

Proposal No.



EDELWEISS LIFE INSURANCE COMPANY LIMITED
(formerly known as Edelweiss Tokio Life Insurance Company Limited)

PROPOSAL FORM FOR RURAL AND MICRO INSURANCE PLAN

IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336
Registered & Corporate Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai 400070
Toll Free: 1800 212 1212 | Email: care@edelweisslife.in | Visit us at www.edelweisslife.in

Proposal No.

Sourcing Branch
Name
Code

For official use only

☐ AGENCY ☐ BROKER ☐ OTHERS

In Addition For Micro Insurance Plan ☐ MICRO INSURANCE AGENT

PFA/SP/RM/
Broker Code

Branch Code

Sub Code

DM/CA Code

Branch Name

Corporate/Broker Branch Code

(PFA-Personal Financial Advisor, SP-Specified Person, RM-Relationship Manager,
DM-Development Manager, CA-Corporate Agent)



Form fill up in **BLACK INK** and **UPPERCASE** character.

Proposal No.

1. PERSONAL DETAILS

Life to be Insured

Title
☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Master ☐ Mx.

1. Name (The Policy Bond will show the name in this manner)

2. Date of Birth

3. Gender
☐ Male ☐ Female ☐ Transgender

4. Marital Status^{^^}
☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee

5. PAN Card Number

(Please fill-up Form No. 60 if PAN Card is not available)

6. Name of the Father

7. Name of the Mother

8. Name of the Spouse

9. Nationality
☐ Indian ☐ NRI ☐ FNIO/PIO
☐ Others (Specify)

10. Age Proof Submitted
☐ Passport ☐ Driving License ☐ PAN Card
☐ School/College leaving certificate
☐ Others (Specify)

Proposer (To be filled only if life to be Insured and Proposer are different)

☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Master ☐ Mx.

☐ Male ☐ Female ☐ Transgender ☐ Company

☐ Single ☐ Married ☐ Widow(er) ☐ Divorcee

(Please fill-up Form No. 60 if PAN Card is not available)

☐ Indian ☐ NRI ☐ FNIO/PIO
☐ Others (Specify)

☐ Passport ☐ Driving License ☐ PAN Card
☐ School/College leaving certificate
☐ Others (Specify)

Proposal No.

MOST IMPORTANT INFORMATION FOR FUTURE COMMUNICATION

Life to be Insured	Proposer (To be filled only if life to be Insured and Proposer are different)
11. Current Address	
City	City
Pin code	Pin code
State	State
12. Permanent Address	
City	City
Pin code	Pin code
State	State
13. Which of the above address is your correspondence address?	
☐ Current Address ☐ Permanent Address	
14. Contact Details	
Phone (M)	Phone (M)
Phone (O)	Phone (O)
Phone (R)	Phone (R)
Email ID	Email ID

2. EMPLOYMENT DETAILS

Life to be Insured

1. Type of Employment

☐ Salaried ☐ Self employed (Business) ☐ Self employed (Professional) ☐ Agriculture

☐ Housewife ☐ Labourer/worker ☐ Retired

2. Is your source of income from any one of the employment type selected above ☐ Yes ☐ No

If no, specify details

3. Annual Income Rs.

Proposer^s (To be filled only if life to be Insured and Proposer are different)

1. Type of Employment

☐ Agriculture ☐ Labourer/worker ☐ Housewife

☐ Salaried ☐ Self employed (Business) ☐ Self employed (Professional) ☐ Retired

2. Is your source of income from any one of the employment type selected above ☐ Yes ☐ No

If no, specify details

3. Annual Income Rs.

Proposal No.

3. OTHER DETAILS (IN CASE THE LIFE TO BE INSURED / AND PROPOSER ARE DIFFERENT, THEN TO BE FILLED BY PROPOSER)

1. Identity Proof Submitted

☐ Aadhar Card ☐ Passport ☐ Driving License ☐ Voter's ID
☐ Others (Specify)

2. Address Proof Submitted

☐ Aadhar Card ☐ Passport ☐ Driving License ☐ Voter's ID
☐ Others (Specify)

3. Are you Politically Exposed Person (PEP)? ☐ Yes ☐ No

If Yes, please specify

**PEPs are individuals who are or have been entrusted with prominent public functions, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials and also immediate family members of the aforesaid persons which would include spouse, children, parents, siblings, spouse's parents or siblings and close associates.*

4. Policy Categorisation

☐ Individual ☐ HUF ☐ MWP Act ☐ Employer- Employee(Scheme A)
☐ Employer-Employee (Scheme B) ☐ Others (Specify)

