

PROMOTED BY


Member Form - IndiaFirst Life Group Riders

Ref. No. (mandatory): _____

Details of the Member (Do not fill if details are already provided in member form of base policy)
No. of life(s): Life 1 Life 2 Spouse / Life 3 Life 4

Life 1 Name: Mr / Ms / Mx FIRST _____ MIDDLE _____ LAST _____ Gender: DOB:

Life 2 Name: Mr / Ms / Mx FIRST _____ MIDDLE _____ LAST _____ Gender: DOB:

Spouse / Life 3 Name: Mr / Ms / Mx FIRST _____ MIDDLE _____ LAST _____ Gender: DOB:

Life 4 Name: Mr / Ms / Mx FIRST _____ MIDDLE _____ LAST _____ Gender: DOB:

Communication Address of the Member (Do not fill if details are already provided in member form of base policy)

L I N E 1 _____
 L I N E 2 _____
 C I T Y _____ S T A T E _____ Pin Code _____
 Mobile* + () _____
 Email ID _____

Life 1 Occupation _____ Nature of duties _____ PAN _____
 (Form no. 60 if PAN is not available)

Life 2 Occupation _____ Nature of duties _____ PAN _____
 (Form no. 60 if PAN is not available)

Spouse / Life 3 Occupation _____ Nature of duties _____ PAN _____
 (Form no. 60 if PAN is not available)

Life 4 Occupation _____ Nature of duties _____ PAN _____
 (Form no. 60 if PAN is not available)

Rider Details

A Pay Mode _____ Policy Term _____ Premium Paying Term _____ Pay Frequency _____ Installment Premium _____

B. Premium received details - Mode _____ Instrument Date _____ Amount _____ Cheque No. _____

Life 1

S.No.	Rider Options	Rider Sum Assured (₹)	Rider Premium (₹)
I	IndiaFirst Life Group Critical Illness Rider (UIN: 143B002V01) You may select any one from given Critical Illness options and write in the space provided.		
a.	Critical Illness (CI) Benefit with 5 conditions		
b.	Critical Illness (CI) Benefit with 20 conditions		
c.	Critical Illness (CI) Benefit with 40 conditions		
II	IndiaFirst Life Group Disability Rider (UIN: 143B004V01) You may select any one from given Disability options and write in the space provided.		
a.	Accidental Total Permanent Disability Benefit (ATPD)		
b.	Total Permanent Disability Benefit (TPD) due to accident and/ or illness		
c.	Partial Permanent Disability Benefit (PPD) due to accident and/ or illness		
III	IndiaFirst Life Group Additional Benefit Rider (UIN: 143B018V01) You may select multiple options from given Additional Benefit options and write in the space provided.		
a.	Term Rider Benefit** _____		
b.	Spouse Cover Benefit _____		
IV	IndiaFirst Life Group Protection Rider (UIN: 143B003V01) You may select multiple options from given Protection options and write in the space provided.		
a.	Accidental Death Benefit (ADB) _____		
b.	Terminal Illness Benefit (TI) _____		
A.	Total Rider(s) Premium		
B.	Total Premium (Base + Rider(s))		

Life 2

S.No.	Rider Options	Rider Sum Assured (₹)	Rider Premium (₹)
I	IndiaFirst Life Group Critical Illness Rider (UIN: 143B002V01) You may select any one from given Critical Illness options and write in the space provided.		
a.	Critical Illness (CI) Benefit with 5 conditions		
b.	Critical Illness (CI) Benefit with 20 conditions		
c.	Critical Illness (CI) Benefit with 40 conditions		

* Mandatory Field

S.No.	Rider Options	Rider Sum Assured (₹)	Rider Premium (₹)
II	IndiaFirst Life Group Disability Rider (UIN: 143B004V01) You may select any one from given Disability options and write in the space provided.		
a.	Accidental Total Permanent Disability Benefit (ATPD)		
b.	Total Permanent Disability Benefit (TPD) due to accident and/ or illness		
c.	Partial Permanent Disability Benefit (PPD) due to accident and/ or illness		
III	IndiaFirst Life Group Additional Benefit Rider (UIN: 143B018V01) You may select multiple options from given Additional Benefit options and write in the space provided.		
a.	Term Rider Benefit** _____		
b.	Spouse Cover Benefit _____		
IV.	IndiaFirst Life Group Protection Rider (UIN: 143B003V01) You may select multiple options from given Protection options and write in the space provided.		
a.	Accidental Death Benefit (ADB) _____		
b.	Terminal Illness Benefit (TI) _____		
A.	Total Rider(s) Premium		
B.	Total Premium (Base + Rider(s))		

