



ENROLMENT FORM

URN No.:							-																			
Name of the Group Administrator											Refe		e No	./												
Customer ID/Account I	\top	Agent/Intermediary Code																								
Agent/Intermediary Na	ame		土								Age	nt/ln	nterm	ıedia	ry Co	ntac	t No									
This is an application f seeks is important & mander incomplete/incorrect/paunder no obligation to conditions and We shall by Us in full and in time, in the interim period be Commencement of risk Please fill-up this form i	anda artial acco I hav or n fore cove n CA	atory. Ily co ept a re no non-fu the c er und	Plea Prrect Any p liabil ulfilln decisi der tl	ise re info iropo lity to ments ion of he po	ead a ormat osal f o mal s of a n the olicy i	all quo tion of for in ke an additi e prop is sub	nestio may nsura ny pay ional oposa	lead ance ayme info al is g	and ard to come. If Went un bermati	nswe cance le acc nder to ion re by us	er the ellatio cept a the Po eques s.	m ca on of a pro olicy sted	reful prop posa if pro by us	lly. Yo posal ol for opos s, if a	ou m l and insur sal is iny oi	nust poli rance not a r if th	orovi icy co e, it sl accep ie pro	de co ertifi hall l oted opos	omplicate be suby us	lete a ever ubject s or p unde	and on if it to the premersion of the	correct is is he Po nium i ocess	ct inf ssued olicy t is no s & cla	orma d. We terms t rec	ation. e are s and eived	
Name (Mr/Mrs/Ms/Dr):																										
	Fii	rst Na					$\overline{}$		\neg				e Nan		7			_	Si T	urna	me					
Date of Birth:	D	D	М	M	Υ	Y	Y	Y	_		Gend	er:	Male	ا;	<u> </u>	Fe	male	<u> </u>	<u> </u>					_		
Nationality:								<u> </u>			<u> </u>	Мо	bile:			<u> </u>		<u> </u>	<u> </u>	<u>_</u>	<u> </u>		<u> </u>	<u> </u>		
E-Mail:																										
Occupation:	Salar	ried]	Self	-emr	ploye	d [C	Others	s (ple	ease :	speci	ify) [
Address:																										
Landmark																										
Area																										
District														'	City											
State					_				Ī								F	Pin C	ode		Ī					
PAN (in case of premium > Rs.50, 000)]						ı									
PART A: PLAN DET	AIL	S:																								
Sum Insured (in Lakhs) .													Tenu	ure (i	n Yea	ars)] 1			2				
PART B: PROPOSE	D IN	1SU	RED	PEF	२ऽ०	NS	DET	AIL	.S:																	
Sr. Name of the Ins	ured	j	- 1	Relationship with Applicant							Date of Birth			Gend	ler			Occi	upati	on		Aadhaar No.				
1													\Box													
2																										
3									$oxed{T}$																	

PART C: MEDICAL & LIFESTYLE INFORMATION:

- Please read, understand and confirm "Health Details (Medical & Lifestyle Information)" accurately and truthfully for each of the members to be insured, as this would be the prime basis for issuance of your policy and subsequent claim admissibility if any.
- If, for any of the members proposed to be insured, the answer to any of the following questions/health statement is YES, then any such member shall not be eligible to avail this cover.
- Any mis-declaration or non-disclosure here will render coverage under the policy NULL & VOID, ab-initio

Note: This section is applicable for all the persons to be insured

Sr. No.	Has any of the nerson's proposed to be insilted												Yes/No				Yes/No				Yes/No				lo	
1	Taken any med	dicine	e for	mor	e tha	n 21	days	cons	siste	ntly.			Ye	es	No		Yes	N	o	Yes		No		Yes	N	0
2		as been diagnosed in the past or is currently suffering from yslipidaemia, Cardiac ailment, Hypertension, Diabetes, Asthma.											Ye	es	No		Yes	N	0	Yes	;	No		Yes	N	o 🗌
3	Has been hospitalized for more than 7 continuous days in last 10 years.										Ye	es	No		Yes	N	0	Yes	;	No		Yes	N	o 🗌		
4	eyes, appe tonsillectomy, to any disabi	Has undergone any surgery other than cataract in either or both eyes, appendectomy/ cholecystectomy/ hysterectomy/consillectomy, renal stone removal, fracture surgeries (not leading to any disability) or surgeries for family planning/ C-section applicable for females)										/ ξ Υε	es	No		Yes	N	0	Yes	;	No [Yes	N	o 🗌	
5		las any history of spinal or joint disorders like but not limited to rthritis, slip disc (prolapsed intervertebral disc) in the last 5 years											Ye	es	No		Yes	N	o	Yes	;	No		Yes	N	0
6	Has ever been diagnosed with but not limited to Tumor or cancer anywhere in the body, stroke, epilepsy, Chronic liver disease, schizophrenia, Hepatitis B or C, auto-immune disorders, sexually transmitted diseases.									, _v	es	No		Yes	N	0	Yes	;	No		Yes	N	o 🗌			
7	Has been diagnosed for any illness and undergoing/ awaiting any treatment, medical/ surgical or attending any follow up for any disease/ condition/ ailment/ injury/ addiction.											es	No		Yes	N	o	Yes	;	No		Yes	N	o 🗌		
SECTIO	ON II: NOMI	NEE	DE.	ΤΑΙ	LS								·							•			•			
Nomine	e Name																									
Relation	ship with																									

In the event of the death of the Applicant any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. Nominee for any of the persons proposed to be insured shall be the Applicant. The nominee must be an immediate relative of the Applicant.

Application No:

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 Place:
- Timee.
ACENT DECLARATION
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 & 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 & Signature of Agent/Intermediary/Specified Person:
Prohibition of Rebates - Section 41 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015
1. 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.
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.
Anti Money Laundering (AML) declarations
1. 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.
2. 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:
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
COSTOMER 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 Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) ● Email: customersupport@tataaig.com IRDA of India Registration No: 108 ● Website: www.tataaig.com ● CIN: U85110MH2000PLC128425 ● UIN: TATHLGP22162V012122