

**LIC**

LIFE INSURANCE CORPORATION OF INDIA

FORM – B

QUESTIONNAIRE FOR INTRODUCTION OF SALARY SAVINGS SCHEME

1. Name of the Institution with full postal address:	
2. Year of commencement of the present office / institution.	
3. Nature of Business – Manufacturing / Marketing / Financial Institution etc., give details.	
4. Total number of permanent employees on roll: Officials Administrative / Clerical Workers / Operators Others (please specify) Total:	
5. Whether the Office is a Head Office or Branch ? If a Branch Office, please give the name and full address of the Head Office:	
6. Are there frequent transfers among the Head Office and the Branch Offices ? If so, at what level and the approximate number of transfers for each year ?	
7. Is there Salary Savings Scheme in vogue in your Office / Head Office / other Branches ? If so, give particulars, such as name and address of H.O./ Branches, LICs Office to which attached and PA Code Numbers.	
8. Number of employees who have applied for insurance now under the proposed salary savings scheme.	
9. If the employees who have existing policies under direct payment wish to bring those policies also under salary savings scheme, whether they have applied for such conversion, and if so, give details:	

10. Whether there is provision for Medical Examination of employees at the time of recruitment and / or later at periodical intervals? If so, give details:	
11. a. Do you maintain detailed and accurate leave record of your employees, and if so, from when? b. Do you agree to furnish the details of leave taken on medical grounds or otherwise by your employees whenever required by us?	
12. a. Do you maintain Service Register for all the employees? b. What is the documentary evidence obtained for entering the age particulars in the Service Register ? c. Do you agree to furnish an extract from the service register for admitting the age of your employees in the insurance policies ?	
13. Do you agree to affect recovery from the salary on the basis of an itemized invoice (Demand Invoice) supplied by us in the policy serial order ?	
14. If you wish to have the Demand Invoice, in any other order, please state how you would like to have it?	
15. Please furnish the name and designation of the Pay Drawing Officers and the name and address of the office to whom our Demand Invoice and other communication should be sent:	
16. The probable date by which the Demand Invoice is required to be sent:	
17. Are you covered by any Group Insurance Scheme at present or any time previously ? If so, please give the particulars:	
18. Date of disbursement of salary to the different categories of staff:	

We hereby declare that the foregoing answers are true in every particular. We agree to the conditions for the introduction of the salary savings scheme in our institution.

Place: _____
Date: _____

Signature and Designation with Office Seal