



PNB MetLife India Insurance Company Limited
(Insurance Regulatory and Development Authority of India Life Insurance Registration No.117, CI No. U66010KA2001PLC028883)
Registered Office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001
Website: www.pnbmetlife.com **Phone:** +91-80-2643 8638. **Fax:** +91-80-41506969

Online Application form

Quoteld 516400242843

ProposalNumber 448444023

Instructions:

Please read all the questions provided in this Application form carefully and provide the required details truthfully in relation to your health and habits, within your knowledge as on the date of the submission of this application. The information provided by you will form the basis for issuance of the policy. All documents submitted along with this the Application form should be self-attested by the Applicant. The Application form and all rights, obligations, and liabilities arising thereunder, shall be construed, determined, and enforced in accordance with the laws of India.

☒ I agree to full and honest answers to all the questions.

A. Applicant / Proposed Insured Details (To be filled in BLOCK CAPITALS)

1. Name: Mr Chaman Raj

2. Father/Spouse's Name: Mr. Kaushlesh Kumar

3. Date of Birth: 07-Oct-1987 (28 years)

4. Place of Birth:

5. Gender: MALE

6. Nationality: Resident Indian

7. Marital Status: Married

8. Address:

- **Current Residential Address:** Flat No 2B, Nath Residency,, Lane 1, Gandhi Vihar, Bariatu, Behind Shirdi Sai Hospital, Ranchi, Jharkhand, PIN: 834009
- **Office Address:** _____
- **Permanent Address:** Flat No 2B, Nath Residency,, Lane 1, Gandhi Vihar, Bariatu, Behind Shirdi Sai Hospital, Ranchi, Jharkhand, PIN: 834009

9. Telephone: Country Code: _____, Area STD Code: _____, Telephone: _____, Mobile: 7840099266, Email: chaman.raj@gmail.com

10. PAN No. APWPR5585C

11. Educational Qualification: Post Grad & Above

12. Occupation: Self employed

13. Occupation Details

| Name & Address of the Organization/Business | Exact Nature of Duties | Designation | Years of Service/Business | Annual Gross Income (in Rs.) |
|---|------------------------|-------------------|---------------------------|------------------------------|
| Sandwedges Food Services Pvt Ltd | Office Work | SOFTWARE ENGINEER | 5.00 | 9,99,000 |

14. Identity Proof: _____

15. Address Proof: _____

16. Income Proof: _____

17. Age Proof: _____

18. Do you want your policy in de-materialised (Demat) format? No

19. Do you wish to register your Email id on which you will receive communication through Email? Post registration of email, we shall stop sending Policy related communication to you in physical form. Yes/ No

B. Nominee Details:

| S No. | Nominee Name | Relationship with LI | Date of Birth | Percentage share |
|-------|--------------------|----------------------|---------------|------------------|
| 1 | Ms Arushi Sachdeva | Wife | 14-Sep-1987 | 100 |

C. Appointee Details:

| Nominee S No. | Appointee Name | Relationship to Nominee | Date of Birth |
|---------------|----------------|-------------------------|---------------|
|---------------|----------------|-------------------------|---------------|

D. Details of Insurance Policies of the Proposed Insured with PNB MetLife India Insurance Co. Ltd. and Other Life Insurance Companies

| Name of the Insurance Company | Cover Type | Sum Assured | Year of Issue | Acceptance Terms | If not accepted at standard terms, please provide reason for the same |
|-------------------------------|------------|-------------|---------------|------------------|---|
|-------------------------------|------------|-------------|---------------|------------------|---|

E. Medical Details and Family History:

1. Family History

Are any of your Parents or Siblings suffering or have suffered from Heart disease, diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer, Parkinson or any hereditary disease before the age of 60? :

| Relation to Proposed Insured | Age | Current Status (Alive / Deceased) | Details of present health and full particulars of any major illness (Heart disease, diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer, Parkinson or any hereditary disease) | Age at onset | Cause of death |
|------------------------------|-----|-----------------------------------|---|--------------|----------------|
| Father | 65 | Alive | Raised cholesterol | 41 | |

2. Medical Details:

1. Height: 5 ft. 8 inches. Weight: 82Kg.

Have you ever had symptoms of, been treated for, been advised to receive treatment or have undergone any investigations for any of the following. (The below conditions are provided as examples only and would request you to disclose all disorders, disease or other health conditions, which are, or might be relevant. If answer for any of the questions in this section is "Yes" please provide all medical reports, if available.)

