



IndusInd Nippon Life

## Member Enrollment Form for IndusInd Nippon Life Group Jan Suraskha Kavach

The insurance mentioned herein will be issued based on the facts provided in this proposal form. If any of the details provided are not factual or are not fully disclosed, the policy issued is liable to be cancelled with immediate effect. Please fill this form your self after reading the Product Brochure and with the assistance of are Advisor or Manager-Sales Team.

For office use only

CDA/CA/BM Code	CA Exec/SM Code	FOS Code	POS/Advisor Code
<input type="checkbox"/> First Insurance with IndusInd Nippon Life Insurance	<input type="checkbox"/> Subsequent Insurance with IndusInd Nippon Life Insurance	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural

Important Guidelines: 1. This form is to be filled by the member him/her self. 2. If the member is unable to fill the form due to inability to read or understand English language, help of a person other than the insurance advisor/IndusInd Nippon Life Insurance Company Limited (INLIC) employee or insurance intermediaries or Master Policyholder may be used for filling up. 3. For details on risk factors, terms and conditions please refer to the respective product brochure before concluding a sale. 4. Premium paid through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization 5. #Enclose proof of mailing & permanent address (both) if different & attach complete address details. 6. Enclose self attested address proof, identity proof & income proof, PAN Card copy, as applicable. 7. Enclose signed cancelled cheque/self attested passbook copy. 8. In the event, a member opts for Sum Assured above Free Cover Limit, the member has to submit personal statement for group cover life additionally which can be obtained from Master Policyholder or insurer.

## PERSONAL DETAILS (Primary life Assured)

Member to be Assured  Mr.  Ms. Full Name \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Marital status \_\_\_\_\_

Annual Income (Rs): \_\_\_\_\_ Nationality:  Indian  NRI  Others (Specify) \_\_\_\_\_

Occupation \_\_\_\_\_ Nature of Duties/Job Description \_\_\_\_\_

Address Proof \_\_\_\_\_ Identity Proof \_\_\_\_\_ Age Proof \_\_\_\_\_

PAN \_\_\_\_\_ (submit form 60 if PAN not available)

Details for communication: Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ PIN Code \_\_\_\_\_

State \_\_\_\_\_ Tel./Mobile No. \_\_\_\_\_ Email ID. \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ PIN Code \_\_\_\_\_

## MEMBER BANK DETAILS:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Branch Name: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

**JOINT LIFE DETAILS (Secondary life If Applicable)**

## COVERAGE DETAILS

Sum Assured: \_\_\_\_\_ Premium Rs. \_\_\_\_\_  
Member/Loan/Account No. \_\_\_\_\_ Outstanding Loan Amount Rs. \_\_\_\_\_  
Loan Type: \_\_\_\_\_ Loan Term: \_\_\_\_\_ Coverage term: \_\_\_\_\_  
Premium Paying Term  Single Premium  OYRT  
Policy term \_\_\_\_\_ (Applicable for single premium) Premium Paying Frequency \_\_\_\_\_ (Applicable for OYRT)

## NOMINEE DETAILS:

Name of the Nominee	Nominee Address	Date of Birth	Gender	Relationship with Primary Member	Percentage Share
					Total 100%

Appointee's Name (If Nominee is a minor): \_\_\_\_\_

Appointee's Address: \_\_\_\_\_

Appointee's signature: \_\_\_\_\_ Appointee's Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Relationship with the Nominee: \_\_\_\_\_

Nominee Mobile No. \_\_\_\_\_ Nominee Email ID. \_\_\_\_\_

Nominee Permanent Address: \_\_\_\_\_

Gender:  Male  Female  Transgender

#### NOMINEE BANK DETAILS:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Branch Name: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

#### DECLARATION OF GOOD HEALTH (Applicable for Compulsory/Voluntary)

DOGH for group insurance	Primary Life	Joint Life
Have you ever had any form of heart disease ,stroke, pre-cancerous conditions, cancer/tumour, kidney disease, lung disease, asthma, tuberculosis, liver disease, hepatitis, diabetes, high blood pressure, high cholesterol, digestive disorder, HIV/AIDS infection. Or during last 5 years have you been advised to undergo any investigations or undergone any major surgery or been hospitalised or treated for medical condition except for minor cough, cold or flu for continuous period of more than 10 days?		

#### PAYMENT AUTHORISATION (if applicable)

I do hereby declare that I have received a loan from M/s \_\_\_\_\_ ("Master Policyholder"). In order to secure the said loan I have taken the above referenced policy from IndusInd Nippon life insurance Company Limited. In consideration of receiving the said loan I hereby authorize INLIC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

\_\_\_\_\_

Signature/Thumb Impression of the Member

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

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

#### DECLARATION BY LIFE TO BE ASSURED

I agree that I will inform the Company if between the date of this proposal and the date of the issuance of policy;

- 1) If there is any change in my general health, occupation, or financial position or,
- 2) If any other proposal or application to any other Insurance Company on my life is declined / postponed or accepted other than the standard terms so that the Company may consider the terms of acceptance. I understand that if I fail to disclose the information sought by the Company, then the Company may void the contract at its sole discretion without giving any further explanation and the consequence thereof shall follow.

