



EMPLOYER – EMPLOYEE SCHEME QUESTIONNAIRE

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| 1. Name of the Employer | |
| 2. What is the object of the insurance contract | |
| 3. How many employees are working in your unit | |
| 4. a) Name of the employee being covered b) His designation/occupation c) Nature of duties assigned d) His annual income | |
| 5. Who will be the person authorized by the employer to sign the proposal on behalf of the employer. | |
| 6. Do you wish to impose any restriction / conditions in respect of surrender, loans etc, by the employee after you assign the policy in favour of the employee. | |
| 7. Are you agreeable to abide by the conditions of acceptance which shall rest solely with the LIC of India. | |

I agree that I will assign the policy in favour of the above employee and the declarations made by me will form a part of the Insurance contract being entered into in respect of the employee of mine.

Place : _____

Date : _____

Signature and seal of the employer/
Authorised representative with designation
Name :
Designation:
Address: