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RM Code		TL Code		Member Enrolment no.	
Branch Code		Sub Branch Code		Type of Business	Urban Rural
MPH(Master Policyholder)/Entity Name					
MPH RM Emp Code					

1. PERSONAL DETAILS

1. Name Mr. / Ms.

2. Date of Birth

3. Gender Male Female Transgender

1. Name Mr. / Ms.
(The certificate of insurance will show the name in this manner)

[illegible]

2. Member Coverage Option ☐ Single Life ☐ Joint Life (If Joint Life opted, please fill separate Member Enrolment Form for the Secondary Borrower)

3. Please specify are you ☐ Primary Borrower ☐ Secondary Borrower

4. Total number of borrowers including primary borrower

5. Date of Birth

D	D	M	M	Y	Y	Y	Y
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6. Gender ☐ Male ☐ Female ☐ Transgender

7. PAN Card Number

8. Marital Status ☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee

[illegible]

10. Nationality	Indian	NRI/PIO	Other(Specify)	11. Country name
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12. Age Proof Submitted ☐ Passport ☐ Driving License ☐ PAN Card ☐ Voter's ID ☐ Others (Specify)

13. Education/ Professional qualification ☐ Below 10th ☐ 10th passed ☐ 12th passed ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Others ☐ ☐ ☐ ☐ ☐ ☐ ☐ Specify highest Educational/Professional Qualification

14. Correspondence Address

[illegible]

15. Proof of Address Submitted ☐ Bank Statement ☐ Ration Card ☐ Passport ☐ Electricity Bill ☐ Telephone Bill ☐ Others(Specify)

16. Phone (M)

17. Phone (O) S T D

18. Phone (R) S T D

19. Email Id

20. Income Proof submitted ☐ Form No.16 ☐ Income Tax Returns ☐ Salary Slips (other than proprietorship)

Appointment Letter Audited Accounts and Statement Others (Specify)

1. Type of Employment ☐ Salaried ☐ Self employed (Business) ☐ Self employed (Professional) ☐ Agriculture ☐ Housewife ☐ Labourer/worker ☐ Retired

2. Name of Employer/Business _____

4. Address of Employer/Business

5. Type of Organisation ☐ Public Ltd. ☐ Private Ltd. ☐ MNC ☐ Proprietorship ☐ Partnership ☐ Others (specify)

[illegible]

8. Annual Income Rs.

**3. NOMINEE DETAILS**

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Date of Birth of Nominee			
Gender	☐ Male ☐ Female ☐ Transgender ☐ Company	☐ Male ☐ Female ☐ Transgender ☐ Company	☐ Male ☐ Female ☐ Transgender ☐ Company
Nomination Percentage			
Relationship of Nominee with the Life to be Insured			
Current Address			
Permanent Address			
Mobile Number			
Email ID			
Bank Account Number			
IFSC Code			
Bank Name			
Branch Location			
Name of Appointee (in case Nominee is a minor)			
Date of Birth of Appointee			
Gender of Appointee	☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender	☐ Male ☐ Female ☐ Transgender
Relationship of Appointee to Nominee			
Mobile Number of Appointee			
Email ID of Appointee			
Signature of Appointee			

4. PRODUCT DETAILS☐ Edelweiss Life Group Total Secure

1. Plan Option ☐ Life Cover ☐ Life Cover with Terminal Illness 2. Coverage Type ☐ Level Sum Assured ☐ Decreasing Sum Assured
3. Sum Assured 4. Coverage Term 5. Premium Paying Option ☐ Regular Pay ☐ Limited Pay ☐ Single Pay
6. Premium Paying Term years 7. Premium Paying Frequency ☐ Single ☐ Annually ☐ Semi Annually ☐ Quarterly ☐ Monthly
8. Additional Benefits ☐ Accidental Death Benefit ☐ Critical Illness Benefit ☐ Total and Permanent Disability Benefit
(Critical Illness Benefit and Total and Permanent Disability Benefit cannot be selected together.)

