

MEMBER ENROLLMENT FORM

Group, Non-Linked, Non-Participating, Pure Risk, Premium Credit, Life Insurance Plan.

Master Policy No. Master Policy Holder

Instructions: This form is to be filled in **BLOCK LETTERS** by the Proposer or by representative of the master policyholder.

SECTION 1: INSURED MEMBER / LIFE TO BE ASSURED

1.1 Full Name	First Name	<input type="text"/>										
	Middle Name	<input type="text"/>										
	Surname	<input type="text"/>										
1.2 Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1.3 Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	1.4 Annual Income (INR) <input type="text"/>							
1.5 Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed / Retired							1.6 Nature of duties <input type="text"/>		
1.7 Nationality	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> NRI	If NRI, Country of Residence <input type="text"/>									
1.8 Address	House No.	<input type="text"/>										
	Road Name	<input type="text"/>										
	City	<input type="text"/>										
	Country	<input type="text"/>										
1.9 Email ID	<input type="text"/>											
1.10 Contact Number											<input type="text"/>	
1.10 If, the details of Q 1.1 to Q 1.9 are same as Lender's Loan Application form <input type="checkbox"/>												

SECTION 2 : NOMINEE DETAILS

Name of Nominee (First name/ Middle name/ Surname)	Relationship with Person to be Insured	Date of Birth (DD/MM/YYYY)	Contact No.	Communication Address	% Share
Nominee 1					
Nominee 2					
Nominee 3					

2.1 If Nominee is minor i.e. less than 18 years of age, then Appointee name

2.2 Relationship of appointee with the nominee

2.3 Date of birth of the appointee

2.4 Present Address

Same as Nominee ☐ House No. Society/Apartment

Road Name Landmark

City State

Country Pincode

2.5 Contact Number of Appointee

2.6 Appointee's Signature

In case of minor nominee, the Appointee to receive the benefits payable in the event of my death during the minority of the nominee and shall hold the said money in trust for the benefit of nominee till nominee attains the age of majority

SECTION 3: DETAILS OF THE COVERAGE AND INSURANCE PREMIUM

Coverage Term	Moratorium Period (if applicable in months)	Interest payable during moratorium period	Sum Assured at inception	Single Premium Amount Payable	Add (+) Goods and Services Tax	Total Amount Payable
Product: <input type="checkbox"/> Loan Suraksha (UIN: 133N053V02)	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3			

SECTION 4: BANK ACCOUNT DETAILS

4.1 Bank Name	<input type="text"/>	4.2 Branch Address	<input type="text"/>
4.3 Account Number	<input type="text"/>	4.4 IFSC Code	<input type="text"/>

SECTION 5: LOAN DETAILS

5.1 ☐ Borrower ☐ Co-Borrower ☐ Joint Life

5.2 If, Co-borrower / Joint Life Relationship with him/her

5.3 In case of Co-Borrower, Loan Share percentage (%)

5.4 Loan Account/Application No.

5.5 Loan Amount (₹)

5.6 ☐ Fresh Loan ☐ Existing Loan

Section 6 : MEDICAL QUESTIONNAIRE

Please go through all the questions mentioned below carefully. It is suggested that you mark your answers against each of the questions. Only if the answer to all the questions is either 'yes' or 'no', you can use the option 'Yes to All' or 'No to All' respectively

(To be filled if Opted for 'Future Generali Loan Suraksha' or 'Future Generali Sampoon Loan Suraksha' - Option 1, 2 or 3)

6.1 Have you ever been diagnosed with, treated for, or advised to seek treatment from any of the following conditions? ☐ Yes ☐ No

If answer to any of the questions is "Yes" please provide details.

