

Proposal Form for Life Insurance - Exide Life POS Star Saver

KEY FEATURES DOCUMENT

Dear Mr/Mrs/Ms. _____

Thank you for your interest in Exide Life – POS Star Saver. As a part of the application process, we have designed this Key Features Document which will be handed to you as a reference document. It includes the features, benefits and other important information of the plan and will work as a reference till the time you receive your policy contract.

PRODUCT NAME	Exide Life – POS Star Saver (UIN:114N090V01)																							
PLAN DESCRIPTION	Exide Life POS Star Saver is a non-linked non-participating life insurance plan. This product is a limited premium paying plan that not only offers life insurance cover during the policy term but also secures your and your family’s future by providing guaranteed maturity benefit at the end of policy term.																							
KEY FEATURES	<ul style="list-style-type: none"> • Pay for just 5 years and get Life Insurance Cover for full policy term • Double Life Insurance Cover in case of demise due to accident • No medical test required • Guaranteed Maturity Benefit 																							
KEY BENEFITS	<p>Guaranteed Maturity Benefit At the end of policy term, you will get guaranteed maturity benefit provided all due premiums have been paid by you and the policy is in force. Guaranteed Maturity Benefit will be equal to:</p> <p>Sum Assured on Maturity + Accrued Guaranteed Additions + Loyalty Benefit Where Sum Assured on Maturity is a guaranteed amount equal to basic sum assured, and is calculated based on your age, policy term and the annual premium paid.</p> <p>Guaranteed Additions are credited to your policy at the end of each policy year and are calculated as a percentage of 'Sum Assured on Maturity' (see table below). These are accrued at the end of each policy year over the entire policy term and paid to you at the end of the policy term.</p> <table border="1"> <thead> <tr> <th rowspan="2">Policy Term (Years) / Annualized Premium Band</th> <th colspan="2">Guaranteed Additions (% of Sum Assured on Maturity)</th> </tr> <tr> <th>₹24,000 to ₹59,999 p.a.</th> <th>₹60,000 and above p.a.</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>7.00%</td> <td>7.50%</td> </tr> <tr> <td>12</td> <td>7.00%</td> <td>7.50%</td> </tr> <tr> <td>15</td> <td>7.00%</td> <td>7.50%</td> </tr> </tbody> </table> <p>Loyalty Benefit is a special one time benefit paid to you as a percentage of 'sum assured on maturity' if you have paid all applicable premium amounts and policy is in force.</p> <table border="1"> <thead> <tr> <th>If your Policy Term (in years) is</th> <th>You get a Loyalty Benefit of (as % of Sum Assured on Maturity)</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>10%</td> </tr> <tr> <td>12</td> <td>12%</td> </tr> <tr> <td>15</td> <td>15%</td> </tr> </tbody> </table> <p>Life Insurance Cover In case of unfortunate demise of life assured, this policy provides life insurance cover to the nominee. Life Insurance Cover is equal to following:</p> <ul style="list-style-type: none"> • Sum Assured on death, and • Accrued Guaranteed Additions 		Policy Term (Years) / Annualized Premium Band	Guaranteed Additions (% of Sum Assured on Maturity)		₹24,000 to ₹59,999 p.a.	₹60,000 and above p.a.	10	7.00%	7.50%	12	7.00%	7.50%	15	7.00%	7.50%	If your Policy Term (in years) is	You get a Loyalty Benefit of (as % of Sum Assured on Maturity)	10	10%	12	12%	15	15%
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15	15%																							

Where Sum Assured on Death is defined as highest of following:

- 10 times the Annualized Premium*
- Sum Assured on Maturity
- Absolute amount to be paid to be paid on death
- 105% of total premiums paid towards base Policy

***Annualized Premium** shall be the premium payable in a year chosen by the Policyholder, excluding underwriting extra premiums and loadings for modal premiums, if any.

Sum Assured on Maturity & Absolute amount to be paid on death are equal to Basic Sum Assured.

The policy also pays additional accidental death benefit in case of demise due to accident.

Additional Accidental Death Benefit is equal to the Sum Assured on Death plus Guaranteed Additions accrued till the date of death.

Exclusions:

Waiting Period - The policy has a 90 day waiting period from the Date of Acceptance of Risk within which, if death occurs (other than due to accident), the nominee will receive 100% of the premiums paid till the date of death excluding Goods and Services Tax (GST). During this period the Guaranteed Death Benefit will not be payable. Waiting period will not be applicable after revival of the policy.

