

Form – 1
ఫారం - 1

DIRECTORATE OF INSURANCE
డైరెక్టరేట్ ఆఫ్ ఇన్సూరెన్స్
GOVERNMENT OF ANDHRA PRADESH
ఆంధ్ర ప్రదేశ్ ప్రభుత్వము
HYDERABAD
హైదరాబాద్

DISTRICT INSURANCE OFFICE _____
జిల్లా బీమా కార్యాలయము _____

PROPOSAL FORM
ప్రతిపాదన పత్రము

All Columns shall be filled in capitals only

అన్ని కాలములు పెద్ద అక్షరములతో పూర్తిగా నింపవలెను

Policy No. _____

పాలసీ నెం. _____

Proposal Form No. _____

ప్రతిపాదన నెం. _____

1. Name పేరు

Surname ఇంటి పేరు Full Name పూర్తి పేరు

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2. Sex

| | |
|-----------------|--|
| Male / పురుషుడు | |
| Female / స్త్రీ | |

3. Father's Name తండ్రి పేరు

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4. Designation హోదా

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5. Employee Office Address ఉద్యోగ కార్యాలయ చిరునామా

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| P I N | | | | | | | | | | | | | | | | | | | |

6. Date of Birth పుట్టిన తేదీ

(As per Service Register)

సర్వీస్ రిజిస్టర్ ప్రకారం

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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7. Date of First Appointment మొదటి నియామకపు తేదీ

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

8. Marital Status హాతులా / అహాతులా / తంతువా / డాకులు

| | | | |
|---------|-----------|-------|----------|
| Married | Unmarried | Widow | Divorced |
|---------|-----------|-------|----------|

9. If married, No. of Children and their ages

 హాతులైతే పిల్లల సంఖ్య మరియు వారి వయస్సు

పిల్లల సంఖ్య

వయస్సు (సం. లో)

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10. Basic Pay and Pay Scale మూల వేతనము మరియు వేతనము స్కేలు

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11. DETAILS OF NOMINATION నామినేషను షరతులు

| S. No. | Name of Nominee | Name of Nominee's Father | Age | Relationship of Nominee | Share |
|------------|-----------------|--------------------------|--------|------------------------------|-------|
| క్రమ సంఖ్య | నామినీ పేరు | నామినీ యొక్క తండ్రి పేరు | వయస్సు | చందాదారునికి నామినీతో సంబంధం | వాటా |

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12. Are you in Good Health ప్రస్తుతం ఆరోగ్యం బాగుగా ఉన్నదా (✓) Tick

| | |
|-------------|-----------|
| Yes / అవును | No / కాదు |
|-------------|-----------|

(Contd – 2)

13. **Have you in the preceeding (3) years been absent on Leave on Medical Grounds for more than (10) days at a time ? If Yes, give details**

| | |
|-------------|-----------|
| Yes / అవును | No / కాదు |
|-------------|-----------|

గత మూడు సంవత్సరాలలో ఏడు వైద్య కారణాల పై ఒకేసారి (10) రోజులకు పైగా సెలవు పై గైరుహాజరయ్యారా ? అయితే ఆ షరతులు తెలపండి

14. 1. **Have you ever suffered from any of the following Diseases :-**

ఈ క్రింది పేర్కొన్న వ్యాధులలో దేనితోనైనా ఏడు ఎప్పుడైనా బాధపడ్డారా ?

- ఎ. Heart Ailment గుండెవ్యాధి

| | |
|-------------|-----------|
| Yes / అవును | No / కాదు |
|-------------|-----------|
- బి. Kidney మూత్రపిండం

| | |
|-------------|-----------|
| Yes / అవును | No / కాదు |
|-------------|-----------|
- సి. Cancer క్యాన్సరు

| | |
|-------------|-----------|
| Yes / అవును | No / కాదు |
|-------------|-----------|
- డి. Lungs ఊపిరి తిత్తులు

| | |
|-------------|-----------|
| Yes / అవును | No / కాదు |
|-------------|-----------|

2. **If Yes, give details of Disease, duration and Treatment received**

సమాధానము అవును అయిన, వ్యాధి షరతులు, చికిత్స తీసుకొనిన వైద్య సేవల షరతులు తెలపండి

15. **Are you a physically challenged person. If so, enclose Certificate issued by a Competent Authority**

| | |
|-------------|-----------|
| Yes / అవును | No / కాదు |
|-------------|-----------|