Chest pain/heart attack or any other heart disease, Cancer, tumour, growth or cyst of any kind, Stroke, paralysis, multiple sclerosis, anxiety, depression or other psychiatric condition, Tuberculosis, chronic asthma or any other lung disorder, Blood disorder (eg: Anaemia, Haemophilia, Thalassemia), Kidney problem, Liver problems, Hepatitis B or C or disease of reproductive organ, Diabetes/ high blood sugar/ sugar in urine, Hypertension/High Blood Pressure

6.2 Have you or your spouse ever been asked to undergo tests for HIV excluding routine health checks or prior to any surgical intervention or had you or your spouse ever diagnosed or treated with or advised to seek treatment from HIV/AIDS infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.3 Have you consulted any doctor for surgical operations or have been hospitalised for any disorder or been advised to undergo any medical investigation/ treatment for any medical condition other than for minor cough, cold or flu during last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.4 Are you currently taking or in the past 5 years have taken any treatment or medications for any condition for continuous period more than 14 days? (except for minor cough, cold, flu, appendix, typhoid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.5 a. Do you smoke more than 10 cigarettes/chew more than 3 pouches of tobacco in a day? b. Do you consume more than 3 units of alcohol per day in any form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.6 Has your proposal for life or health insurance (or request for reinstatement) ever been declined, postponed, withdrawn or accepted at extra premium/ reduced cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.7 Do you take part in or have any prospect or intention of taking part in any other hazardous occupation, sports, hobbies or pursuits? (eg: chemical factory, mines, explosives, aviation other than fare paying passenger, diving, mountaineering, racing etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.8 Do you suffer from any gynaecological disorders (For female life only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 7 : MEDICAL QUESTIONNAIRE (To be filed if opted for Option 2 or 3 of Future Generali Sampoon Loan Suraksha)

a. Height <input type="text"/> cm Weight <input type="text"/> kg	
b. Please answer below medical questionnaire after reading all the questions carefully. It is suggested that you mark your answers against each of the questions. Only if the answer to all the questions is either 'Yes' or 'No', you can use the option 'Yes to All' or 'No to All' respectively.	
7.1 Do you suffer from or have you suffered from or received consultation or investigation or treatment for or are you currently receiving treatment for or awaiting medical or surgical treatment for:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Chest discomfort or irregular or fast heart rate or disorder of blood vessel, epilepsy, or any other Cerebrovascular Disease or any disease related to central nervous system (disease related to brain, spinal cord) or any autoimmune disorder Thyroid disease or any other Endocrinal Disease, or any other disorder of the bones, spine or muscle like rheumatoid arthritis, gout, etc. or any form of sexually transmitted or venereal diseases Any disorders of eye/ear/nose/throat (excluding common cold); Gastric or duodenal ulcers, colitis, chronic diarrhoea or other Gastro-Intestinal Diseases, Undergone any investigations (including basic radiological and blood tests) other than normal Health Check-ups and Insurance Medicals, or had adverse result for any blood tests, X-Rays, ECG, Stress Test, Biopsies, CT Scan, MRI, Ultra-sonography or 2D/ 3D Echo etc. 	
7.2 Do you have or did you ever have any congenital physical defect, deformity or disability or are you currently suffering from or in the past have suffered any other physical deformity, critical illness/injury, major surgical operation not mentioned in Section 6?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Does any member of your immediate family e.g. parents, brothers, sisters, suffered from high blood pressure, diabetes, heart disease, stroke, cancer, kidney failure, or any other chronic or hereditary conditions before the age of 60 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Do you plan to travel or reside abroad in the next one year other than holidays/leisure trips of less than 4 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Have you lost more than 5 kg weight in last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'Yes' to any question under Section 6 or 7, please provide complete details, date of diagnosis, current medication in a separate sheet of paper along with this form.

Section 8

Are you in good health and do you perform all your routine activities independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 9: AUTHORIZATION and DECLARATION

I would like to become a member of Future Generali Loan Suraksha/Future Generali Sampoon Loan Suraksha as a borrower of loan from the Master Policyholder.