5. LOAN DETAILS

1. Agreement ID 2. Loan account no./Agreement no.
3. Type of loan ☐ Home loan ☐ Auto Loan ☐ Personal Loan ☐ Business Loan
☐ Education loan ☐ LAP ☐ Others (specify)
4. Loan Sanctioned (Rs.) 5. Loan term 6. Moratorium Period ☐ Yes ☐ No
If Yes, please specify Years / Months

6. PREMIUM PAYMENT DETAILSModal Coverage Premium including Applicable Taxes Rs. Cheque/DD/EFT Rs. Premium paid by ☐ Insured Member ☐ MPH (Master Policyholder) UTR No. **Cheque/DD details :** (Cheque/DD should be made payable to "Edelweiss Life Insurance Company Limited")

Cheque/DD no.	Dated	Bank Name	Payable at Branch

7. PERSONAL DETAILS AND HEALTH RECORD OF INSURED MEMBER

1. Height feet inches & Weight kgs
2. Do you have or ever had sought an advice/taken any treatment for the following: *(In case Critical Illness Benefit is chosen please fill the additional Health Questionnaire.)*
- (a) Chest Pain or heart attack or angina or any other heart disease (b) Cancer, Tumor, growth or cyst of any kind (c) Stroke, Paralysis, Epilepsy, Transient ischemic attack, Anxiety, any Psychiatric / Mental disorder, Multiple Sclerosis, Tremor, Numbness, Giddiness, Depression, Disorder of brain/Head injury/Nervous system or any kind of Physical Disabilities/Congenital Birth Defects (d) Asthma, Bronchitis, Pneumonia, Tuberculosis, Shortness of breath or any other disease of the respiratory system (e) Diseases or Disorder of muscles/Muscular Dystrophies, Bones or joints, Rheumatoid arthritis or Blood Disorder (e.g. anemia) or Lymphatic system or any endocrine disorder (e.g. thyroid disease) (f) Diseases of the kidney or bladder disorder, Digestive system (Stomach, Pancreas, Gall Bladder, Intestines)/Recurrent indigestion, Ulcers, Cirrhosis of the Liver, Jaundice, Hepatitis B or C or HIV/AIDS infection/Sexually Transmitted Disease (STD) (g) Diabetes, high Blood Pressure (h) Any congenital disorder (i) Skin disorder (j) Prostate or Reproductive organ disorder (k) Any form of eye, nose, ear or throat disorder (except use of spectacles).
3. During the last 5 years, have you had or been advised to have an X ray/ CT scan/ MRI/ Sonography/ Cardiac tests (Stress ECG, Echocardiogram, Angiography)/ Blood test/ or any other investigatory or Diagnostic test done or undergone any type of surgery or received any blood transfusions?
4. Are you taking any medication or have you ever been attended by a doctor for any conditions, disease or impairment not mentioned above (except for common cold or cough)?
5. Does anybody in your family(father/mother/brothers/sisters) have/had high blood pressure, cancer, diabetes prior to age 60 or any hereditary or chronic disorder? If Yes, give details
6. Has any proposal/application for revival on your life or health insurance with Edelweiss Life Insurance Co. Ltd. or any other Life Insurer, ever been declined/ postponed/offered/accepted at changed/special terms? If Yes, Name of the Co. , Reason , When (Date) .
7. Do you smoke or use any form of tobacco? If Yes, indicate the type of tobacco consumption and quantity per day
8. Do you consume alcohol in any form? If Yes, specify consumption per week Beer (ml), Hard Liquor (ml), Wine (ml)
9. Do you participate or intend to participate in any of the hazardous activities or take part in any adventurous sports or hobbies? (Like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.) If Yes, give details
10. (a) Female life only: a) Are you pregnant? If Yes, specify number of weeks
- (b) Have you ever had any abortion/ miscarriage/ caesarean / or undergone any gynaecological investigations such as pap smear/ mammogram, etc. ?

If any of the above questions answered “Yes” state details in schedule below :

Question No.	Please provide details including exact diagnosis / medical condition, date of diagnosis, treatment prescribed, name of the tablets or medication

Have you ever been hospitalized for this condition?

