

## Annexure I

### Company Resolution for Employer-Employee Scheme Original Company Letterhead

Resolved that, M/s \_\_\_\_\_ (Company Name), make an application for Insurance cover under Employer-Employee Scheme (type of scheme) with IndiaFirst Life Insurance Company Ltd. and pay premium on behalf of the below mentioned employees :"

Sr.No	Name of the Employee to be covered	Date of Birth	Product Name with face amount	Riders opted with face amount	Term of the policy

**"It is hereby agreed that**

- i. This policy is issued under the Employer-Employee scheme of the company.
- ii. All premiums under this policy shall be paid by the Employer up to such date that the employee remains in the services of the Employer. If the employee leaves the employment of the Employer, payment of premiums to keep the policy in force becomes the responsibility of the employee.
- iii. Any claims under this policy shall be payable to the legal heirs, executors, assigns or representatives of the Employee and in no circumstances to the employer."

Resolved further that, Mr./Ms \_\_\_\_\_, Designation \_\_\_\_\_

be and is hereby appointed as the authorized signatory and is hereby authorized to sign the application form for Insurance with IndiaFirst Life Insurance Company Limited and is hereby authorised to do all acts, deeds and things as may be necessary to give effect to this resolution on behalf of the Company."

\_\_\_\_\_

**Name of the Authorized Signatory:**

Signature:

\_\_\_\_\_

**Name of Proprietor /Director:**

Signature:

## Employer Employee Annexure II

1	Name & Address of the Employer/Company			
2	Nature of Business of the Company			
3	Business inception date			
4	Number of permanent employees working in the Company			
5	a) Name of the Employee to be insured			
	b) Age and Date of Birth			
6	Occupation /Designation of Employee			
7	Is the Employee or any member of his family a shareholder in the Company?	Yes /No		
8	If the Employee or any member of his family holds shares in the Company, please state the share holding pattern		No. of shares held	% to the total shares issued
		Employee		
		Spouse		
		Children		
		Brother		
		Sister		
		Parents		
		Son-in-law		
		Daughter in-law		
		Total		
9	Does the Employee already hold any policies under Employer-Employee Insurance? If so ,give details	Insurance Company	Sum Assured	
10	Has the Company simultaneously proposed on the life of the employee with other Insurers? If so , give details			

Signature /Seal of the Authorized Signatory: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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