ఏడు ఏదైనా శారీరక లోపంగాని వైకల్యంగాని ఉన్నట్లయితే అట్టి అంగవైకల్యం షరతులు తెలపండి, వైద్యాధికారి జారీ చేసిన అంగవైకల్యం ధృవపత్రాన్ని సమర్పించండి

16. **If already insured**

| | | | |
|-------------------|----------------------|------------------------------|----------------------|
| Policy No. | <input type="text"/> | Total Monthly Premium | <input type="text"/> |
|-------------------|----------------------|------------------------------|----------------------|

ఇదివరకే బీమా చేసిఉన్నచో పాలసీ నెం. నెలసరి ప్రీమియం మొత్తం ₹

17. **Proposed Monthly Premium** ప్రతిపాదించిన నెలసరి ప్రీమియం ₹

18. **Month and Year of Recovery** తగ్గింపు జరిగిన నెల మరియు సంవత్సరం

19. **Mobile No.** మొబైల్ నెం.

20. **Email Address** ఇమెయిల్ చిరునామా 21. **Aadhar Card No.** ఆధార్ కార్డ్ నెం.

22. **Employee ID No.** ఉద్యోగి గుర్తింపు నెం.

23. **Major Head** పెద్ద పద్దు **Try. D. D. O. Code** బ్రెజరీ డి. డి. ఓ. కోడ్

**ప్రతిపాదకుని రూఢి ప్రకటన
Declaration by the Proponent**

‘ప్రశ్నలను పూరిగా అర్థం చేసుకున్న తర్వాత నేను పైన తెలిపిన షరతులు ఇవ్వడమయింది. అ నాస్వదస్వూరితో వ్రాపించినను కాకపోయినను ప్రతి అంశం యధార్థం, సమగ్రం, సంపూర్ణం అయినవనియు ఏ పరిస్థితులకు సంబంధించి నేను సమాచారము అందచేయవలసియున్నచో ఆ పరిస్థితులను విలిపివేయలేదనియు లేదా రహస్యంగా వుంచలేదనియు నేను ఇందు మూలముగా ప్రకటించుచున్నాను. పై షరతులు మరియు ఈ ప్రకటన బీమా కొరకు ప్రతిపాదించిన ఒప్పందానికి ప్రాతిపదికలుగా వుండాలనియు నేను బుద్ధిపూర్వకంగా, ఏదైనా సత్య దూరమైన షరతులు చేసినట్లుగాని, తెలియపరచవలసివున్న ఏదైనా పరిస్థితిని మోసపు బుద్ధితో దాచి వుంచినట్లుగాని, ఇందువ్రేదట కనుగొన్న యెడల పదరు కాంట్రాక్టు క్రింద చెల్లించియున్న ప్రీమియములన్నింటిని కోల్పోవలెననియు, ఆ ఒప్పందం సంపూర్ణంగా రద్దు కావలసనియు నేను ఒప్పుకొనుచున్నాను.’

"I do hereby declare that the foregoing details and Answers have been given by me after fully understanding the questions, the same are true, full and complete whether written in my own hand writing or not in every particular and that I have not withheld or concealed any circumstances with regard to which information has been required from me. I agree that the foregoing statements and declaration shall be the basis of the proposed contract for an Insurance and that if it shall hereafter appear that I have willfully made any untrue statement or have fraudulently concealed any circumstances which I ought to have made known then all the Premia which shall have been paid under the said contract shall be forfeited and the contract rendered absolutely null and void."

తేది
Date

జీత బీమా చేయదలచిన వ్యక్తి సంతకం
Signature

ప్రతిపాదన పై ఏ అధికారి సమక్షంలో సంతకం చేయబడినదో ఆ అధికారి ధృతీకరణ పత్రం
CERTIFIED BY OFFICER BEFORE WHOM THE PROPOSAL IS SIGNED

పైన పేర్కొన్న పరీక్షలు పాటించినందుకు, ప్రతిపాదకుడు నా సమక్షంలో సంతకం చేసినాడనియు నేను ధృవపరుస్తున్నాను. నూతన / అదనపు బీమా విధిత్వము తగ్గింపు చేసిన మొదటి ప్రీమియం రూ. _____ మరియు మొత్తము రూ. _____ (ఇది వరకే తగ్గింపు చేసిన మరియు ప్రస్తుత ప్రీమియం కలుపుకొని) _____ నెల మరియు _____ సంవత్సరము వేతనము నుండి తేది _____ గల టోకన్ నెంబరు _____ ద్వారా వసూలు చేయడమయినది.

