



Product UIN No.

IndiaFirst Life Group Living Benefits Plan - 143NO40V01

### Member Form - IndiaFirst Life Group Living Benefits Plan

Client Id:	SMS/RLE Branch Code:	SMS/RLE LG Code:
DSA Code:	Branch Code:	Branch LG Code:
<b>MPH Name</b>		
Transaction No.	Date of Transaction	Staff <input type="checkbox"/> Yes <input type="checkbox"/> No

Account/Reference No:

### Details of the Member/s

\*Primary Member Name: Mr / Ms / Mx  FIRST  MIDDLE  LAST Gender:  DOB:

### Communication Address of the Member (Address to which policy document /COI will be dispatched)

L	I	N	E	1																									
L	I	N	E	2																									
C	I	T	Y												S	T	A	T	E						Pin Code				
Mobile* + ( <input type="text"/> )	<input type="text"/>	Country Code								Email ID																			
Occupation										Nature of duties																			

Is the plan Family Floater?  Yes  No

If Yes, then only please fill the below family member details. Maximum of 4 Lives can be covered under Family Floater option which is applicable only under DHCB option. The child will be allowed only for DHCB option on Family floater basis

### Family Member Details

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

Pan Card / Form 60  Email ID

\*Child 1 Name: Mr / Ms / Mx  FIRST  MIDDLE  LAST Gender:  DOB:

Pan Card / Form 60  Email ID

\*Child 2 Name: Mr / Ms / Mx  FIRST  MIDDLE  LAST Gender:  DOB:

Pan Card / Form 60  Email ID

### \*Insurance Details

Primary Member

Coverage	Sum Insured	Premium	Pay Frequency	Coverage Term (Months)
Daily Hospitalization Cash Benefit (DHCB)				
Broken Bones Cover				
Disability Cover				
<ul style="list-style-type: none"> <li>• ATPD</li> <li>• APPD</li> </ul>				
Cancer Cover				
Vector Borne Diseases Cover				
Coronavirus Cover				
<b>Total</b>				

### Other Family Members

Coverage	Sum Insured	Premium - Spouse	Premium - Child 1	Premium - Child 2	Pay Frequency	Coverage Term (Months)
Daily Hospitalization Cash Benefit (DHCB)						

**Nominee/ Appointee Details\***

Nominee Name	Percentage Share	DOB of Nominee	Relationship with Life Assured	Appointee Name (if applicable)	Appointee DOB	Relationship with Nominee

**Health Declaration for Member (s) (Non disclosures or misrepresentation of facts will highly impact claim settlement)\* (Applicable for coverage options selected other than Coronavirus Cover.**

I/we hereby declare that to the best of my/our knowledge and belief, I/we am/are in good health and I/we have NOT shown any symptoms of and/or been investigated for and/or been diagnosed with and/or being treated for any of the Medical Conditions\* mentioned below, in the last 4 years up to the date of this declaration.

**Primary Member**                      **Spouse**                      **Child 1**                      **Child 2**  
 Yes  No                       Yes  No                       Yes  No                       Yes  No

\* Medical Conditions -

1. Cardiovascular Diseases such as but not limited to High Blood Pressure, Heart Disease, Stroke etc., 2. Respiratory Illness such as but not limited to Asthma, Bronchitis etc., 3. Metabolic and Endocrine Diseases such as but not limited to Diabetes, Severe Obesity, Hypothyroidism, Gout etc., 4. Infective Diseases such as but not limited to Tuberculosis, HIV / AIDS, Hepatitis B/C etc., 5. Cancers and Tumors of any kind, 6. Musculoskeletal Conditions such as but not limited to Diseases of the Spine, Bones, Arthritis, Physical Disabilities etc., 7. Genitourinary Diseases such as but not limited to Kidney Stones, Renal Failure, Prostate Hyperplasia etc., 8. Neurological Diseases such as but not limited to Parkinsonism, Multiple Sclerosis, Paralysis etc., 9. Mental/Psychiatric Diseases of any kind., 10. Gynecological and Obstetric Conditions such as but not limited to Uterine Fibroid, Endometriosis etc., 11. Gastrointestinal Diseases such as but not limited to Ulcerative Colitis, Diverticulitis etc., 12. Disorders of Blood, Liver and Spleen such as but not limited to Anaemia, Leukemia, Thalassemia, Hepatitis etc., 13. Autoimmune, Allergic and Connective Tissue Disorders such as but not limited to Rheumatoid Arthritis, Lupus etc. 14. Any other Medical / Surgical condition not mentioned in the above list.

