



Rastriya Beema Sansthan

Central Office: Ramshahpath, Kathmandu, Nepal
Tel: 01-4262520 (Hunting Line), Fax: 00977-1-4262610, Website: www.beema.com.np

(Established according to Rastriya Beema Sansthan Act, 2025)

PROPOSAL FOR LIFE INSURANCE

(Please write clearly and initial any alterations and do not use correcting fluid)

| Details of Life Insurance Proposer | | |
|---|--|---|
| 1. | | |
| a) Full Name in BLOCK LETTERS: | | |
| b) Permanent Address: Zone: District: Municipality/VDC: Ward No: Contact No.: Email: | | |
| c) Date of Birth: Age: Proof of age: Gender: | | |
| d) Nationality: Academic qualification: | | |
| e) Nature of Job (If employed, Name and Address of Office) | | |
| f) Details of Income Sources: | | |
| g) Total Monthly Income (Rs.): | | |
| h) Father's/Mother's Full Name: | | |
| i) Mailing Address: Phone No.: Mobile No.: Email: | | |
| 2. | Details of Life Insurance | |
| a) Type of Life Insurance Plan: | | |
| b) Insurance Period: | Year: | |
| c) Sum Insured: | In Rs.: In Words: | |
| d) Mode of Premium Payment | (Yearly/Half Yearly/Quarterly/Monthly) | |
| e) Would you add Accidental Double Benefit (ADB) Plan ? | | |
| 3. | Who do you nominate for the sum payable under this policy if you die whilst the policy is in force ? (You can change your nomination later if you wish). If you do not nominate anybody your nominee is not alive at your death, the sum payable will go to your dependants as set out in section 38 of the Insurance Act, 2049. | |
| | Full Name of Nominee in BLOCK LETTERS: Nominee's Address: Relation between the assured & Nominee: | |
| 4. | Do you intend or expect | If you answer Yes, please give details: |
| | a) To become a member of any military or naval service ? | a) |
| | b) To fly other than as a fare paying passenger on a regular route of recognized aviation service ? | b) |
| | c) To engage in any hazardous occupation or pursuit ? | c) |
| | d) To live or already living outside Nepal ? | d) |

Cont...

| | | |
|--|------------|-------------|
| 5. If you have already insured yourself with this Sansthan or some other Insurance Company, please provide the following details: | | |
| Company Name | Policy No. | Sum Insured |
| | | |
| 6. Has your Insurance Policy been accepted at other than standard rate or been postponed ? If yes, please provide the following details: | | |
| 7. Health Details: | | |
| a) Are you now in good health ? If not, please give details. | a) | |
| b) Did you suffer from any illness or injury within the past five years ? If yes, give the name and address of the doctor, nursing home or hospital treating you. | b) | |
| c) Have you recovered from that illness or injury ? | c) | |
| 8. To be filled if the insured is a female: | | |
| a) Are you pregnant ? | a) | |
| b) State the last pregnancy date: | b) | |

DECLARATION

I declare that the answer to the above questions are true and complete and that I have not withheld or concealed any facts or circumstances which are required to assess the risk of an assurance on my life. I agree that this proposal and declaration together with the answer in my separate personal medical statement shall be the basis of the contract between me and Rastriya Beema Sansthan. I agree to accept the usual form of life assurance of Rastriya Beema Sansthan.

I consent to Rastriya Beema Sansthan seeking medical information from any doctor who at any time has attended me or seeking information from any insurance company to which I have at any time made a proposal for life assurance. I authorize the giving of such information and I waive all provisions of law or custom forbidding the disclosure of any such information.

Life Insurance Proposer's

Signature:

Date:

| |
|--|
| Only for the purpose of insurance proposal through agent: |
| Name of Agent: |
| Agent's Code No.: |
| Agent's Contact No.: |
| Life Insurance Proposer's Signature: |