I certify that the service particulars stated above are correct and the Proponent's Signature has been affixed in my presence. The First Premium recovered for fresh /subsequent Insurance is ₹ _____ in all ₹ _____ (including previous and present Premium) from the pay of _____ month and _____ year, vide token No. _____ dated _____

స్థలం
Station

తేది
Date

సంతకము
ఆహారణ మరియు బట్వాడ అధికారి (ఆహారణ మరియు బట్వాడ అధికారి గజెటెడ్ కాని యెడల ఆ పై గజెటెడ్ అధికారి సంతకము చేయవలయును. మరియు స్వీయ ధృతీకరణ చెల్లదు.)

For OFFICE USE

| |
|------------|
| O.R.() |
| Supdt. DIO |

Signature
Drawing and Disbursing Officer (If DDO is not gazetted, it should be countersigned by next Gazetted Officer and Self Attestation is not acceptable)

హోదా
Designation
కార్యాలయ ముద్ర
Office Seal

GOOD HEALTH CERTIFICATE

This is to certify that Sri/Smt/Kum _____
S/o, D/o _____ working as _____
in the office of the _____ aged _____ years, is found in
Good Health without any ailment.

Date:

Signature

Station:

Civil Assistant Surgeon/Civil Surgeon

MEDICAL LEAVE AVAILMENT CERTIFICATE

This is to certify that Sri/Smt/Kum _____
working as _____ in the office of the _____ has
not availed any medical leave / availed medical leave during _____ to _____
(Copies of the medical certificate enclosed) as per this office records.

Signature

Drawing and Disbursing Officer



GOVERNMENT OF ANDHRA PRADESH

A B S T R A C T

Public Services – Andhra Pradesh Government Life Insurance Scheme – Endowment Policies – Enhancement of Age of superannuation from 58 to 60 years and introduction of AP Revised Scales of Pay 2015 - Enhancement of Maximum Insurable Age under AP Government Life Insurance Scheme from (53) years to (55) years and Revision of Rates of Compulsory Premium with reference to Revised Pay Scales, 2015 – Orders – Issued.

FINANCE (ADMN.DI&IF) DEPARTMENT

G.O.Ms.No.36

Dated: 05-03-2016

Read the following:-

1. G.O.Ms.No. 16, Finance (Admn.II) Department, dt: 17.2.2011.
2. G.O.Ms. No.147, Finance (HRM IV) Department, dt: 30.6.2014.
3. Lr.No.10/Genl/2014dt:11.08.14, of Director of Insurance, A.P., Hyderabad.
4. Govt. Memo.No.738/90/A1/Admin-II/2014, dt: 26.12.2014.
5. G.O.Ms.No.368, Fin&Plg (FW:Admn.II)Department, dt: 15.11.1994.
6. G.O.Ms. No.423, Finance (Admn.II) Department, dt: 29.11.2005.
7. G.O.Ms.No.231,Finance (Admn.II)Department, dt: 28.6.2010
8. G.O.Ms.No.46, Finance (HRM.V-PC) Department, dt:30-04-2015.
9. Lr.No.26/Genl/2015 dt: 06.08.2015 of Director of Insurance, AP, Hyderabad.

<<<O>>>

ORDER:

Under the existing rules, the Andhra Pradesh Government Life Insurance Department issues the Endowment Insurance Policies to the Government employees based on the maximum insurable age of 53 years and these policies will mature at the age of 58 years. In the Government orders fifth to seventh read above, the compulsory premium under the policy has been revised as and when the Revised Pay Scales were implemented to the State Government Employees based on the recommendations of the successive pay revision commissions and the existing rates are prescribed in the G.O. seventh read above.

2. In the reference 2nd cited, the Government enhanced the age of superannuation of the State Government employees from (58) years to (60) years.

