

MEMBERSHIP FORM CUM DECLARATION OF GOOD HEALTH

Kotak Group Assure (UIN:107N051V05) Kotak Group Shield (UIN:107N050V07) Kotak Complete Cover Group Plan (UIN:107N018V09) Kotak Credit Term Group (UIN:107N006V05)

IMPORTANT NOTE: Any additional text written or qualification given in the form would make it invalid.

Name of the Policyholder : **APUTS VALUE HOUSING FINANCE INDIA LIMITED** Policy Number : **CD000416 & CD000417** Plan Option :

1.PLAN DETAILS

Sum Assured :	<input type="text"/>	Premium (Rs.)	<input type="text"/>	Cover Term :	<input type="text"/>
Premium Payment Term:	<input type="checkbox"/> Single <input type="checkbox"/> Regular <input type="checkbox"/> Limited				
Premium Payment Mode:	<input type="checkbox"/> Single <input type="checkbox"/> Yearly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly				
Cover Type :	<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life	Interest Rate :	<input type="text"/>		
Benefit Multiplier :	<input type="checkbox"/> 100% <input type="checkbox"/> 110% <input type="checkbox"/> 120%	Moratorium Period	<input type="text"/>		

2.LIFE ASSURED'S DETAILS

Loan Account No.:	<input type="text"/>	Customer ID:	<input type="text"/>
Member Name: Mr. / Ms.	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Date of Birth :	<input type="text"/>	Address:	<input type="text"/>
Bank Account No.:	<input type="text"/>	Bank Name:	<input type="text"/>
Contact No.:	<input type="text"/>	IFSC Code:	<input type="text"/>
Name of Joint Life Insured (if any): Mr. / Ms.:	<input type="text"/>		
Date of Birth :	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
		Relationship with Member :	<input type="text"/>

3.NOMINEE DETAILS

(needs to be a major i.e. above 18 years of age and should be one of the following: Husband, Wife, Son, Daughter, Father, Mother, Brother, Sister, Grandfather or Grandmother)

Name: Mr. / Ms.	<input type="text"/>
Date of Birth :	<input type="text"/>
Present Address :	<input type="text"/>
Relationship with Member :	<input type="text"/>
Bank Account No.:	<input type="text"/>
Bank Name:	<input type="text"/>
IFSC Code:	<input type="text"/>

Do your bit for green world & Switch to e-communication. Kindly (✓) if you would like to receive all policy related documents and other communication on the email address provided by me through any other electronic means

4.DECLARATION OF GOOD HEALTH

I hereby declare that :

1. I am in good health and perform all my routine activities independently
2. I have never had any physical defect, deformity or disability (means inability to function normally, physically or mentally) affecting my day to day activities.
3. I have never undergone nor have I been advised to undergo any major surgical procedure.
4. I have never suffered and am not currently suffering from:

a) High Blood Pressure, Heart Attack or any other Heart Disease;	b) Stroke, Paralysis in any form, Epilepsy or any other Cerebrovascular Disease;
c) Diabetes, thyroid or any other Endocrinial Disease, Kidney Disease;	d) Any Chronic Liver Disease or any Cancer or Cancerous growth;
e) Any Lung Disease (eg. Chronic Obstructive Pulmonary Diseases, TB, Parenchymal lung Disease, Pulmonary Embolism etc.).	f) Blood Disorders, Gastro-Intestinal Diseases, or any other disorder of the bones, spine or muscle;
g) Any Mental or Psychiatric condition, Epilepsy, any Genetic Disease or any disease related to central nervous system (disease related to brain);	h) HIV / AIDS or AIDS related complications.
5. In the last 2 years, I have not –

a) Have a reduction in weight (of more than 10 kgs)	b) been continuously hospitalised for more than 7 days (other than fractures of leg or arm).
c) undergone any investigations (including basic radiological and blood tests) other than normal Health Check-ups and Insurance Medicals, or	d) had adverse result for any blood tests, X-Rays, ECG, Stress Test, Biopsies, CT Scan, MRI, Ultrasonography or 2D / 3D Echo etc.
6. I do not engage or intend to engage in any business, sport or occupation or any hobby of a hazardous nature.
7. I do not have any habit of smoking, chewing tobacco, alcohol, narcotics in any form or quantities consumed more than that is mentioned below-
 - i. Cigarette sticks / Cigar sticks / Bidi sticks/ Gutka pouch / Paan - 10 units /day,
 - ii. Alcohol: Beer/Hard Liquor/Wine Quantity- 20 units/ week **(1 unit= 300 ml of beer, 30 ml of spirits, 100 ml of wine)
 - iii. Any Narcotics consumption
8. For Females Lives Only:
 - a) I am currently not pregnant. I am not suffering from or nor have suffered from any complication of pregnancy.
 - b) I am not suffering from or nor have suffered from any diseases of breast/ uterus/ cervix?

Following questions are applicable ONLY when "Critical Illness Cover / Disability Cover" are opted

9. I have not had any proposal and / or policy for life, health, accident or critical illness, including renewals / revivals therefor, declined or deferred by any insurance company in India or Overseas. I do not engage or intend to engage in any business, sport or occupation or any hobby of a hazardous nature.
10. I have never been diagnosed with any form of internal or external congenital anomaly or defect. i.e. any condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

5.DECLARATION BY THE MEMBER

I further declare that the above statements are true and complete in every respect related to my health and will form the basis of granting insurance cover to me, from Kotak Mahindra Life Insurance Company Ltd.[KLI]. I further hereby agree and give my consent to, the Policyholder for use of the contents of this declaration by KLI for examining and processing any claim arising, in respect of the insurance cover that may be provided to me under the referred group policy

I hereby confirm that my intent to participate in the above plan for the Policyholder's customers is purely on a voluntary basis, I confirm and I confirm and agree that the insurance cover, if provided, will be governed by the provisions of the Insurance Act, 1938 and the Policy Contract under which the cover will be offered to me.

