

## ENROLMENT FORM

Application No. /Loan Account No.: \_\_\_\_\_ Master Policy Reference no.: \_\_\_\_\_

This is an application for Insurance & will form the basis of the policy certificate that We may issue. Every information, this application seeks is important & mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy certificate even if it is issued. **We are under no obligation to accept any proposal for insurance.** If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if proposal is not accepted by us or premium is not received by Us in full and in time, or non-fulfillments of additional information requested by us, if any or if the proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

### 1. Proposer/Insured Person's Information

Please fill-up this form in CAPITAL LETTERS

| Name: (Mr./Mrs./Ms)                       | First Name                        | Middle Name                            | Last Name                             |                      |                  |
|---|-----------------------------------|--|---------------------------------------|----------------------|------------------|
| Date of birth:                            | Gender:                           |  |                                       |                      |                  |
| Occupation:                               | <input type="checkbox"/> Salaried | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Others _____ |                      |                  |
| Address for communication: _____<br>_____ |                                   |  |                                       |                      |                  |
| District:                                 | City:                             | State:                                 | Pin code:                             |                      |                  |
| Tel (O):                                  | Mobile: _____                     |  |                                       |                      |                  |
| Email Id:                                 | Unique id no.: <b>XXXX-XXXX-</b>  |  |                                       |                      |                  |
| Loan Details:                             |                                   |  |                                       |                      |                  |
| Type of loan                              | Loan Tenure                       | Loan Amount                            | Date of loan sanction                 | Date of disbursement | Disbursal Amount |
|   |                                   |  |                                       |                      |                  |

*Note: Policy tenure > 1 year is applicable in case of credit linked policies*

### 2. INSURED PERSON'S DETAILS

| Name of the Insured persons | Relationship with Applicant | Date of birth | Occupation | Gender | Unique Id no. |
|-----------------------------|-----------------------------|---------------|------------|--------|---------------|
|                             |                             |               |            |        |               |

### 3. MEDICAL AND LIFESTYLE INFORMATION

Please answer the below mentioned questions in Yes (Y) / No (N).

|   |  |   |   |
|---|--|---|---|
| Please answer the below mentioned questions in Yes (Y) / No (N).  |  | Y | N |
| Has any person to be insured suffered/suffering from any pre-existing illness/medical/surgical condition?   |  |   |   |
| Has any person to be insured taking medications on regular basis?   |  |   |   |
| Has any person to be insured awaiting any treatment, medical or surgical, or attending any follow up for any disease/condition/ailment/injury/addiction?  |  |   |   |
| Pre-existing disease/Disability details, if any:  |  |   |   |
| In case of any the proposed insured marks yes to any of the above question or declare any pre existing disease/disability, decision to accept the proposal with loading/exclusions or rejecting the proposal will be taken by the health underwriting team. |  |   |   |

# Tata AIG Group EMI Protect

**UIN: TATHLGP20116V011920**



## 4. PLAN DETAILS

Group EMI Protect: Please fill the below details

Plan Type \_\_\_\_\_ Policy Tenure \_\_\_\_\_ Post Tax Premium (in Rs.) \_\_\_\_\_

| Plan | Benefit                           | Coverage Details                                 | 2 Years | 3 Years | 4 Years | 5 Years |
|------|-----------------------------------|--|---------|---------|---------|---------|
| A    | Inpatient Hospitalization Benefit | 05 - 09 Days of per Hospitalization - Rs. 4,200  | ₹ 674   | ₹ 968   | ₹ 1,233 | ₹ 1,470 |
|      |                                   | 10+ Days of per Hospitalization - Rs. 8,400      |         |         |         |         |
|      | Accidental Death                  | Rs. 70,000                                       |         |         |         |         |
| B    | Inpatient Hospitalization Benefit | 05 - 09 Days of per Hospitalization - Rs. 6,000  | ₹ 963   | ₹ 1,383 | ₹ 1,762 | ₹ 2,100 |
|      |                                   | 10+ Days of per Hospitalization - Rs. 12,000     |         |         |         |         |
|      | Accidental Death                  | Rs. 1,00,000                                     |         |         |         |         |
| C    | Inpatient Hospitalization Benefit | 05 - 09 Days of per Hospitalization - Rs. 7,500  | ₹ 1,204 | ₹ 1,729 | ₹ 2,202 | ₹ 2,625 |
|      |                                   | 10+ Days of per Hospitalization - Rs. 15,000     |         |         |         |         |
|      | Accidental Death                  | Rs. 1,25,000                                     |         |         |         |         |
| D    | Inpatient Hospitalization Benefit | 05 - 09 Days of per Hospitalization - Rs. 9,000  | ₹ 1,444 | ₹ 2,074 | ₹ 2,643 | ₹ 3,150 |
|      |                                   | 10+ Days of per Hospitalization - Rs. 18,000     |         |         |         |         |
|      | Accidental Death                  | Rs. 1,50,000                                     |         |         |         |         |
| E    | Inpatient Hospitalization Benefit | 05 - 09 Days of per Hospitalization - Rs. 12,000 | ₹ 1,926 | ₹ 2,766 | ₹ 3,524 | ₹ 4,200 |
|      |                                   | 10+ Days of per Hospitalization - Rs. 24,000     |         |         |         |         |
|      | Accidental Death                  | Rs. 2,00,000                                     |         |         |         |         |

For coverage details & terms & conditions kindly refer the policy wordings

## 5. NOMINEE DETAILS

Nominee Name \_\_\_\_\_ Relationship with the Insured Person \_\_\_\_\_

In the event of the death of the Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Insured Person.

## 6. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full payment of the premium chargeable.
- I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurance company to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I/We hereby declare that the above health declaration is good and answer to all health questions is "N".

- It is hereby declared and agreed,** I/we declare and agree that upon any monies becoming payable under this Policy the same shall be paid by the Company to the Bank/ financial/lending institutions **against the loan amount** and such part of any monies so paid as may relate to the interests of other parties insured hereunder shall be received by the Bank/ financial/lending institutions as Agents for such other parties. That the receipts of the Bank/ financial/lending institutions shall be complete discharge of the Company therefore and shall be binding on all the parties insured hereunder.

Signature of the Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: Abhishek

Name & Signature of agent/intermediary/Specified Person: **ABHISHEK RATHORE**

Code: **AS633457**

Vernacular Declaration (*Certification in case the proposer has signed in vernacular/thumb print*)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: Abhishek

Name & Signature of agent/intermediary/Specified Person: **ABHISHEK RATHORE**

Signature of the Proposer: Abhishek

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.**

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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.

For office use only - Employee ID: \_\_\_\_\_ Partner Reference ID: \_\_\_\_\_

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy document carefully before concluding a sale.