5. Tax Residence Declaration

☐ I am a tax resident of India and not of any other country "OR"
☐ I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*

** If you are tax resident of another country then please fill in the FATCA/CRS form annexed*

4. PRODUCT DETAILS

1. Plan ☐ Suraksha Kavach Bima Yojana (A Micro Insurance Plan)

2. Basic Plan Premium

3. Total Premium including Applicable Taxes

4. Sum Assured

5. Policy Term ☐ 1 ☐ 2 ☐ 5

6. Premium Payment Term ☐ Single Pay ☐ Regular Pay

7. Payment Mode ☐ Cash ☐ Others Specify, if others

5. PREMIUM DETAILS

Base Plan Premium / Single Premium Rs.

Total Premium / Single Premium Including Applicable Taxes Rs.

Cheque/DD Rs.

Cash Rs.

Cheque/DD details : (Cheque/DD should be made payable to "Edelweiss Life Insurance Company Limited")

Cheque/DD no.

Dated

Bank Name

Payable at Branch

BANK ACCOUNT DETAILS : (For credit of future payout if any)

Bank Account number

IFSC Code

Bank Name

Branch Location

Proposal No.

6. 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			

7. HEALTH DETAILS

1. Have you ever been diagnosed or received treatment for high blood pressure, raised blood sugar, diabetes, any heart or lung condition, cancer, stroke, paralysis, kidney disease, liver disease, mental illness, Hepatitis B, Hepatitis C, HIV infection or AIDS? / Have you ever been advised to take any treatment/medication for continuous period of more than 15 days or hospitalized for any illness or accidental injury or undergone any investigations during the last two years?		
2. Have you been absent from work due to any illness for continuous period of more than 10 days in the last two years? Has any proposal for life, health, accident or critical illness including renewal and reinstatement ever been declined, deferred or accepted at special rates or terms by this insurance company or any other insurance company?		
3. Do you have any disability? If Yes. please provide the details below	Life to be Insured 	Proposer
a. Type of disability		
b. Percentage of disability		

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8. Do you want to receive

Physical Copy of Policy Document ☐ Y ☐ N

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

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

9. DETAILS FOR INSURANCE REPOSITORY

1. Do you have an eIA account number? ☐ Y ☐ N

If yes, please provide (Mandatory if Answer is "Yes")

2. Would You Like to Apply for eIA? ☐ Y ☐ N

3. Specify the Insurance Repository Name for eIA creation. List of Insurance Repository:

☐ NSDL Data Management Limited ☐ CDSL Insurance Repository Limited
☐ Karvy Insurance repository Limited ☐ CAMS Repository Services Limited

10. Details of Ayushman Bharat Health Account (ABHA):

Life to be Insured

1. Do you have an ABHA number? ☐ Y ☐ N

2. If no, would you like to apply? ☐ Y ☐ N

If yes, please provide the 14 digit ABHA Number:

Proposer

1. Do you have an ABHA number? ☐ Y ☐ N

2. If no, would you like to apply? ☐ Y ☐ N

If yes, please provide the 14 digit ABHA Number:

11. DECLARATIONS

1 I/We declare and warrant on my behalf and on behalf of the person whose life is to be insured that I/We have read/been interpreted this proposal form and that the same has been explained to me/us and I/We have fully understood its content. I/We declare that the answers given in response to the questions above and the statements made by me/us in this proposal form or otherwise in support of this proposal are true, correct and complete in all respects, and there is no other information, material to this proposal, that has been withheld by me/us.

2 I/We declare that the premium amounts paid along with this proposal and payable in future under the policy, have not been generated from the proceeds of any criminal activities/offences. I/We declare that I/we shall abide by and conform to the Prevention of the Money Laundering Act, 2002 as amended from time to time or under any other applicable law/regulations.

3 "I/We shall immediately inform the Company in case I/We acquire the status of Politically Exposed Person ('PEP') at any time after submitting the proposal form and during the continuance of the policy."

4 That in order to enable the Company to assess the

risk under this proposal and any time thereafter, I/we hereby authorise my/our past and present employers, business associates, banks, accountants, medical practitioners, hospitals, medical source, any other life and non-life insurance company/(ies) and any other person/entity to release/disclose to the Company, the records of my/our employment, business, financial position, health and medical records and other details pertaining to me/us or the Life to be Insured, as may be considered relevant for acceptance or otherwise, of this proposal. I/We agree that the insurance protection shall only be provided effective from the date of acceptance of risk by the Company.

