

# GROUP MEDICARE 360

## ENROLMENT FORM

URN No.: \_\_\_\_\_

Name of the Group Administrator	Partner Reference No./ Application No.
Customer ID/Account No.	Agent/Intermediary Code
Agent/Intermediary Name	Agent/Intermediary Contact No.

This is an application for Insurance & will form the basis of the policy certificate that We may issue. Every information, this application seeks is important & mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy certificate even if it is issued. **We are under no obligation to accept any proposal for insurance.** If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if proposal is not accepted by us or premium is not received by Us in full and in time, or non-fulfillments of additional information requested by us, if any or if the proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Please fill-up this form in CAPITAL LETTERS

### SECTION I: APPLICANT INFORMATION

Name (Mr/Mrs/Ms/Dr):

First Name  Middle Name  Surname

Date of Birth:         Gender: Male  Female

Nationality:  Mobile:

E-Mail:

Occupation: Salaried  Self-employed  Others (please specify)  \_\_\_\_\_

Address:

Landmark

Area

District  City

State  Pin Code

PAN (in case of premium > Rs.50, 000)

### PART A: PLAN DETAILS:

Sum Insured (in Lakhs) \_\_\_\_\_ Tenure (in Years)  1  2

### PART B: PROPOSED INSURED PERSONS DETAILS:

Sr. No.	Name of the Insured Persons	Relationship with Applicant	Date of Birth	Gender	Occupation	Aadhaar No.
1						
2						
3						
4						



**SECTION III: DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED**

- I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full payment of the premium chargeable.
- I/ We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurance company to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/ We authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

Signature of the Applicant: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: \_\_\_\_\_**AGENT DECLARATION**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Applicant: \_\_\_\_\_

Name &amp; Signature of Agent/Intermediary/Specified Person: \_\_\_\_\_

Code: \_\_\_\_\_

Vernacular Declaration (Certification in case the applicant has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the applicant who has understood and confirmed the same.

Signature/Thumb impression of the Applicant: \_\_\_\_\_

Name &amp; Signature of Agent/Intermediary/Specified Person: \_\_\_\_\_

**Prohibition of Rebates - Section 41 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015**

- 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 of 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.

**Anti Money Laundering (AML) declarations**

- I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- I / we are not Politically Exposed Persons \*\* nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.\*\*"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time.

**FOR OFFICE USE ONLY**

Employee ID: \_\_\_\_\_

Partner ID: \_\_\_\_\_

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy wordings carefully before concluding a sale.

Application No: \_\_\_\_\_

### CUSTOMER ACKNOWLEDGEMENT

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_

We acknowledge with thanks the receipt of your application and amount by Cash  Cheque  Demand Draft

Others  \_\_\_\_\_ of amount of Rs. \_\_\_\_\_

Neither the submission to us of this completed enrollment form for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup (if applicable) and/or additional information requested by us. Failure to deposit the entire premium or non-fulfillments of pre-policy check up (if applicable) or furnish additional information requested by us within 15 days from the date of proposal, we shall cancel your application and refund the premium paid without any interest subject to deduction of pre-policy charges (if applicable & conducted). If we do not accept the proposal, we will inform you and refund any payment received from you, towards this application, without interest within next 10 days. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.

#### Tata AIG General Insurance Company Limited.

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400013, Maharashtra, India

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IRDA of India Registration No: 108 • Website: [www.tataaig.com](http://www.tataaig.com) • CIN: U85110MH2000PLC128425 • UIN: TATHLGP22162V012122