I agree and understand that if I contract any of the above diseases between submitting this document and the date of commencement of the cover, I shall not be covered under the policy. I have also not withheld any material information or suppressed any fact. I undertake to notify KLI ('The Company') of any change in my state of health or occupation or any decisions subsequent to the signing of this declaration form and before the acceptance of the risk by the Company.

I understand and agree that if any untrue statement be contained herein, I, my heirs, executors, administrators or assignees shall not be entitled to receive any benefits which may be provided to me on the faith of this declaration, including, inter alia the aforesaid insurance cover. I understand and acknowledge that insurance cover shall be as per terms and conditions detailed in the Policy Contract issued by KLI in favour of the policyholder and that KLI's decision in respect of all aspects of the referred group life insurance plan shall be final & binding.

"I/ We hereby agree, consent and authorize Kotak Mahindra Life Insurance Company Limited ("KLI") to collect and use; any information of the member and/ or Proposer, including but not limited to the personal and/ or sensitive personal data or information including KYC document and medical/health information that is contained in this proposal form, available with KLI and/ or otherwise obtained. I/ We expressly agree, consent and authorize KLI to part/share/ disclose and/ or verify such data and information with any entity including but not limited to statutory/ regulatory/ government bodies, individuals, organizations, entities, reinsurers, auditors, investigation agencies, service providers, industry associations/ federations etc.; in any form or manner as KLI deems appropriate for the subject life insurance cover and also for providing any other form of service(s) including but not limited to underwriting, issuance of cover, claim investigation/ processing/ payment/ settlement, marketing or promotional communications, value added services, risk management activities, policy servicing etc

I hereby give my consent to and authorize the Policyholder / my Doctor / Hospital / Local, State, Central authority / Dealer / Distributor / my past or present Employer / any insurance company, which I may have applied to divulge or convey and KLI to seek any information or particulars (including personal details, medical, health (physical or mental), financials or employment details) relevant to this Form / my admission into the referred Group Insurance Policy to KLI at any point during proposal underwriting and the continuance of my cover hereunder including any claim under the said Policy. I also permit KLI to approach me directly for any clarification and / or other purposes.

I hereby voluntarily give my consent to collect, process, receive, possess, store, deal, share or handle my personal data including sensitive personal data including medical records, health, financials, personal details or employment details, information pertaining to my proposal/ this form, COI (Certificate of Insurance) / COA(Certificate of Annuity) / DOGH (Declaration of Good health) with/ from third parties/ vendors associated with the Company for various purposes and activities exclusively related to, proposal underwriting, issuance/servicing of insurance policy and/or settlement of claim and with any statutory, governmental and/ or regulatory authority

I also permit KLI to approach me directly for any clarification related to this proposal and resulting policy I further agree that in case of fraud / misstatement by me, the Policy will be treated in accordance with the Section 45 of the Insurance Act,1938 and amendments there to from time to time.

I hereby authorize the Master Policyholder to collect the premium(s) payable from me; and forward / remit the same directly to "Kotak Mahindra Life Insurance Company Ltd (KLI)" on my behalf.

In case of free look cancellation or foreclosure, I hereby authorize

- The master policyholder to share the freelook cancellation / foreclosure request with KLI for processing on my behalf
- I hereby authorize KLI to refund the insurance premium after applicable deductions if any, to the Master Policyholder for onward remittance to me. I further confirm that KLI shall not be held liable for any claim(s), disputes or payment(s) arising out of or related to the above said transaction(s) under any circumstances.

Place :

Date :

Signature/Right Thumb impressions of life to be insured

6.AUTHORISATION OF CLAIM PAYMENT

I authorise KLI to apply the benefits under this policy, first towards the loan outstanding, by paying the same directly to the Policyholder and the balance, if any, may be paid to myself and/or my nominee/legal heirs, as the case may be. I certify that this authorization is being effected in consideration of a loan obtained from the Policyholder. I further certify that the loan outstanding amount as confirmed by the Policyholder shall be considered as final and binding. I declare that the receipt of the benefits by the Policyholder and/ or my nominee/ legal heirs shall be a valid and sufficient discharge of KLI's liabilities with respect to the life cover provided to me.

Place :

Date :

Signature/Right Thumb impressions of life to be insured

7.DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages or where the form is filled in by a representative duly authorised by a person with disability)

Scribe / Vernacular languages Disability

I _____ (full name) have explained to the member that the answers to the questions form the basis of the contract of Insurance between the Company and the Master PolicyHolder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and the Policy will be cancelled immediately by the Company in accordance with the Section 45 of the Insurance Act, 1938 and amendments thereto from time to time and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Proposer has signed / affixed his/her right thumb impression in my presence.

Place :

Date :

Signature of the Scribe

Place :

Date :

Witness / Policyholder Authorized Signatory :

Section 41 of the Insurance Act, 1938 as amended from time to time states: 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.

Section 45 of the Insurance Act, 1938 as amended from time to time states: The provisions of Section 45 of the Insurance Act, 1938 are applicable in the above contract. Please refer to Section 45 either on our website or contact our intermediary or visit the nearest branch for the full text.

https://www.kotaklife.com/assets/images/uploads/why_kotak/section38_39_45_of_insurance_act_1938.pdf

Free Look Period : The member is offered 30 days (except for policies having a cover term of less than a year) free look period from the date of receipt of the Certificate of Insurance wherein the Member may choose to return the Certificate of Insurance within 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan and receive the applicable refund amount.