| | |
|--|----|
| (a) High Blood Pressure, Chest Pain, Angina, Heart Attack or any other symptoms or disorders pertaining to the Heart or Circulatory System? | No |
| (b) Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other symptoms or disorder of the Brain or Nervous System? | No |
| (c) Tuberculosis, Asthma, Bronchitis, Avian Flu, difficulty in regular breathing or any other Respiratory Disorder? | No |
| (d) Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy? | No |
| (e) Any Kidney, Liver, Bladder Disorder or Prostate Disease, Blood/Protein in Urine? | No |
| (f) Ulcers or any Stomach or Intestinal Disorder? | No |
| (g) Diabetes, Thyroid or any other Gland Related Disorders? | No |
| (h) Any Disorder related to Ear, Nose, throat or skin? | No |

| | |
|---|----|
| (i) Any Back, Arthritic, Joint or Bone Disorders or any other physical deformity/defect? | No |
| (j) Do you have Anaemia or any other blood related disorders | No |
| (k) Depression, Anxiety, Attempt to Suicide or any other Psychological or Emotional Disorder or Nervous Breakdown or Mental Illness or symptoms of the same? | No |
| (l) Have you or your spouse ever received any medical advice, counselling or treatment in connection with HIV/AIDS or Hepatitis B/C or any Sexually Transmitted Disease? | No |
| (m) During the past five years (a) Have you consulted any doctor or health practitioner for an illness lasting for more than 5 days except for fever, common cold or cough? (b) Have you undergone any medical investigations like ECG, x-ray or blood tests (other than for routine check) or been admitted to a hospital for treatment or investigations? | No |
| (n) Has there been weight loss or weight gain (> =5 Kgs) in the past year? | No |
| (o) Have you undergone or been advised to undergo surgery of any kind or any major organ transplant? | No |
| (p) Have you been or are you suffering from any other illness, injury, disease condition or have undergone medical examination not mentioned in the above questions due to which you have abstained from work for more than 7 days? If yes, please provide details of the illness and the treatment /medication taken or being taken. For each 'Yes' in point 3 please identify the question and provide full details, conditions, dates, duration and results. Kindly provide the full name and address of Doctor/ Hospital/ Clinic etc. | No |

2. For Female Proposed Insured Only

a) Maiden Name:

| | |
|--|-----|
| b) Are you pregnant? | N/A |
| c) Have you delivered, undergone caesarian section, had any abortion or miscarriage? | N/A |
| d) Have you suffered / are suffering from any disorder of the breast or reproductive organs? | N/A |

F. Life Style & Personal Details of the Proposed Insured

| | |
|---|----|
| a) Please indicate your tobacco or nicotine consumption details | No |
| b) Please indicate your Alcohol consumption details : | No |
| c) Please indicate your Narcotics / Drugs consumption details : | No |
| d) Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc), please complete the respective Occupation Questionnaire? : | No |
| e) Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services Questionnaire? : | No |
| f) Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you? : | No |
| g) Have you flown in the last two years or do you expect to fly in future either as a student pilot, pilot or crew member | |

| | |
|--|----|
| or a passenger in a Non Commercial/Personal/Chartered Flight? If yes, please complete Aviation Questionnaire. (Please tick No if you are a fare-paying passenger in domestic/international airline) : | No |
| h) Do you engage in Automobile or Motor-cycle Racing, Skin or Scuba Diving, Skydiving or Professional Sports : | No |
| i) Is the Proposed Holder/Proposed Insured/Premium Payor or an immediate family member politically exposed through currently or previously being a senior official of a foreign or Indian government or government owned commercial enterprises / political party? : | No |
| j) Do you have an e-Insurance Account? : | No |

G. MetLife Mera Term Plan Details

1. Mera Family Payout Option

| | | Choose Your Option | Specify the Sum Assured |
|----------------------------|---|--------------------|-------------------------|
| Mera Family Payout Option | Lumpsum | Yes | 10000000 |
| | Income Option | | |
| | Increasing Income Option | | |
| My Family Coverage Options | Child Benefit Option | | |
| My Additional Benefits (*) | Critical Illness Benefit | Yes | 5,00,000 |
| | Accidental Death Benefit | | |
| | Accidental Total Permanent Disability Benefit | Yes | 50,00,000 |
| | Serious Illness Benefit | | |
| | Spouse Cover | | |

* Issued as a separate Rider Policy after payment of necessary premium.

2.

(a) Policy/ Coverage Term (in Years): 40

(b) Premium Payment Term (in Years): 40

(c) Modal Premium (inclusive of taxes in Rs.): 10,514

(d) "Annual Premium (inclusive of taxes in Rs.): 10,514

(e) Sum Assured (Rs.): 1,00,00,000

(f) Premium Payment Frequency: Annual

Spouse Cover

Do You want to cover your Spouse? No

Tax Questionnaire

| | |
|---|-------|
| Please list all the countries that you are a citizen of | India |
| Please list all the countries that you are a tax payer in | India |

Section 45 of the Insurance Act, 1938:

- No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of

issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

Please refer to the Insurance Act, 1938 or our sales literature to review the complete provisions of Section 45..

Section 41 of the Insurance Act, 1938: (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 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 prospectus 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.