3 In the G.O. eighth read above, the Government has issued orders introducing the Revised Scales of Pay 2015.

(PTO)

4. Consequent to enhancement of age of superannuation from (58) years to (60) years and introduction of the Revised Scales of Pay, 2015, the Director of Insurance, in his letter 3rd cited, has sent proposals for enhancement of the maximum Insurable age from 53 years to 55 years and to revise the rates of compulsory premium based on the Revised Scales applicable to various categories of employees. The Government in the memo fourth read above, permitted the Director of Insurance to take necessary further action and submit detailed proposals after consulting the Actuary and the Accountant General, A&E, Andhra Pradesh.

5. Accordingly, the Director of Insurance has submitted necessary proposal in his letter ninth read above.

6. After careful examination of the proposal of the Director of Insurance, Government hereby order that the maximum Insurable age under the Andhra Pradesh Government Life Insurance Scheme be raised from 53 years to 55 years and the rates of compulsory premium under the scheme shall be revised as detailed below and accordingly issue the following instructions:-

| Existing Slab Rates (Pay Slabs) | Monthly Premium (Rs.) | Revised Slab Rates (Pay Slabs) | Monthly Premium (Rs.) |
|--|--------------------------------------|---|--------------------------------------|
| Pay from Rs. 6700 to Rs. 8440 | 250/- | Pay from Rs. 13000 to Rs. 16400 | 500/- |
| Pay from Rs. 8441 to Rs. 10900 | 350/- | Pay from Rs. 16401 to Rs. 21230 | 650/- |
| Pay from Rs. 10901 to Rs. 14860 | 450/- | Pay from Rs. 21231 to Rs. 28940 | 850/- |
| Pay from Rs. 14861 to Rs. 18030 | 600/- | Pay from Rs. 28941 to Rs. 35120 | 1150/- |
| Pay from Rs. 18031 to Rs. 25600 | 750/- | Pay from Rs. 35121 to Rs. 49870 | 1400/- |
| Pay from Rs. 25601 and above | 1000/- | Pay from Rs. 49871 and above | 2000/- |

- 7) (a) All the employees shall increase their premium as per the revised rates specified above and submit requisite 'Proposal Form', after recovery of first premium from the salary at the revised rates and take an Insurance Policy from the Insurance Department.
- (b) Unless proposal form is submitted and policies are obtained, the employees will not get Insurance coverage for the enhanced premium paid.
- (c) An employee who is already a subscriber of the Fund having Policy / Policies, and is aged below (55) years can enhance the premium for additional policies. However, he should submit his application in the prescribed *proforma* before he actually attains the age of 55 years. Under any circumstances proposal shall not

(PTO)

be accepted if the applicant has already attained the age of 55 years on the date of submission of his application, notwithstanding the fact that the amount was already deducted in the monthly pay bills. Such amounts shall be treated as unauthorized amounts and refunded to the individual following the usual procedure.

- d) An employee who is already a subscriber of the Fund but is aged above (55) years cannot increase the Premium for additional Policies. However, in respect of those employees, recovery shall continue at the existing rates of Premium for the existing policies till the original date of maturity of the said policies (Last Premium due).
- e) The minimum term of Policy should be (5) years i.e., Maximum age at entry shall not be more than (55) years.
- f) The 'Sum Assured Table' issued in the G.O. first read above be replaced by a new table Annexed to this order. The Director of Insurance, Andhra Pradesh shall take necessary action in this regard.
- g) The Sum Assured table Annexed to this order shall be reviewed at least once in every (5) years. The Director of Insurance, Andhra Pradesh shall take timely action in this regard.
- h) Necessary amendments to the Andhra Pradesh Government Life Insurance Fund Rules shall be issued separately.

8. These orders shall come into force with effect from 01.04.2016 and the above revised premium rates shall be recovered from the pay of March, 2016, payable on 01.04.2016.

9. The Drawing and Disbursing Officers concerned are solely responsible for effecting the recovery of revised premium from all the eligible employees (i.e. who are below 55 years of age) from the pay of March, 2016 payable in April 2016 duly forwarding the requisite proposal forms and obtaining the requisite policies from the Insurance Department intact. If the fixation is delayed for any reason, the premium shall be recovered only from the month of drawl of pay fixation arrears and in such case, no arrears of premium shall be collected.