5 I/we accord to the Company my/our consent to undergo tests for screening, confirmation, reconfirmation of overall health status of the Life to be Insured. These tests shall include but shall not be limited to medical examinations, laboratory, pathological or biological tests, cardiac, radiological investigations and other medical tests including but not limited to HIV 1 / 2 tests by various methods. I/We am/are aware that these tests are only for screening purposes and not confirmatory for HIV/AIDS. These tests may also include blood tests to detect bacterial,

viral, fungal infections, if so required under the underwriting policy of the Company. I/We agree and declare that in the event of the Life to be Insured being medically examined, answers given by the Life to be Insured to the medical examiner acting on behalf of the Company shall be deemed to be part of the statements and answers given in this proposal form and subject to this declaration and warranty.

6 I/We agree that after the date of submission of this proposal form but before the issue of policy, (i) if there is any change in my/our occupation, or (ii) if there are any adverse circumstances connected with my/our financial position or the general health of the Life to be Insured/Proposer (wherever applicable); or (iii) if any proposal for insurance or an application for revival of a policy on the Life to be Insured made to any insurer is accepted at standard rate, withdrawn, deferred, declined, or is accepted at an increased premium, or is subject to a lien or on terms other than as proposed, I/We shall forthwith intimate the same to the Company in writing.

7 I/We understand that the statements and declarations made under this proposal for insurance will be the basis of the contract of insurance between me/us and the Company, and that the Company believing the same to be true will rely and act on them. In the case of any nondisclosure/ misstatement 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.

8 I/We understand that the policy shall be issued on the basis of this proposal subject to fulfillment of the underwriting norms and realisation of premium by the Company and the communication of the commencement of the policy to me/us.

I/We hereby authorise the Company to send me intimations/servicing communications related to this proposal or the resulting policy at my address and contact details (email, telephone, mobile numbers) mentioned in this proposal form

I hereby give consent to all the declarations mentioned above. ☒ Y ☐ N

PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

Signature*/ Thumb impression	Life to be Insured	Proposer	Witness by PFA / SP / RM /Broker
DDMMYYYY Place			

* The Proposer / Life Insured can upload a scanned copy of their signature in the above box.

9 I/We have disclosed my/our personal information to the Company and I/we hereby provide consent to the Company to share the same with the Company's authorised service providers for carrying out the issuance process for the proposal and servicing of the policy such as underwriting, renewal, revival, claim management, in accordance with the rules and regulations applicable from time to time.

10 "I/We hereby accord my/our consent and authorise the Company, to access and obtain my personal identity data and other information maintained by any authority/government authority/other person for KYC / e-KYC for the purpose of this proposal and resulting policy."

11 The permissions, consents, authorisations given by me/us to the Company shall remain in force in perpetuity and shall be valid for any instance requiring such permissions, consents or authorisations for this proposal and resulting policy.

12 I/We understand that the Company shall make payments to me/us in respect of the proposed insurance policy to the bank account, details of which have been provided by me/us to the Company, unless the bank account particulars are modified by my/our written communication to the Company.

13 I/We hereby declare that all the policy payouts while the life assured is minor will be used for his/her benefit only.

14 Ayushman Bharat Health Account (ABHA)
Declaration : I/We provide my/ our consent to access
my/ our (all insured) medical and personal records/
details, as are available in my/ our Ayushman Bharat
Health Account (ABHA) and share the same with Third
Party Administrators, Reinsurer (if applicable), Service
Provider/s of Edelweiss Life Insurance Company
Limited and/or with any Governmental and/or
Regulatory authority for the sole purposes of
underwriting my/ our proposal and/ or for checking the
authenticity of claims lodged by me/ us and/ or to
comply with the applicable Law/ Regulations

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Declaration on Bima - ASBA

- ☐ As per the IRDAI's directions, I hereby provide my express consent and authorise Edelweiss Life Insurance Company Limited to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of 14 days from the date of premium block mandate or date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilised towards premium payment upon proposal acceptance. I further authorise Edelweiss Life Insurance Company Limited to share information with the relevant entities for the purpose of blocking/releasing the premium amount.

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."

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.

"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 ☐ Ms ☐ Mrs

Relationship of declarant with the Proposer

Place:

Date:

Declarant's Signature in English

Declarant Address :

Name of the Witness : ☐ Mr ☐ Ms ☐ Mrs

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

Proposal No.

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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 out 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.

SECTION 45 OF THE INSURANCE ACT, 1938 STATES: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of 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. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, 1938 as amended from time to time.