Suicide - If the life assured commits suicide, for any reason whether sane or insane within one year from the date of inception of the Policy or within one year from the date of reinstatement of the Policy, following benefits will be payable: • If death occurs within one year from the date of inception of the Policy provided Policy is in force: 80% of premium will be paid and the policy will terminate. • If death occurs within one year from date of reinstatement, Higher of 80% of premiums paid or Surrender value as available on the date of death will be paid and the policy will terminate.

Surrender Benefit:

In order to honor unexpected commitments or needs, a Surrender option is available. The surrender benefits are payable immediately on surrender. This policy will acquire Guaranteed Surrender Value (GSV) if all premiums have been paid for at least two consecutive years. The GSV is sum of following:

- GSV Factor 1 multiplied by the total amount of premiums paid excluding the premium paid for extra mortality rating if any and
- GSV Factor 2 multiplied by the total GA accrued and loyalty benefit applicable to the policy

The GSV factors with respect to policy term are tabulated below:

GSV Factor 1

Policy Year of surrender	Term 10	Term 12	Term 15
1	0%	0%	0%
2	30%	30%	30%
3	30%	30%	30%
4	50%	50%	50%
5	50%	50%	50%
6	50%	50%	50%
7	60%	60%	55%
8	60%	60%	60%
9	70%	65%	60%
10	80%	70%	60%
11		75%	65%
12		80%	70%
13			75%
14			80%
15			85%

GSV Factor 2

Policy Year of surrender	Term 10	Term 12	Term 15
1	0%	0%	0%
2	10%	10%	10%
3	10%	10%	10%
4	15%	15%	15%
5	15%	15%	15%
6	15%	15%	15%
7	15%	15%	15%
8	20%	20%	15%
9	20%	20%	15%
10	30%	20%	20%
11		25%	25%
12		30%	20%
13			25%
14			25%
15			30%

The Policy shall acquire a Special Surrender Value (SSV) if all premiums have been paid for at least two consecutive years. The surrender value is higher of GSV or SSV

<p>OTHER IMPORTANT INFORMATION</p>	<p>Grace Period: In order to avail full benefits under this Policy and thus secure your dreams, you should continue paying your premiums as and when due. However for any reason, if you are unable to pay premium on any premium due date, you will get additional 30 days as grace period to pay your due premium. During this period, your policy will remain in force and all your benefits will continue.</p> <p>Lapse: In case all the due premiums have not been paid for at least 2 policy years within grace period, your Policy will Lapse and will not be eligible for any benefits thereafter.</p> <p>Revival of the Policy: You can revive your policy for full benefits during the policy term but within a period of two years from the date of the first unpaid premium.</p>
<p>FREELook PERIOD</p>	<p>In case you are not satisfied with any of the terms and conditions of this insurance Policy, Exide Life Insurance gives you an option to cancel this Policy within 15 days (30 days if the Policy is sourced through Distance Marketing) from the date of receipt of original policy document. You would need to write to us stating your reason for cancellation and return the original Policy Bond to any of our Exide Life Insurance Branches. We will refund the Premium amount paid by you towards this policy, after deducting a proportionate risk premium for the period of insurance cover in addition to the expenses incurred on the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated on the cancellation of the Policy.</p>

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← This Box is For Office Use Only

Please affix recent colour Passport size photograph of the Life to be Assured / Proposer / Payer (as applicable) and sign across the photograph and proposal form with a Black Ball Point Pen
DO NOT STAPLE THE PHOTOGRAPH

Advisor Code	<input type="text"/>	Branch Code	<input type="text"/>
Advisor's PAN No. <input type="checkbox"/> / Aadhaar No. <input type="checkbox"/>	<input type="text"/>		
Client Number	<input type="text"/>	Branch Inward Date	<input type="text"/>
IBR Code	SC	PEC	TMC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CIF No.	<input type="text"/>	PDA Number	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTION FOR FILLING THIS APPLICATION FORM : 1. Complete the proposal form in **CAPITAL LETTERS** using a **Black Ball Point Pen**. 2. Please mark your selection by marking 'X' inside the box. 3. Please leave a blank space after each word, letter or initial. 4. Please write "NA" for questions which are not applicable. 5. DO NOT USE the '!' or ',' to identify your initial or separate the address line. 6. Submission of age proof is mandatory along with this proposal form.

