

## Member Form - IndiaFirst Life Group Micro Insurance Plan UIN: 143N053V02

Client Id:	SMS/RLE Branch Code:	SMS/RLE LG Code:
DSA Code:	Branch Code:	Branch LG Code:
MPH Name	Transaction No.	Date of Transaction

Account: \_\_\_\_\_ Joint Life option: Primary Life (Life 1)  Secondary Life (Life 2)

Loan- Home/ Education/Vehicle/Personal/others, please specify: \_\_\_\_\_ (Select "✓" for applicable loan type)

New Loan:  Old Loan:  Old Loan Account Number: \_\_\_\_\_

### Details of the Primary Life / Secondary Life

Primary Life Name: Mr / Ms / Mx FIRST MIDDLE LAST Gender:  DOB: D D M M Y Y Y Y

Joint Life Name: Mr / Ms / Mx FIRST MIDDLE LAST Gender:  DOB: D D M M Y Y Y Y

Life 1: Occupation \_\_\_\_\_ Nature of duties \_\_\_\_\_

Life 2: Occupation \_\_\_\_\_ Nature of duties \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Pin Code \_\_\_\_\_

Mobile\* + ( \_\_\_\_\_ ) \_\_\_\_\_ Email ID \_\_\_\_\_  
Country Code

### Insurance Details

Base Sum Assured ₹ \_\_\_\_\_ Base Premium\* ₹ \_\_\_\_\_ Pay Mode \_\_\_\_\_ Policy Term (Months) \_\_\_\_\_

Premium Paying Term (Months) \_\_\_\_\_ Pay Frequency \_\_\_\_\_ Annual Income \_\_\_\_\_

Life Cover  Life Cover + Accidental Total Permanent Disability  Life Cover + Critical Illness  Life Cover + Accidental Total Permanent Disability + Critical Illness

\*For New Loan, Sum Assured and Plan Term will be as per sanctioned limit. \*For Existing Loan, Sum Assured and Plan Term will be as per outstanding balance as on date of premium debit

Premium paid from loan ( Yes/ No) Premium paid account number: \_\_\_\_\_

PAN: \_\_\_\_\_ Sum Assured Type:  Reducing  Level Installment Premium \_\_\_\_\_ Rate of Interest \_\_\_\_\_  
 (Form no. 60 if PAN is not available)

In case of Joint Life sum assured (%) Life 1 \_\_\_\_\_ Life 2 \_\_\_\_\_ Or  100% for both life (Policy terminates in case of death of any one life)

### 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 (Non disclosures or misrepresentation of facts will highly impact claim settlement)\*

Primary Life: Feet  inches:  Weight in kg:  Secondary Life: Feet  inches:  Weight in kg:

I hereby declare that I am in good health and I am not suffering or have not suffered from any illness / symptoms/ medical condition requiring medical treatment, medical investigation, surgery or hospitalization in past 3 years. I also hereby declare that age mentioned in the proposal form is correct.

### 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 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.

Primary Life Signature/Thumb impression\*: \_\_\_\_\_ Date: \_\_\_\_\_ Joint Life Signature/Thumb impression\*: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorisation for Settlement of Claim amount in favour of Master Policy Holder who is a Regulated Entity

I authorize the Company to make the payment towards my Outstanding Loan Balance amount to Master Policyholder by deducting from claim proceeds payable on the happening of the contingent event covered by the Policy, in case the policy is availed through a Regulated Entity as prescribed by the authority from time to time.

Primary Life Signature/Thumb impression\*: \_\_\_\_\_ Date: \_\_\_\_\_ Joint Life Signature/Thumb impression\*: \_\_\_\_\_ Date: \_\_\_\_\_

### Declaration to be made by a 3rd Person where: a) The insured member has affixed his/her thumb impression; Or b) The insured member has signed in vernacular; Or c) The insured member 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 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: \_\_\_\_\_

**Prohibition of Rebate:** As per provisions of Section 41 of the Insurance Act, 1938 as amended from time to time. For more details please refer to our website www.indiafirstlife.com

**Fraud and Misrepresentation:** As per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. For more details please refer to our website www.indiafirstlife.com

\*Mandatory field