM NO. 300**  
**FOR CONGENITAL DISABILITY BENEFIT RIDER**

- Q. 1. DO YOU HAVE A CHILD/ CHILDREN WHO IS / ARE CONGENITALLY DISABLED?  
IF YES, PLEASE FILL IN THE DETAILS BELOW.

	AGE	NATURE OF CONGENITAL DISABILITY
LIVING		
DEAD		

Place : \_\_\_\_\_

Date : \_\_\_\_\_

WITNESS:

SIGNATURE: \_\_\_\_\_

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF LIFE PROPOSED