10. To ensure proper implementation of the Scheme, the HODs / DDOs are requested to follow the above instructions scrupulously.

11. The Director of Treasuries and Accounts, A.P., Hyderabad and the Director of Works Accounts, Andhra Pradesh shall issue suitable instructions to all the District Treasury Officers/Treasury Officers/ Pay & Accounts Officers under their control, to ensure that the above revised premium rates with reference to new pay slabs are implemented from the pay of March, 2016 payable on 1.4.2016 and ensure cent percent coverage of eligible employees under Andhra Pradesh Government Life Insurance Scheme. The District Treasuries and Sub-Treasuries / Pay & Accounts Officers (works), and the Pay and Accounts Officer, A.P., Hyderabad should verify the collection of premium as per the slab rates before passing the salary bills.

(PTO)

12. The Director of Insurance, Andhra Pradesh, shall ensure that policies are issued to all the subscribing employees expeditiously after the applications are received in his department duly following the normal procedure.

13. All the Departments of Secretariat / Heads of Departments are requested to issue suitable instructions to their subordinate offices to ensure that all eligible employees are brought under the Andhra Pradesh Government Life Insurance Scheme.

14. Copy of this order is available on Internet and can be accessed at address <http://www.ap.gov.in/goir>.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

**DR. P.V.RAMESH
PRINCIPAL SECRETARY TO GOVERNMENT**

To

The Accountant General, A.P., Hyderabad.
The Pay & Accounts Officer, Hyderabad.
The Director of Treasuries & Accounts.
The Director of State Audit.
The Director of Works & Projects.
The Secretary to Governor, A.P., Hyderabad.
The Private Secretary to the Chief Minister
The Private Secretaries to all Ministers.
All the Heads of Departments
(Including Collectors and District Judges)
All the Departments of Secretariat.
The Registrar, High Court of A.P., Hyderabad.
The Registrar, A.P.A.T., Hyderabad.
The Secretary, A.P. P.S.C., Hyderabad.
The General Manager, A.P.S.R.T.C., Hyderabad.
The Chairman, Tribunal for Disciplinary Proceedings, A.P.,
Hyderabad.
The Chairman, A.P., Housing Board, Hyderabad.
The Secretary, A.P.G.E.N.C.O./T.R.A.N.S.C.O.
All the District Treasury Officers.
All the District Development Officers,
ZillaParishads.
All District Panchayat Officers.
All Mandal Development Officers.
All Secretaries of ZillGrandhalayaSamsthas through
Director of Public Libraries, Hyderabad.
All Secretaries of Agricultural Market Committees through
the Director of Marketing, Hyderabad.
All the Commissioners/Special Officers of
Municipalities.
All the Registrars of Universities.
All the Director of Accounts.
All the Recognized Service Associations.

// FORWARDED:: BY ORDER //

SECTION OFFICER

ENDOWMENT ASSURANCE POLICY MATURING AT THE AGE OF (60) YEARS(WITH PROFITS).

TABLE SHOWING THE SUM ASSURED UNDER THE POLICY

| Age next birth day at entry in Years | Sum Assured Rs. |
|---|----------------------------|
| 21 | 401.70 |
| 22 | 381.91 |
| 23 | 363.04 |
| 24 | 345.06 |
| 25 | 327.91 |
| 26 | 311.55 |
| 27 | 295.95 |
| 28 | 281.06 |
| 29 | 266.85 |
| 30 | 253.30 |
| 31 | 240.36 |
| 32 | 228.02 |
| 33 | 216.23 |
| 34 | 204.96 |
| 35 | 194.20 |
| 36 | 183.91 |
| 37 | 174.06 |
| 38 | 164.62 |
| 39 | 155.58 |
| 40 | 146.90 |
| 41 | 138.55 |
| 42 | 130.52 |
| 43 | 122.78 |
| 44 | 115.29 |
| 45 | 108.05 |
| 46 | 101.01 |
| 47 | 94.15 |
| 48 | 87.44 |
| 49 | 80.86 |
| 50 | 74.36 |
| 51 | 67.91 |
| 52 | 61.45 |
| 53 | 54.94 |
| 54 | 48.32 |
| 55 | 41.50 |

SECTION OFFICER