## **Member Consent Form for ICICI Pru Super Protect Credit** (A Non-Linked Non-Participating Group Insurance Product)



Signature in Vernacular/ Thumb Impression of member

Details		er LA-00803						Cover Type: 💊	
	Salutation	Full	Name	Age/ DOB	Gender	Nationality	State/Pin code	Relationship with Member	Occupation <sup>2</sup>
/lember	Mrs	HEMAL	ATHA A	1989/05/11	F	Indian	573201	NA	IRE AND HUSBAND BANKIN
lominee	Mr	ANJAN KUM	AR SHETTY A	1984/10/08	М	Indian	573201		
pointee <sup>1</sup>									
ominee is le	ess than 18 years, App	ointee is mandatory. Ap	pointee should be more tyed, ST= Student, H= Ho	han 18 years of a	age. ed R=Rusi	ness A=Agriculture	-	-	•
	mber of membe	7040	731319		_ En	ail ID of memb	er³: HEMAA	NJAN2@GMA	AL.COM
			d authorize ICICI Pruden r evaluating and process			Ltd and its represen	tatives to contact me	through call/WhatsApp	o/email. I further cons
		ed for: V Death	- ,						
	ed: _ 200000.0		olicy Term (Year/s			_ Total Premiu	m Amount (in	INR incl GST) <sup>4</sup> :_	164.42
			chosen benefits including	death benefit.					
	Details of Men		44.0.41.51			<b>.</b>			
-	nd to the question wherever applica		1 to Question 5 by	placing a tic	k mark (	√) in the answei	box that corre	sponds to your re	sponse and fill
			/ been treated for any	of the following	g? (Pleas	se tick YES if a	ny one or more	e is relevant)	es No
leart diseas ligh cholest	se	HIV/AIDS infection, physical deformity,	•	Congenital def Paralysis,			-	´ L	
troke		Epilepsy,			brain or i	nervous system			
Cancer/tumor Kidney disease		any mental / psychia disorder of muscles/		Arthritis, thyroid disorde	r				
ung diseas	se /asthma	tuberculosis	•	blood disorder,					
		Liver disease /hepat High blood pressure		chronic digestiv	e disorde	er,			
		ed above If yes, plea							7 []
			ndergo any investigat or cough, cold or flu) fo					received any	Yes No
			di's per day? (b) Che					than 2 pegs	Yes Vo
			<b>S if any one or mo</b> ent application ever b			or accepted at av	tra promium or m	adified terms?	Yes V
	vered by <b>FEMALE</b>		ent application ever b	een decimed, p	ostponec	or accepted at ex	tra premium or mo	dilled terms?	
	rently pregnant?	accological problems	or illness related to b	roacte utorus	or ovany?				Yes No
	- Questions	necological problems	or illiness related to b	ileasis, uterus	or ovary:				
		or your family membe	ers been tested positiv	e for COVID-1	9 or have	been self-isolated	with symptoms o	n	Yes No
medical adv	vice?		•					<u> </u>	
to remain at	t home) or had a pe		s been advised to self , raised temperature o						Yes No
COVID-19?		are travalled everees	s post 1st Jan 2020 C	D planned to t	raval duri	ng the poyt 6 man	the?		
HAVE VOU OF	i your fairing monitor	oro travelled oversea	3 post 13t ban 2020 c	nt planned to	iavei duii	ng the next o mon	110:		Yes No
Have you or						1 I IOIOI DI4	ial Life Incurance		
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