Spouse / Life 3

S.No.	Rider Options	Rider Sum Assured (₹)	Rider Premium (₹)
I	IndiaFirst Life Group Critical Illness Rider (UIN: 143B002V01) You may select any one from given Critical Illness options and write in the space provided.		
a.	Critical Illness (CI) Benefit with 5 conditions		
b.	Critical Illness (CI) Benefit with 20 conditions		
c.	Critical Illness (CI) Benefit with 40 conditions		
II	IndiaFirst Life Group Disability Rider (UIN: 143B004V01) You may select any one from given Disability options and write in the space provided.		
a.	Accidental Total Permanent Disability Benefit (ATPD)		
b.	Total Permanent Disability Benefit (TPD) due to accident and/ or illness		
c.	Partial Permanent Disability Benefit (PPD) due to accident and/ or illness		
III	IndiaFirst Life Group Additional Benefit Rider (UIN: 143B018V01) You may select multiple options from given Additional Benefit options and write in the space provided.		
a.	Term Rider Benefit** _____		
b.	Spouse Cover Benefit _____		
IV.	IndiaFirst Life Group Protection Rider (UIN: 143B003V01) You may select multiple options from given Protection options and write in the space provided.		
a.	Accidental Death Benefit (ADB) _____		
b.	Terminal Illness Benefit (TI) _____		
A.	Total Rider(s) Premium		
B.	Total Premium (Base + Rider(s))		

Life 4

S.No.	Rider Options	Rider Sum Assured (₹)	Rider Premium (₹)
I	IndiaFirst Life Group Critical Illness Rider (UIN: 143B002V01) You may select any one from given Critical Illness options and write in the space provided.		
a.	Critical Illness (CI) Benefit with 5 conditions		
b.	Critical Illness (CI) Benefit with 20 conditions		
c.	Critical Illness (CI) Benefit with 40 conditions		
II	IndiaFirst Life Group Disability Rider (UIN: 143B004V01) You may select any one from given Disability options and write in the space provided.		
a.	Accidental Total Permanent Disability Benefit (ATPD)		
b.	Total Permanent Disability Benefit (TPD) due to accident and/ or illness		
c.	Partial Permanent Disability Benefit (PPD) due to accident and/ or illness		
III	IndiaFirst Life Group Additional Benefit Rider (UIN: 143B018V01) You may select multiple options from given Additional Benefit options and write in the space provided.		
a.	Term Rider Benefit** _____		
b.	Spouse Cover Benefit _____		

S.No.	Rider Options	Rider Sum Assured (₹)	Rider Premium (₹)
IV.	IndiaFirst Life Group Protection Rider (UIN: 143B003V01) You may select multiple options from given Protection options and write in the space provided.		
a.	Accidental Death Benefit (ADB)		
b.	Terminal Illness Benefit (TI)		
A.	Total Rider(s) Premium		
B.	Total Premium (Base + Rider(s))		

Note: **Term Rider cannot be attached with IndiaFirst Life Group Credit Life Plus Plan & IndiaFirst Life Group Loan Protect Plan

- Rider benefits are limited to a maximum of 100% of Base Life cover.
- IndiaFirst Life Group Disability Rider can only be chosen under IndiaFirst Life Group Credit Life Plus Plan & IndiaFirst Life Group Loan Protect Plan if the option covering Accidental Total Permanent Disability Benefit (ATPD) is not chosen by the master policyholder or member under the base policy.
- IndiaFirst Life Group Protection Rider's Accidental Death Benefit (ADB) coverage option can only be chosen under IndiaFirst Life Group Credit Life Plus Plan & IndiaFirst Life Group Loan Protect Plan if the option covering ADB is not chosen by the master policyholder or member under the base policy.
- IndiaFirst Life Group Critical Illness Rider can only be chosen under IndiaFirst Life Group Loan Protect Plan if the option covering Critical Illness (CI) is not chosen by the master policyholder or member under the base policy.