Date of hospitalization

Are you now fully recovered and off all medications? if No, give details

8. Do you want to receive

Physical Copy of Certificate of Insurance

Customer Information Sheet in regional language If yes,

Hindi Marathi Gujarati Bengali Tamil Telugu Malayalam Kannada Punjabi Assamese

APPLICABLE PROVISIONS OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME

SECTION 41: 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 or the insurer.

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.

SECTION 45: The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time, will be applicable to my/our Certificate of Insurance.

**DECLARATION AND AUTHORIZATION (PLEASE DO NOT SIGN ON BLANK MEMBER ENROLMENT FORM)**

I hereby declare and agree that:

- a. I/We understand, agree and confirm that this statement together with the application for insurance on my life and any other documents related thereto shall be the basis of the proposed insurance cover under the Master Policy Contract between Edelweiss Life Insurance Company Limited (hereafter called 'the Company') and the Policyholder.
- b. I/We declare that the answers given in response to the questions above and the statements made by me/us herein are true, correct and complete in all respect and there is no other information, material to this proposal, that has been withheld by me/us.
- c. I/We agree to inform the Company in writing of any change in my/our circumstances including health conditions between the date of this Member Enrolment Form and the issue of the Certificate of Insurance.
- d. I/We understand that if a cheque or any other written instrument offered in payment of premium is not paid/cleared then the insurance cover provided thereto shall not be granted.

- e. I/We authorise any medical practitioner, hospital, employer, institution or any other person to disclose to the Company any information relating to my health or employment now or at any time in the future or any other information which may be material in nature for the Company.
- f. I/We understand that the statements and this Declaration is the basis of the insurance cover provided to me/us by the Company and that the Company believing the same to be true will rely and act on them. In the case of any non-disclosure / misrepresentation of material facts by me/us, I/we understand that action shall be initiated by the Company immediately in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time, and in the case of fraud by me/us, I/We understand that the Company shall take action against the fraud immediately, in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

I hereby give my/our consent to all the declarations mentioned above. **PLEASE DO NOT SIGN ON BLANK FORM**

Signature/ Thumb impression	Insured Member	Witness
	D D M M Y Y Y Y Place	

CONSENT FORM (To be filled by the Insured Member under Voluntary Group)

I, Mr./Mrs./Ms./Miss _____ hereby give my consent to become an Insured Member of the Edelweiss Life - Group Total Secure/Edelweiss Life - Group Credit Protection policy of Edelweiss Life Insurance Company Limited which will be administered under a Master Policy.

Date: _____ Place: _____ Signature of Insured Member: _____

DECLARATION

☐ **Declaration in vernacular or for uneducated person:** Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form)

☐ **Declaration where the proposer is suffering from disability:** Declaration by the person filling the proposal form where the same is filled up on behalf of the proposer who is suffering from a disability:

"I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer."

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the Proposer in _____ language, and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant : Mr Miss Mrs Relationship of declarant with the Proposer

Date: Place: _____

Declarant Address : _____

Declarant's Signature in English

Name of the Witness : Mr Miss Mrs Relationship of Witness with the Proposer

Date: Place: _____

Witness Address : _____

Witness Signature in English

I certify that the contents of the Member Enrolment Form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs. _____ and I have understood the significance of the proposed coverage.

Member to be Insured Signature or Thumb Impression

Member Enrolment no.



AUTHORIZATION FORM (Applicable if the Master Policyholder is a financial institution):

I/We, an Insured Member under the Group Master Policy bearing no. _____ issued to the Master Policyholder _____, hereby authorize Edelweiss Life Insurance Company Ltd. to make payment of claim proceeds in favor of the Master Policyholder to the extent of my outstanding loan amount under the Policy in the event of my death and the balance if any to my Nominee under the Coverage. If the Master Policyholder is other than a financial Institution, the benefit amount would be directly paid to, my Nominee under the Coverage. I request the Company to settle the claim proceeds under the Policy as per this Authorization.

Date: _____ Place: _____ Signature of Insured Member: _____