

**ANNEXURE**

**DIRECTORATE OF INSURANCE  
GOVERNMENT OF ANDHRA PRADESH : HYDERABAD-1**

POLICY NO.

REGIONAL OFFICE  
Proposal No. ....

**PROPOSAL FOR FURTHER INSURANCE**

(PLEASE ANSWER THE QUESTIONS FULLY AND DISTINCTLY)

1. a. Name in full (Block Letters) : \_\_\_\_\_
- b. Male / Female : \_\_\_\_\_
- c. Father's Name in Full : \_\_\_\_\_
- d. Address : \_\_\_\_\_  
\_\_\_\_\_
- e. Designation : \_\_\_\_\_
- f. Date of Birth : \_\_\_\_\_
2. a. Are you married : \_\_\_\_\_
- b. If married, Mention : \_\_\_\_\_
- i. No of Childrens living and Their present ages
- ii. No. of childrens dead with ages & year of death : \_\_\_\_\_
3. Details of Service in State Government :
- a. Date of First Appointment :
- b. Present / Substantive post held if any: \_\_\_\_\_ Pay / Scale
4. If already insured with Directorate of Insurance : \_\_\_\_\_  
Policy No.  
Monthly Premium
- a. To be filled after verification policy documents :
- b. Proposed monthly premium now (deducted from the salary / Challan remitted)
5. a. Mentioned the date as on which the previous Assurance was issued : \_\_\_\_\_
- b. Have you in good health? :
- c. Has you health been effected since the date Of mentioned at is so, give full particulars of The illness and treatment ndergone along with Copies of medical certificate if any. :
- d. Give particulars of leave applied for if any on Medical grounds, if none, state "nil" :

**APGLI further bond Application**

e. Have there been any serious illness or death  
Among the members or your family since the  
Date mentioned in answer to (a) above?  
Give details if any :

**(For Females only)**

6. Have you periods been regular and painless  
And are they go now ? :

7. State the last date of your last menstruation : \_\_\_\_\_

8. a. When was your last confinement (Pregnancy): \_\_\_\_\_

b. Are you Pregnant now? :

c. Have you had any miscarriages ? : \_\_\_\_\_

9. Details of Nominations ? :

a. Name of the Nominee / Moninees : \_\_\_\_\_

b. Name of Nominee Father : \_\_\_\_\_

c. Relationship of Nominee to the proponent : \_\_\_\_\_

d. Present age of the Nominee / Nominees : \_\_\_\_\_

e. Share / Shares : \_\_\_\_\_

I do hereby declare that the above answers and particulars are correct and true that  
I have not withheld any in information for an assurance on my life.

Date

Signature of the person whose  
Life is proposed to be assured

**CERTIFIED BY THE OFFICER BEFORE WHOM THE PROPOSAL IS SIGNED**

I certify that the service particulars and other particulars stated above are correct and  
the proposer is not on leave at the time of declaration and the proponent's signature has  
been affixed in my presence. The first premium for further insurance is recovered at Rs.  
.....in all Rs. ....from the pay of ..... vide token  
No, .....dated .....And cheque no,..... dated : .....

Station : Signature

Dated : Designation :

Office seal

Note : Nomination is compulsory

**APGLI Revised Slab Rates in RPS 2010 as per G.O.Ms. No., 231 fin, dt. 28-06-2010.**

Pay From	Rs. 6,700	to Rs. 8,440	monthly premium	@ Rs.250
Pay From	Rs. 8,441	to Rs. 10,900	monthly premium	@ Rs.350
Pay From	Rs. 10,901	to Rs. 14,860	monthly premium	@ Rs.450
Pay From	Rs. 14,861	to Rs. 18,030	monthly premium	@ Rs.600
Pay From	Rs. 18,031	to Rs. 25,600	monthly premium	@ Rs.750
Pay From	Rs. 25,601	to and above	monthly premium	@ Rs.1000

Employees who crossed 48 years of age as on proposal date need not pay the enhanced PREMIUM.