LIC Proposal Form 360 Age Limit

Eligibility Section

1. **Full Name: _____**
2. **Date of Birth: _____ Age: _____**
3. **Gender: [ ] Male [ ] Female [ ] Other**
4. **Address:**

   _____

Age Eligibility Check

Age Group	Eligibility Status
Below 18	[ ] Not Eligible
Between 18–60	[ ] Eligible
Above 60	[ ] Subject to Additional Approval

Policy Information

Plan Name: _____

Premium Amount: _____

Policy Term (Years): _____

Signature

Signature of Applicant: _____ Date: _____

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