I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company.

I declare that the statements in this proposal are true and I have disclosed all information which might be material to the Company while issuing the policy contract.

I declare that I have read the sales literature of the proposed plan and understood the terms and conditions of the plan along with the associated risk and benefits which I propose to take.

I declare that the premiums paid have not been generated from the proceeds of any criminal activities/offences and I shall abide by and conform to the Prevention of Money Laundering Act 2002 or any other applicable laws.

I declare that the Company has disclosed and explained all the information related to this product and riders to me and I declare that I have understood the same before signing this proposal form.

I authorize IndusInd Nippon Life Insurance Company to share my personal information with a specialist service provider, who would keep the said information in secure and confidential manner.

For lender - borrower insurance policy, I hereby authorize the Company to make the payment of outstanding loan balance amount to the Mater Policyholder by deducting from the claim proceeds payable on the happening of the contingent event covered under the scheme/policy.

\_\_\_\_\_

Signature of Member to be Assured

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

\_\_\_\_\_

Signature of Joint Life (If applicable)

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

\_\_\_\_\_

Signature of the Witness

Name of the witness: \_\_\_\_\_

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

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

## DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR FOR UNEDUCATED PERSONS OR ON BEHALF OF PERSONS WITH DISABILITY

I,  Mr.  Ms. [REDACTED], hereby declare that I have fully explained the questions and contents of proposal form to the Member in [REDACTED] language and endeavored to ensure that the contents have been fully understood. I have truthfully recorded the answers as given by the Member. The Member has affixed the thumb impression or signed in the vernacular language below after fully understanding the contents thereof.

I,  Mr.  Ms. [REDACTED], hereby certify that the contents of the form and all the information related to the product have been fully explained to me by  Mr.  Ms. [REDACTED], and I have understood the importance of providing complete and accurate information of the enrolment Form and the significance of each declaration mentioned herein.

Signature / Thumb Impression of the Member

Name  
Mobile No.  
Address:  
Date

Signature of Declarant in English

Name  
Mobile No.  
Address:  
Date

**Note:** The Declarant cannot be Employee/Advisor/SP of IndusInd Nippon Life Insurance Company Limited.

## AUTHORISATION CLAUSE FROM ENTITY

This is certify to IndusInd Nippon Life Insurance Company Limited (INLIC) that particulars: Name, Address, occupation, declaration of good health, witness details, age and other particulars of the Life to be Assured as contained above in this form are true, complete and accurate and we would indemnify INLIC of any losses that INLIC may suffer on account of placing IndusInd on the above information supplied. This is to further certify that the above Life to be Assured owes monies / sums to us, in the normal course of our lending and that the benefits and entitlements of the Life to be Assured in the above mentioned insurance policy, if any, would be adjusted against the dues of Life to be Assured and we undertake to pay the balance monies of the beneficiaries, if any, back to the Beneficiaries full towards discharge of dues of INLIC to the beneficiaries. We further undertake to furnish claim related documents of the beneficiaries including identification documents to INLIC in respect of the claims, if any.

[REDACTED]

Signature Authorised signatory of the Entity

Name:  
Date:  
Address:

[REDACTED]

Signature of the Witness

Name of the witness:  
Date:  
Place:

Freelook Period 30 day refund policy:

- The Freelook period starts from the date you receive the policy document for a period of 30 days.
- During this period you are required to go through COI sent to you. If you are not satisfied with the same, please return the COI to the Company along with a request for cancellation within the period mentioned above.
- We will cancel the Cover and return the premium after deducting the proportionate mortality cover charges, stamp duty, expenses borne by the Company on medical examination, if any.

In case fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value if any, subject to the fraud or misrepresentation being established by the insurer in accordance with section 45 of the Insurance Act, 1938

## OFFERING OR ACCEPTING REBATE IS PROHIBITED BY LAW

Section 41 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

(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 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.

Please refer to our website or contact our office for the details under the above mentioned Section 41.

## POLICY IS NOT TO BE CALLED IN QUESTION ON GROUND OF MIS-STATEMENT AFTER 3 YEARS

Section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

(1) 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.

(2) 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.

(3) notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:-

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of the 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 the revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of the fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Mis-statement of or suppression of shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if is entitled to do so, and no policy shall be deemed to be called in question merely because the term of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

**IndusInd Nippon Life Insurance Company Limited** (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at [www.indusindnipponlife.com](http://www.indusindnipponlife.com) 3. Email us at [groupservice@indusindnipponlife.com](mailto:groupservice@indusindnipponlife.com). 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license. Tax laws are subject to change, consulting a tax expert is advisable. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. UIN for IndusInd Nippon Life Group Jan Suraksha Kavach: 12IN147V01.

**BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS:** IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.