

## **ADDENDUM TO PROPOSAL**

Name of the life to be Assured

(Reg. Female life, for consideration as Category I)
(To be filled in by the female proponent who is employed in an institution where NMS is not applicable)

2. Name of present employer	
Year of Establishment Address & Telephone Nos.	
Name of previous employer, if any, Address & Telephone No.	
4. Date of joining	
5. Salary per month	
6. Nature of Job	
7. Evidence of employment	
(attach Xerox copy duly signed by the person)	
a. Salary Slip b. Identity Card c. ESIS Card d. Employer's Certificate	
e. Copy of appointment letter f. Any other evidence	
(to be specified)	
8. Whether pre-recruitment Medical exam done?	
9. Whether leave records of employees are maintained	
by the Company?  10. Whether PF, Gratuity, Mediclaim etc., benefits are	
extended by the employer (specify the benefits) ?	
extended by the employer (speeny the benefits).	
<u>DECLARATION</u>	
I, Mrs./Ms	hereby declare that
foregoing statements are true and correct and shall form part of the proposal form for insurance on my life.	
Dated aton the day	v of 20
Witnessed by:	
Name:	(Signature of the Proposer)
I Recommend that the above Life to be assured may be treated as Category-I female life and there is no moral hazard involved.	
1. Signature of Agent:	_ Code No
2. Signature of Development Officer:	Code No
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