DECLARATION, AGREEMENT & AUTHORISATION

DECLARATION: I Chaman Raj have read this Application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I have also understood the terms and conditions of the plan that I have applied for. I have made complete, true and accurate disclosure of all facts to the best of my knowledge and belief and that I have not withheld any information. I hereby declare, on my behalf 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 am authorized to propose on their behalf. I understand that the information provided by me forms the basis of the insurance policy and that the policy is subject to the Board approved underwriting policy of PNB MetLife India Insurance Company Limited ("PNB MetLife") and that the cover will come into force and effect only after full receipt of the premium chargeable and upon issuance of the policy. I further declare that I will notify PNB MetLife in writing of any change occurring in my occupation, financial health or general health after the proposal has been submitted but before communication of the risk acceptance by PNB MetLife.

AGREEMENT: I do hereby agree that:

1. My answers and/or statements provided herein and this declaration shall form the basis of policy issued by PNB MetLife
2. Any untrue statement contained in the application shall render the policy contract as null and void and the premium/premiums paid by me shall be refunded to me within 90 days of such repudiation.
3. If, after submission of this Application and before issue of the policy (i) If there are any adverse circumstances connected with the general health of the Proposed Insured/Proposed Holder or (ii) If an application for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an application of revival, has been withdrawn or dropped or accepted at an increased premium or on terms other than as originally proposed or (iii) if there is any change in my/our occupation or financial position, I/we shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this Application. Any omission on my/our part to do so shall render the contract based on this Application invalid and the policy shall be cancelled immediately and the premium/premiums paid by me shall be refunded to me within 90 days of such cancellation.
4. The payment made along with the application is a deposit with PNB MetLife to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me. Until the premium is accepted and the policy is issued, no risk shall attach to PNB MetLife. In the event that the Application is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Application by me. I agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test.
5. I agree that the terms and conditions including the premium and benefits under the policy are subject to tax/duties/charges as per the applicable law.
6. I hereby declare that the money used by me to pay the premium under this Application has not been derived from any criminal or illegal activity or any unknown sources.
7. I hereby acknowledge that the information provided under this Application will be used for the purpose of underwriting this Application and for providing policy related services, in the event of the risk being accepted by PNB MetLife.
8. I understand that any premium if paid by cash has to be paid only in PNB MetLife branches. Suidha outlets and other authorized cash collection agencies against an official Receipt and not to PNB MetLife's Financial Advisors/Broker/Corporate Agent. If it is paid to Financial Advisor/Broker/Corporate Agent for depositing with PNB MetLife, then the Financial Advisor/Broker/Corporate Agent for this purpose is acting as my authorized representative and that of PNB MetLife and PNB MetLife shall not be liable for any loss incurred by me while doing so.
9. The policy will lapse in case the premiums are not paid as per the frequency and policy term opted in this form.
10. I hereby acknowledge that pursuant to any law, in force in India or any other country, or any agreement that PNB MetLife and/ or its' affiliates/ group entities have entered into, or may enter into, with any governmental agency/ regulatory body/ organization in furtherance of any such law, PNB MetLife and/ or its' affiliates/ group entities may be required, or obligated, to furnish, transfer or disclose all and any information that PNB MetLife and/ or its' affiliates/ group entities may possess about me, and/or my affairs (including, without limitation, information provided by me under and in relation to my application for an insurance product/policy from PNB MetLife or any other information received or collected by it/ in the usual course of business) to such person or entity or authority, as is required pursuant to such laws or such

agreement. I hereby consent, and authorize, PNB MetLife and/ or its' affiliates/ group entities to furnish, transfer or disclose all and any information that it and/ or its' affiliates/ group entities may possess about me, and/or my affairs, in accordance with such laws or any such agreement, to such person or entity or authority, within or outside India, as is required pursuant to such laws or such agreement, without there being the need of any further consent from me.

AUTHORISATION: I hereby Irrevocably authorize any organization, Institution, or Individual, that has any record or knowledge of my health and medical condition or about any treatment or advice that has been given or may hereafter be provided or other personal information, to disclose to PNB MetLife, such information. This authorization shall bind my/our successors and assigns and remain valid not withstanding my death or incapacity, in so far as legally possible. I hereby consent, and authorize, PNB MetLife to use and disclose any personal information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to any individual/organisation/entity associated or affiliated with or engaged by PNB MetLife, within or outside India, including reinsurers, claim investigative agencies, and industry associations/federations, for the purpose of processing/underwriting this Application and/or providing subsequent services arising out of the insurance contract, including claims settlement. I authorize PNB MetLife to share any personal information pertaining to my/our Application including financial and/or medical records with any Governmental and/or Regulatory Authority.

Note: IRDAI of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI of India does not announce any bonus. Anyone receiving such phone calls are requested to lodge a police complaint along with details of phone call & number.

Date: 06-Oct-2016

Verified by OTP sent on mobile number 7840099266 and email ID chaman.raj@gmail.com