Health Declaration for Member (Do not fill if details are same as provided in member form of base policy)

Life 1: Feet inches: Weight in kg:
Life 2: Feet inches: Weight in kg:
Spouse / Life 3: Feet inches: Weight in kg:
Life 4: Feet inches: Weight in kg:

Sr No	Questions	Life 1		Life 2		Life 3		Life 4	
		Yes	No	Yes	No	Yes	No	Yes	No
1	I am to the best of my knowledge and belief, in good health and free from all symptoms of illness and disease?								
2	None of my family members have been diagnosed with diabetes, heart disease, high blood pressure, elevated blood fats, cancer, mental illness, HIV, stroke or had any hereditary disorder?								
3	I do not intend to participate or participate in any hazardous sports or activities?								
4	I do not currently live or intend to live or travel outside India for more than six months in a financial year? If no, I will provide full details of countries to be visited along with purpose of visit and duration								
5	I am not currently taking any medications/drugs, other than minor condition (eg cold and flu), either prescribed or not prescribed by a doctor, or have not suffered from any illness, disorder, disability, injury during past 5 years which has required any form of medical or specialised examination (including chest x-rays, gynaecological investigations, pap smear, or blood tests), consultation, hospitalisation, surgery or have any condition for which hospitalization / surgery has been advised or is contemplated?								
6.a	I have no congenital / birth defects, pain or problems in back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have not been incapable of working / attending the office during the last two years for more than three consecutive days or I am not currently incapable of working / attending office?								
6.b	For females only - I have not ever suffered from or suffering or is currently suffering any diseases of breast / uterus / cervix, or not presently pregnant?								
7	I do not suffer from or ever had any medical ailments such as diabetes, high blood pressure, cancer, respiratory disease (including asthma), kidney or liver disease, stroke, paralysis, auto immune disorder, any blood disorder, heart problems, Hepatitis B or C, or tuberculosis, psychiatric disorder, depression, colitis, or any other stomach problems, have not undergone any transplants, thyroid disorders, reproductive organs, HIV AIDS or a related infection?								
8	I have never ever taken drugs, or been advised to reduce alcohol consumption or received or have been counselled to receive treatment for drug addiction or alcoholism?								
9	I have never been refused life insurance or offered insurance modified in any way?								
10	I am not suffering from disorder / disease not mentioned above?								

(If no, to any of the above questions please provide us complete details (including dates, duration and treatment, names and addresses of physicians))

Declaration by the Member*

I understand and agree that the answer and statements made on this Health Declaration are full, complete and true and will form the basis of the contract, which may arise. I / we further declare that I / we have not withheld any material fact or information which may affect the decision of IndiaFirst Life Insurance Company Limited (Hereafter called the "Company") in underwriting the risk. In case of fraud, misrepresentation and suppression of material facts by me/us, the policy contract/COI shall be treated in accordance with Sec 45 of Insurance Act, 1938 as amended from time to time. All material facts, which may influence the assessment of the risk have been disclosed. I also understand that failure to make such disclosure shall give Company the right to cancel the insurance contract subject to Section 45 of the Insurance Act, 1938 as amended from time to time.

I hereby give my unconditional consent to the Company to carry out due diligence in respect of information, as provided by me in the proposal form, including AML-eKYC verification, and also to store/share the data/information with government agencies/ statutory authorities/ entities as authorized by the regulator - IRDAI/ Life counsel/any other entity for necessary verification purposes and/or policy servicing purpose.

I understand and agree that the maximum cover under the insurance scheme shall not exceed as agreed with Master Policyholder, irrespective of any number of loan/Saving accounts held by me/us. I authorize the Company to seek medical information from any doctor/hospital in respect of any matter relating to my physical or mental health and I authorize the doctor/hospital to give such information to the Company and/or to their claims administrator or medical advisors. Further I also confirm that I have never participated nor intend to participate in any hazardous sports or activity. I agree that in case of any medical request on my proposal the risk will commence only on the date of acceptance of my proposal by the Company. I authorize sharing with the Company, my personal/contact information to enable them to carry out their duties as the Insurer. I also declare that all the information given by me is true, correct and complete or else the policy shall stand cancelled.

Life 1 Signature/Thumb impression*: _____ Date: _____ **Life 2** Signature:/Thumb impression* _____ Date: _____

Spouse / Life 3 Signature/Thumb impression*: _____ Date: _____ **Life 4** Signature:/Thumb impression* _____ Date: _____

Declaration to be made by a 3rd Person where: a) The insured member(s) has affixed his/her thumb impression; Or b) The insured member(s) has signed in vernacular; Or c) The insured member(s) has not filled the application .

The declaration should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer in any capacity.

I hereby declare that I have fully explained the above questions and contents of the Member form to the Member in _____ language, and that the Member has affixed the thumb impression above after fully understanding the contents thereof, in my presence*

Name of the Declarant: _____ Signature: _____ Relation with Member _____

Address of the Declarant: _____

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