IMPORTANT INSTRUCTIONS WITH REGARD TO DISCLOSURE OF INFORMATION: Insurance is a contract of **UTMOST GOOD FAITH** and it is required to disclose all material and relevant facts completely. **DO NOT suppress any facts in response to the questions in the proposal form. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION OR MISREPRESENTATION OF THE FACTS COULD DECLARE THIS POLICY CONTRACT NULL AND VOID AFTER PAYMENT OF SURRENDER VALUE, IF ANY, SUBJECT TO SECTION 45 OF INSURANCE ACT, 1938 As AMENDED FROM TIME TO TIME.**

Section I- Details of the Life to be Assured

1. Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Others (Specify)	<input type="text"/>				
2. First Name	<input type="text"/>									
3. Surname	<input type="text"/>									
4A. Father's Name	<input type="text"/>									
4B. Mother's Name	<input type="text"/>									
5. Date of Birth	D	D	M	M	Y	Y	6. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
7. Age Proof Submitted	<input type="checkbox"/> School Certificate		<input type="checkbox"/> Driving Licence		<input type="checkbox"/> Passport		<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> PAN Card	
8. Marital Status	<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Widow(er)		<input type="checkbox"/> Divorcee			
9. Spouse Name	<input type="text"/>									
10. Maiden Name (For married women)	<input type="text"/>									
11A. Nationality	<input type="checkbox"/> Resident Indian National		<input type="checkbox"/> Non Resident Indian (NRI)		<input type="checkbox"/> Others (Specify)					
11B. Country of Birth	<input type="text"/>									
12. Education	<input type="checkbox"/> Postgraduate / Doctorate		<input type="checkbox"/> Graduate		<input type="checkbox"/> 12th std. Pass		<input type="checkbox"/> 10th std. Pass		<input type="checkbox"/> Below 10th std.	
13. Address for communication	<input type="checkbox"/> Illiterate / Uneducated		<input type="checkbox"/> Others (Specify)							
Landmark	<input type="text"/>									
City	<input type="text"/>									
Pin Code	<input type="text"/>		State				<input type="text"/>			
Address Proof	<input type="checkbox"/> Passport		<input type="checkbox"/> Driving Licence		<input type="checkbox"/> Voter ID		<input type="checkbox"/> Bank Statement		<input type="checkbox"/> Utility Bill	
14. Permanent Address	<input type="checkbox"/> Others _____									
Landmark	<input type="text"/>									
City	<input type="text"/>									
Pin code	<input type="text"/>		State				<input type="text"/>			
Address Proof	<input type="checkbox"/> Passport		<input type="checkbox"/> Driving Licence		<input type="checkbox"/> Voter ID		<input type="checkbox"/> Bank Statement		<input type="checkbox"/> Utility Bill	
15. Contact Details	<input type="checkbox"/> Others _____									
Mobile	<input type="text"/>				Phone (Home)		<input type="text"/>			
Office / Business	<input type="text"/>				S		T		D	
E-mail	<input type="text"/>				Co		De		<input type="text"/>	
Preferred mode:	<input type="checkbox"/> Letter		<input type="checkbox"/> E-mail							
Preferred Language for Letter (other than English):	<input type="checkbox"/> Hindi		<input type="checkbox"/> Kannada		<input type="checkbox"/> Tamil		<input type="checkbox"/> Telugu		<input type="checkbox"/> Malayalam	
	<input type="checkbox"/> Bengali		<input type="checkbox"/> Oriya		<input type="checkbox"/> Marathi					
16. Occupation	<input type="checkbox"/> Salaried-Govt / PSU		<input type="checkbox"/> Salaried-other		<input type="checkbox"/> Self Employed Professional		<input type="checkbox"/> Agriculturist / Farmer		<input type="checkbox"/> Part Time Business	
	<input type="checkbox"/> Retired		<input type="checkbox"/> Landlord		<input type="checkbox"/> Student (Current Std.)		<input type="checkbox"/> Others (Specify)			
17. Full Name of the Employer/ Business/ School/ College	<input type="text"/>									
18. Designation & Exact nature of Work / Business	<input type="text"/>									
19. Annual Income in Figures (₹)	<input type="text"/>				20. Annual Income of Husband / Father (for female and minor lives)		<input type="text"/>			
21. Exact nature of work / business of Husband / Father for female and minor lives	<input type="text"/>									



22. Permanent Account Number (PAN) I DO NOT HAVE Permanent Account Number
 Unique Identification Number (Aadhaar): I DO NOT HAVE Aadhaar
 Virtual Identification Number I DO NOT HAVE VID No.
 CKYC number I DO NOT HAVE CKYC No.
 Your E-Insurance Account Details : Service Provider: _____
 Account Number: _____ I DO NOT HAVE E-Insurance Account.

Section II A - Details of the Proposer (Please fill only if the Proposer and Life to be assured are different)
 Question 36B to 36D are only applicable, if the Proposer is not same as the Life Assured.

