

MEMBER ENROLMENT FORM
EDELWEISS LIFE JAN SURAKSHA (UIN: 147N058V02)



INSTRUCTIONS FOR FILLING THIS FORM

This form should be filled and completed by the applicant ONLY if he/she is in good health and can therefore submit to all the statements/avowals contained herein. This form should not be submitted where the applicant is not in good health.

The applicant must disclose all material facts. In case of any doubt as to whether a fact is material or not the fact should be disclosed. As the statements in this Declaration constitute warranties, complete and accurate information must be given.

Where the applicant signs this form in any vernacular language, the scribe portion given in the last paragraph must be compulsorily filled. Any such form wherein the scribe portion is not completed will not be valid, and no benefit accruing pursuant to this Declaration (including insurance benefit) will be provided in such cases.

Provision for nominee details has been provided herein. In the event of cover being extended, benefits in respect of a member shall be released in favour of his / her nominee.

PARTICULARS OF THE LIFE TO BE INSURED

Title (Mr/Ms)	Surname			First Name		Middle Name	
Date of Birth	DD	MM	YYYY	Gender	Male	Female	
Correspondence Address							
PRODUCT DETAILS							
Coverage Type	☐ Level Sum Assured		☐ Decreasing Sum Assured		Sum Assured	Rs.	
Coverage Term(months)			Premium Paying Option	☐ Single	☐ Regular	Premium Amount	Rs.
Premium Paying Frequency	☐ Annual		☐ Semi-Annual	☐ Quarterly	☐ Monthly		

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 Member 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			

Do you want to receive

Physical Copy of Certificate of Insurance ☐ Y ☐ N

Customer Information Sheet in regional language ☐ Y ☐ N If yes,

☐ Hindi ☐ Marathi ☐ Gujarati ☐ Bengali ☐ Tamil ☐ Telugu ☐ Malayalam ☐ Kannada ☐ Punjabi ☐ Assamese

I, _____ (full name of applicant), aged _____ son of/daughter of _____ (father's name), hereby declare that I am in sound health, and I do not have any physical defect, deformity or disability. I further declare that I perform all my routine activities independently, that I do not have any history of, have never suffered from, am not currently suffering from, nor have I received, nor do I expect to receive any treatment, nor been hospitalized, nor do I expect to be hospitalised for any of the following:

1. Cancer 2. Heart disease 3. Stroke 4. Diabetes 5. Raised cholesterol 6. Raised blood pressure 7. Chest and/or heart surgery, nor have I been advised medically to undergo chest and/or heart surgery in the future 8. Kidney disease 9. Kidney and / or liver failure 10. Paralysis or paraplegia 11. Major organ transplantation, nor have I been advised to undergo a major organ transplantation (for example heart, lung, liver or kidney etc) in the future, 12. Any nervous disorders 13. HIV infections, AIDS or venereal diseases 14. any other disease or disorder, not mentioned above, which may affect the risk of insurance on my life.

I further declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information related, inter alia, to my health. I hereby declare that I understand the full importance of this Form, and the declaration herein, and do agree that this Form and the declaration herein may be forwarded or divulged by the master policyholder for any purpose thought fit by the master policyholder, including, inter alia, for the purpose of procuring an insurance cover on my life, under Edelweiss Life – Jan Suraksha for the master policyholder's members, from Edelweiss Life Insurance [ELI]. I further hereby agree and give my consent to, reliance by and use of the contents of this Declaration by ELI for examining and processing any claim that may be preferred against it, in respect of any insurance cover that may be provided to me under the referred group policy. I hereby confirm that my intent to participate, in Edelweiss Life – Jan Suraksha for the master policyholder's members is purely on a voluntary basis, and have further understood the terms and conditions of life insurance cover that may be extended to me inter alia pursuant hereto. I confirm and agree that the insurance cover, if provided, will be governed by the provisions of the Insurance Act, 1938 and the Policy Contract under which the cover will be offered to me.

I understand that if ELI decides to extend cover on my life, pursuant to this declaration, it shall commence from the date the master policyholder issues a customer account number [account inception date] and shall, subject to the said policy's terms & conditions, cease on the date on which my customer account is closed. I further understand and acknowledge that insurance cover shall be as per terms and conditions detailed in the Policy Contract issued by ELI in favour of the master policyholder and that ELI's decision in respect of all aspects of the referred group life insurance plan shall be final & binding.

I understand and agree that if any untrue averment be contained herein, I, my heirs, executors, administrators or assignees shall not be entitled to receive any benefits which may be provided to me on the faith of this declaration, including, inter alia the aforesaid insurance cover.

Further Declaration where Scribe is involved (compulsory for all declarations signed in any vernacular language)

I _____ (full name of scribe) have explained to the applicant the contents of this Form and that if any untrue statement is contained herein, the applicant, and/or the heirs, executors, administrators, assignees of the borrower shall not be entitled to receive any benefits, including, inter alia, benefits under any insurance policy procured on the faith of this Form.

Place:	Date:
Signature / Both Thumb impressions of the applicant	Signature of the Scribe

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) **OR** 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.
- ☐ **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 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."
- "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."

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

Place: Date:

Declarant's Signature in English

Declarant Address :

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

Place: Date:

Witness Signature in English

Witness Address :

I certify that the contents of the form have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: and I have understood the significance of the proposed contract.

Life to be assured's Signature or Thumb Impression

Proposer's Signature or Thumb Impression

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: _____