CONFIDENTIAL REPORT BY PFA/SP/RM/BROKER

Name of the Proposer

Name of the Life to be Insured

A. Personal Details of the Life to be Insured/Proposer

1. Have you personally met the life to be insured for his application? ☐ Y ☐ N
2. Does life to be insured appears to be in good health? ☐ Y ☐ N
If "No", give details
3. Are you aware of anything about the life to be insured / or proposed owner's lifestyle, participation in hazardous sport, habits, medical history or any risk factor that would have an adverse effect on insurability? ☐ Y ☐ N
4. Has any application or revival of life insurance on the life proposed ever been Declined, Deferred, Postponed or Accepted at Special terms? ☐ Y ☐ N
If "Yes", give details
5. Are you personally satisfied about the financial standing of the proposed owner / life to be insured and insurability of the life to be insured? ☐ Y ☐ N
6. Are there any "Specified Suspicious Activity Observed/Reported?" ☐ Y ☐ N
If yes, give details
7. Please state how the amount of insurance was calculated?

B. Source of Sale

- ☐ Reference/Cold Call ☐ Relative ☐ Financial Advisor ☐ Direct Mail
☐ Applicant's request ☐ Existing client ☐ Friend/ Acquaintance ☐ Others

I Mr./Ms.

(PFA's relation with life to be insured / proposer) of the Life to be Insured/Proposer, know him/her since _____(yrs/months/days) and hereby declare that all statements mentioned above are true and correct to the best of my knowledge and belief. I have complied with the Code of Conduct as stated in the regulations framed by the Insurance Regulatory & Development Authority and the provisions of my contract with the company applicable to the policy to be issued. I hereby confirm verifying the copies of all the documents submitted herewith against the originals. I hereby confirm that the applicable KYC /AML guidelines have been adhered to the best of my/our knowledge and the current/permanent address has been verified by me/us.

Signature of the PFA / SP / RM / Broker		PFA / SP / RM / Broker's Reporting Manager's Signature	
Name of the PFA / SP / RM / Broker		PFA / SP / RM / Broker's Reporting Manager's Name	
PFA/SP / RM / Broker Code		DDMMYYYY	Place



Instruction for Medicals

1. For Proposals which require a medical examination, we request you to undergo the required medical tests at the earliest to ensure speedy processing of the proposal
2. Please carry a photo ID as Proof of your Identification when going for a medical and/or laboratory examination
3. Prior to any blood test, please ensure fasting of 10-12 hrs (only water is allowed)
4. Please do not pass urine for atleast 1 hour before appointment, as a Urine Test would be required with Full Medical Report
5. For Females only - Please avoid going for a Full Medical Report during your menstruation cycle. Please get your appointment fixed accordingly.

Checklist

- | | |
|--|--|
| ☐ Completely filled and signed Proposal Form | ☐ Photo Identity |
| ☐ Age Proof | ☐ Benefit Illustration |
| ☐ Proof of Residence | ☐ Relevant Questionnaire if any |
| ☐ Copies of medical report/doctor's consultation papers pertaining to health question declared in the Proposal Form | |
| ☐ Other (Specify) <input type="text"/> | |

Proposal no.

Name of PFA / SP / Broker

Date

Signature of PFA / SP / Broker

DISCLAIMER : This is an acknowledgement and should not be considered as acceptance of risk under the proposal.

Instruction for filling up the Proposal Form

- | | |
|---|---|
| <ol style="list-style-type: none">1. Before you sign this Proposal Form and addendum (if any), the personal financial advisor is obliged to have provided you with the sales brochure and Benefit Illustration containing a summary of the important information in relationship to the product you are applying for. This information will help you to understand the product and to decide whether it is appropriate to your needs.2. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to 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 proposal constitute warranties, complete and accurate information must be given.3. Please answer all questions and/or tick a box (ü) where appropriate.4. Please strike out parts which are not applicable and write 'N.A'.5. Strokes of Pen, dots and dashes are not accepted as replies. | <ol style="list-style-type: none">6. This form is to be legibly filled by the Proposer/Life to be Insured in black or blue ink. You may dictate the answers to the questions in the proposal form to a scribe other than Personal financial advisor/corporate agent/broker/Relationship manager.7. The proposer must sign any cancellation or alteration.8. Please use an additional sheet where space is not sufficient.9. Any evidence submitted should not be dated more than six months prior to the date of proposal.10. Amount paid under the policy is acceptable only by Cheque/DD.11. Please provide your Email ID and Mobile number as these details will be required by you to view your Policies online in the Customer Portal.12. Only one product can be applied under one Proposal Form.13. Please avoid submitting original documents. |
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