

ADDENDUM TO PROPOSAL UNDER “ JEEVAN AADHAR” (PLAN 114)

Proposal No. : _____
 Full Name of the life to be assured : _____
 Full Name of handicapped dependent : _____
 Relationship and Age : _____

1. Is the handicapped dependent :
 i. Physically handicapped
 ii. Mentally handicapped
 iii. Both

2. Is the above stated disability permanent?

3. In the case of physical disability, specify
 i. Exact parts affected and extent
 ii. Overall percentage of disability

4. Is the person Mentally Retarded?

5. Any other information

I declare that the above information is true to the best of my knowledge and belief and further declare that the above named handicapped dependent is dependant on me/HUF and not on any other person.

**Signature or Left Hand
 Thumb impression of
 Handicapped dependant** _____

Signature of Proposer

Place :
Date :

WITNESS:

Signature _____
Name _____
Address _____

NOTE: This addendum should be submitted along with a certificate stating that handicapped dependant is suffering from a permanent physical disability (including blindness) or is subject to mental retardation, being a permanent physical disability or mental retardation specified in the rules made by the Board for the purpose of Section 80DD, which is certified by a physician, a Surgeon, an oculist or a psychiatrist, as the case may be, working in a Government hospital and which has the effect of reducing considerably such person's capacity for normal work engaging in a gainful employment or occupation.