

Proposal Form – Master Policyholder

Edelweiss Life Group Total Secure (UIN: 147N059V03)

IRDAI Regn. No.: 147 | **CIN:** U66010MH2009PLC197336 |

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I. Sales Channel (To be filled in by the Sales Channel)

Sourcing Agent	Broker / Corporate Agent / Agent / Direct Marketing / Other _____		
Name		Branch	
Registration No. allotted by IRDA			
Code No. allotted by Edelweiss Life Insurance Company Limited			

II. Instructions for filling the Proposal form

1)	All questions in the form have to be answered.
2)	Please tick (✓) wherever applicable.
3)	The authorised signatories must authenticate any cancellation, alteration, or overwriting etc. by signing alongside.
4)	Please give details if 'Others' option is selected.
5)	Please specify 'NA', if 'Not Applicable'

III. Proposed Master Policyholder

a.	Name of the Proposed Master Policyholder	
b.	Registered / Head Office Address & Pin code	
c.	Mailing Address	
d.	Telephone number	
e.	Fax No.	
f.	E-mail address	
g.	Nature of Business	
h.	Number of Years in business	
i.	Type of Organization (Please select relevant option)	Corporate/ Private Limited Company/ Public Limited Company/ Partnership/ Sole Proprietorship/ Others
j.	Name of person(s) authorized to sign on behalf of the organization*	

k.	Purpose of Insurance	
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*In case of more than one designated person please enclose the names in a separate sheet.

IV. The Scheme			
a. Nature of Scheme	☐ Home loan ☐ Personal loan ☐ Car loan	☐ Credit Card ☐ Education loan ☐ Agriculture loan	☐ Other loans
b. The initial number of members proposed			
c. Premium paid by	☐ Insured Member ☐ MPH (Master Policyholder)		
d. Date of commencement of policy (dd/mm/yyyy)			
e. Is moratorium period required?	☐ Yes, Minimum _____ months Maximum _____ months ☐ No		
f. Applicable Interest Rate	_____ %		

V. Product Details			
Plan Name:	☐ Group Total Secure		
Plan Option:	☐ Life Cover ☐ Life Cover with Terminal Illness	Coverage Type:	☐ Level Sum Assured ☐ Decreasing Sum Assured
Premium Paying Option:	☐ Single Pay ☐ Limited Pay ☐ Regular Pay	If Limited Pay chosen	☐ 5 years ☐ 7 years ☐ 10 years
Premium Paying Frequency:	☐ Single ☐ Annually ☐ Semi Annually ☐ Quarterly ☐ Monthly	Additional Benefits*	☐ Accidental Death Benefit ☐ Critical Illness Benefit ☐ Total & Permanent Disability Benefit

*Critical Illness Benefit and Total and Permanent Disability Benefit cannot be selected together.

VI. Statistical Data for last 3 to 5 years
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Year	Total no of borrowers	Number of natural deaths	Number of accidental deaths	Total number of deaths

VII. Details of existing coverage

Name of the Insurer
Number of People covered and insurance details

VIII. Do you want to receive

Physical Copy of Certificate of Insurance									Yes		No	
Customer Information Sheet in regional language									Yes		No	
	Hindi	Marathi	Gujarati	Bengali	Tamil	Telugu	Malayalam	Kannada	Punjabi		Assamese	

IX. Declaration of Proposed Master Policyholder

I/We, _____ the _____ undersigned, declare for _____ and/on behalf of _____ (Full name of the Proposed Master Policyholder) that:

1. In agreement to the Pricing Terms dated _____, I / we am / are herewith submitting this proposal to Edelweiss Life Insurance Company Limited (referred to as 'the Company' or 'Edelweiss Life') for issuance of a Master Policy in our favour. I / We confirm that Edelweiss Life Group Total Secure, the benefits there under, the terms and conditions thereof etc. have been explained to me / us and I / we have fully understood and agreed to abide by them.
2. I / We have obtained all the approvals and completed all the necessary procedures stipulated as per the relevant internal guidelines / rules / bye-laws / statutory provisions etc., applicable to us, and that accordingly, I / we are duly authorized severally or jointly to sign the proposal form, furnish any particulars and carry out all matters in connection with or incidental to the aforesaid group insurance arrangement with the Company. I / We further affirm that the Company shall not be liable in any manner whatsoever, of the consequences of relying upon this confirmation and issuing a Master Policy in our favour.
3. I / We further declare that statements / submissions made by me / us in this proposal form (including any addendum(s) thereto and census data), all declarations, affidavits and other statements and / or any information sought by the Company from us and relied upon by the Company to consider the issuance of the Master Policy in our favour and / or to assess the risk on the lives to be insured under this proposal form shall form the basis of the contract of insurance between me / us and Edelweiss Life.

4. I / We understand and agree that the Company may defer the issuance of the Master Policy to be issued in our favour till the Company duly receives, to its complete satisfaction, all the necessary clarifications / documentation or other requirements sought by Company.
5. I / We undertake that prior to forwarding any Member Enrolment Form and / or Member data to the Company for admitting any person as a member under the proposed master policy contract, I / we shall ensure that he / she meets the applicable eligibility criteria. I / We also agree to make available to the Company such records, documents, information etc. as may be required.
6. I / We understand and agree that the premiums and the statutory levies shall be paid in advance for all lives to be covered under the master policy contract that may be issued in our favour.
7. I / We agree and undertake to furnish all the required details about lives to be insured / lives insured in the Company's specified Member Enrolment Form in digital or hard copy. In case of digital a duly filled in Member Declaration Form shall be submitted. I/We also agree to provide the copy of the member data in the Company specified format.
8. I / We further agree and undertake to furnish in respect of the deceased members, the credit account statement under the loan and all requisite documents within the stipulated time period and in the manner laid down in the Master Policy document.
9. I / We understand and agree that the insurance cover to be provided by the Company pursuant to this proposal, shall be governed by the Master Policy contract to be issued by the Company in our favour, and shall be further subject to the Insurance Act, 1938, any other relevant statutes, IRDA Rules / Regulations / Guidelines etc. In-Force as amended from time to time.
10. I / We understand and agree that if any untrue statement is contained in this proposal form (including any addendum(s) thereto) / or any of the documents, statements information etc. provided to the Company in connection therewith or if there has been a non-disclosure of material fact, then in any such event the Company shall have the right to initiate action in accordance with Sec 45 of the Insurance Act, 1938 as amended from time to time.
11. I / We agree to maintain and continue to maintain a list of Lives Insured in our books in an unalterable manner and furnish any information, data, medical examination reports, Declaration of Good Health in respect of each Life Insured to be covered under the proposed Coverage to the Company as may be required by them from time to time to effect or keep in force the applied Coverage.
12. I / We undertake to notify the Company forthwith, in writing, of any changes in the health and circumstances of the proposed Lives Insured between the date of the proposal and the date of the acceptance of risk by the Company.
13. I / We understand that any statutory levy or charges including any tax may be charged to me either now or in the future by the Company and I agree to pay the same.
14. I / We understand and agree that any changes to the proposed policy by way of endorsement or otherwise will be binding on the policyholder, the proposer and all the proposed Lives Insured and their beneficiaries under the policy.

X. Authorized Signatories	
Signatory 1	Signatory 2
Name	Name
Designation	Designation
Signature	Signature
Name, Address and Signature of Witness	

XI. 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 of the insurer.

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.