I undertake to furnish and/or authorize the Master Policyholder to furnish any/all the personal/medical details as may have been provided by me to the Proposer/Master Policyholder and that the Insurance Company may require with regard to my Life Insurance Cover under the Group Life Insurance Plan and authorize the Proposer/Master Policyholder to communicate any change in regards to my Life Insurance Cover. I also agree and understand that all such information given by me directly and/or provided by the Master Policyholder to the insurer shall be treated as part and parcel of the membership form and used to evaluate my eligibility for coverage under the said Master Policy contract. I undertake to notify Future Generali India Life Insurance Co. Ltd. ('The company') of any change in my state of health or occupation or any decisions subsequent to the signing of this declaration form and before the acceptance of the risk by the Company. I understand that the grant of the loan will be assessed independently of Life Insurance Cover which is optional.

I hereby understand and agree that no Life Insurance Cover will commence until the risk is accepted and requisite premium has been remitted to insurance company by the Master Policyholder and insurance company conveys its written acceptance of this application for Life Insurance Cover. I further understand and agree that Life Insurance Cover provided to me shall be governed by the Master Policy Contract issued in favour of the Master Policyholder. Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy. I, my heirs, executors, administrator or any other person or persons having interest of any kind whatsoever in the Life Insurance Cover provided to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company. I understand and agree that in order to process my application for insurance cover, the company may call for additional requirements or documentation, which I am required to submit.

I hereby agree that this form including the details of loan and cover and options chosen by me as above are correct and complete shall form the basis of my admission into the Group Insurance Plan. I also understand that once the cover is accepted any alteration in these information shall not be feasible or permissible

I/We authorize Company to contact me/us via phone, SMS, email or any other digital medium for information on this proposal or the resulting policy.

I/We authorize the company to store, use and share information contained in the proposal form including the medical records with its partners, associates, consultants, any government and/or Regulatory authority under any Statute/ or Insurance Repository, or as required under any Rules and/or Regulations in force including Foreign Account Tax Compliance / Common Reporting Standards and such related statutory and regulatory provisions as may be applicable for the time being in force or with any other entity with respect to servicing of my policy.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature / Thumb Impression of the Insured Member	Place	Date	

Section 10: AUTHORIZATION OF CLAIM PAYMENT TO MASTER POLICYHOLDER

[Applicable only in cases where Master policyholder is a RBI Regulated Scheduled Commercial Banks (including Cooperative Banks) or NBFC having a Certificate of Registration from RBI or Housing Finance Company duly regulated by National Housing Bank or National Minority Development Finance Corporation(NMDFC) and its State Channelizing Agencies or is a Small Finance Banks regulated by RBI, Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such societies, Microfinance Companies registered under Section 8 of the Companies Act, 201and Any other category as approved by IRDAI . For all other financial institutions this clause is not applicable.]

In case of my death before termination of policy/cover under the master policy, I expressly authorize Future Generali India Life Insurance Co Ltd. to pay outstanding loan amount to master policyholder by deducting the same from the claim proceeds.

X

Signature/ Thumb Impression of Insured Member

Section 11: VERNACULAR DECLARATION

(To be given if this form is filled by a person other than the Insured Member or if Insured Member is Illiterate)

I have explained the contents of this proposal to the Insured Member in the language understood by him/her and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by the proposal form and I have read the responses back to the Insured Member and confirmed that they are correct.

The contents of the form have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name

Name

X

Signature / Thumb Impression of the Insured Member

Signature of the person making the declaration

Date

Date

Place

Place

Section 12: SECTION 41 OF THE INSURANCE ACT 1938, AS AMENDED FROM TIME TO TIME STATES

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.

Section 13: SECTION 45 OF THE INSURANCE ACT 1938, AS AMENDED FROM TIME TO TIME STATES

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after the expiry of 3 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 3 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.

For further information, Section 45 of the Insurance laws (Amendment) Act, 2015 may be referred.

Section 14: PREMIUM PAYMENT AUTHORIZATION FROM MEMBER (CHOOSE ANY ONE)

Premium funding by Member :

I authorize Master Policyholder (MPH) to remit premium to Future Generali India Life Insurance Co. Ltd. (FGILIC) which I have paid to MPH

X

Signature of Member

Premium funding by Financial Institution :

I authorize MPH to deduct premium from my loan amount and remit the same to FGILIC

Signature of Member