Please share the details below if you have answered as "No". Also specify for which Member(s)

**Health Declaration for Primary Member (Non disclosures or misrepresentation of facts will highly impact claim settlement) \* (Applicable for coverage option selected as Coronavirus Coverer (s) Opting for COVID Cover (Non disclosures or misrepresentation of facts will highly impact claim settlement) \***

**Covid19 Questions:**

S. No.	Questions	Primary Member		Spouse		Child1		Child2																										
1	Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19) ? If yes, please provide details for. Primary Member: _____ Spouse: _____ Child1 : _____ Child2 : _____	Yes	No	Yes	No	Yes	No	Yes	No																									
2	Have you ever been quarantined due to a possible exposure to novel coronavirus (SARSCoV2/COVID-19)? If yes, please provide dates and locations. Primary Member: _____ Spouse: _____ Child1 : _____ Child2 : _____	Yes	No	Yes	No	Yes	No	Yes	No																									
3	Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARSCoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?	Yes	No	Yes	No	Yes	No	Yes	No																									
4	Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis. Primary Member: _____ Spouse: _____ Child1 : _____ Child2 : _____	Yes	No	Yes	No	Yes	No	Yes	No																									
5	Have you experienced any of the following symptoms within the last 14 days? ▪ Any fever ▪ Cough ▪ Shortness of breath ▪ Malaise (flu-like tiredness) ▪ Rhinorrhea (mucus discharge from the nose) ▪ Sore throat ▪ Gastro-intestinal symptoms such as nausea, vomiting and/or Diarrhea	Yes	No	Yes	No	Yes	No	Yes	No																									
6	Travel Declaration (if applicable provide the travel pattern)	Yes	No	Yes	No	Yes	No	Yes	No																									
	a. Please provide your travel pattern over the past 14 days:																																	
	<table border="1"> <thead> <tr> <th></th> <th>COUNTRY</th> <th>CITY</th> <th>DATE ARRIVED</th> <th>DATE DEPARTED</th> </tr> </thead> <tbody> <tr> <td>Primary Member</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Spouse</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child2</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED	Primary Member					Spouse					Child1					Child2				
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	b. Please detail your intended future travel plans for next 30 days:																																	
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7	Are you currently in good health?	Yes	No	Yes	No	Yes	No	Yes	No																									
8	Does your occupation fall within any of the below mentioned? (If yes please provide details) ▪ Doctor/ medical professional ▪ Nursing personnel ▪ Pharmacist ▪ Transport work force personnel ▪ Police/Military staff ▪ Pilots/ Cabin Crew personnel Any other occupation which has higher exposure to a large population. If yes, please specify for Primary Member: _____ Spouse: _____ Child1 : _____ Child2 : _____	Yes	No	Yes	No	Yes	No	Yes	No																									

## Declaration by the Member(s)\*

I/We 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/We 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/We hereby give my unconditional consent to the Company to carry out due diligence in respect of information, as provided by me/us 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 Council/any other entity for necessary verification purposes and/or policy servicing purpose.

I/We authorize the Company to seek medical information from any doctor/hospital in respect of any matter relating to my/our physical or mental health and I/we authorize the doctor/hospital to give such information to the Company and/or to their claims administrator or medical advisors. Further I/we also confirm that I/we have never participated nor intend to participate in any hazardous sports or activity. I/we agree that in case of any medical request on my/our proposal the risk will commence only on the date of acceptance of my/our proposal by the Company. I/we authorize sharing with the Company, my/our personal/contact information to enable them to carry out their duties as the Insurer. I/We also declare that all the information given by me/us is true, correct and complete or else the policy shall stand cancelled.

I hereby agree and give consent to exclude from the cover, the family member(s) for whom health declaration is answered as 'No' in the above-mentioned health declaration section.

\*Primary Member Signature/Thumb impression: \_\_\_\_\_ Date: \_\_\_\_\_

\*Spouse Signature/Thumb impression: \_\_\_\_\_ Date: \_\_\_\_\_

\*Child 1 Signature/Thumb impression: \_\_\_\_\_ Date: \_\_\_\_\_

\*Child 2 Signature/Thumb impression: \_\_\_\_\_ Date: \_\_\_\_\_

\*- Only a child above 18 years of age can sign the Member Form

OTP Verified:

(This OTP verification will be done by the Primary Member and will hold true for all the lives covered in the plan. In case of any adverse findings at a later stage, it 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.)

## 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 proposal form to the Member (s) in \_\_\_\_\_ language, and that the Member (s) has affixed the thumb impression above after fully understanding the contents thereof in my presence"

Name of the Declarant : \_\_\_\_\_ Signature: \_\_\_\_\_ Relation with Member (s) \_\_\_\_\_

Address of the Declarant : \_\_\_\_\_

OTP Verified:

**Signature authentication (Single factor authentication):** An OTP authentication number has been sent on your registered mobile number. By feeding in the said number in the system, you hereby unconditionally and absolutely acknowledge and accept the Terms and Conditions of the policy in its entirety and the same would create a legally binding agreement between the Company and You.

**Section 41 of Insurance Act 1938, as amended from time to time:** 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person, to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Extract of Section 45 of the Insurance Act, 1938, as amended from time to time:** No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.