23. Title Mr. Mrs. Miss Dr. Others (Specify) _____
 24. First Name _____
 25. Surname _____
 26A. Father's Name _____
 26B. Mother's Name _____
 27. Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 28. Gender Male Female
 29. Marital Status Single Married Widow(er) Divorcee
 30. Nationality Resident Indian National Non Resident Indian (NRI) Others (Specify) _____
 31. Address for communication Same as mentioned in section I As mentioned below
 City _____
 State _____ Pin Code _____
 32. Mobile _____ Phone (Home) S T D Co Do _____
 33. E-mail _____
 34. Relationship with the life to be assured _____
 35. Occupation _____
 36A. Permanent Account Number (PAN) I DO NOT HAVE Permanent Account Number
 36B. Unique Identification Number (Aadhaar) I DO NOT HAVE Aadhaar
 36C. Virtual Identification Number I DO NOT HAVE VID No.
 36D. CKYC Number I DO NOT HAVE CKYC No.
 37. In case of life to be assured is minor, as a Proposer do you agree that the policy shall automatically vest in the life to be assured on his or her becoming a Major. Yes No

Section II B - Details of the Nominee/s* (*Nomination details are required as per Section 39 of Insurance Act-1938 as amended from time to time)
 (Please fill only if the Proposer and Life to be assured are same)

Sl. No.	Nominee's Full Name	Date of Birth	Relationship with Life to be assured	Nomination Share (in %)	Mobile/Phone (Home) Number	E-mail
1	Mr./Mrs. First Name Middle Name Last Name	D D M M Y Y Y Y				
2						
3						
4						

Address of the Nominee/s* (In case address of the Nominee/s is different from that of Life to be assured)

Sl. No.	Nominee's Full Name	Gender	Address for communication (Pin code is mandatory)
1	Mr./Mrs. First Name Middle Name Last Name		
2			
3			
4			

If Nominee is Minor, then please complete the Appointee details who should be a Major as on date of this application and should be different from the life to be assured.

38. Full Name of the Appointee _____
 39. Appointee's Relationship with the nominee _____
 40. Appointee DOB _____ 41. Signature of Proposer _____



Section III-Plan Details (In case of Unit Linked Insurance Plans, the investment risk in the investment portfolio is borne by the policy holder. Field marked with * is mandatory)

42. Product name **Exide Life - POS Star Saver** 43. Sum Assured / GMB* (in INR)

Mandate for Credit of Policy Payouts in Bank Account

Please find below my bank account details and I authorize the company to credit into it the policy payouts as per terms and conditions of the product chosen.

Account Holder Name**

Bank Name Bank Branch

Account Number IFSC Code

MICR Code Account Type Savings Current Cash Credit NRO

**as in Bank records, should match with proposer name

Note: Please provide a cancelled personalized cheque of the above mentioned account or recent bank statement (within last 3 months).

Signature of Proposer

44. Installment Premium in INR 45. Premium Payment Term (Years) 46. Policy Term (Years)

Particulars of First Premium Deposit: Mode of Deposit Cash Cheque / DD

Amount(in INR) Cheque / DD No.

Bank

Is the premium paid by a person other than Proposer (If yes, please submit third party declaration): Yes No

Source of Funds: Salary Business Income Sale of Assets Inheritances Others (Specify) _____

47. Frequency of payment: Yearly

48. Do you wish to pay renewal premium through ECS / SI mode Yes No (if you have chosen payment option as Credit Card / ECS / SI, then please complete appropriate mandate)

Section IV - Details of Existing / Simultaneously Applied Insurance Cover on the Life to be Assured

49. Are you an existing customer of Exide Life Insurance Company Limited? Yes No
50. Have you concurrently / simultaneously applied for any life, health insurance cover with us or any other life, health insurance company which is still under consideration? Yes No
51. Have you concurrently / simultaneously applied for revival of your lapsed policies with us or any other life, health insurance company which is still under consideration? Yes No
52. Please provide details of existing insurance cover on your life in the below table. If you do not have any existing insurance on your life, please mention 'NIL' in Sum Assured column below. Please include any Keyman Insurance, Partnership Insurance & Employer Employee Insurance cover as well If answer to question 51 to 54 is YES, then please provide the complete details in the below mentioned table.

Policy / Proposal / Application No.	Year of Issue/ Submission	Company Name	Sum Assured	Decision (Standard. Other than Standard terms)	Status (In - Force, Lapsed, Surrendered, Paid up, Applied for)	Type of Policy (Life, Health, Accident)

53. Has any insurance (life, health) cover on your life ever been declined, postponed or accepted with modified terms? (If Yes, please provide the necessary details in the below mentioned table) Yes No

Company Name	Year of application	Decision (decline, postpone, modified terms)	Actual reason for such a decision

Section V - Insurance details of family members

54. Details of Existing / Simultaneously Applied Insurance Cover on Family Members.

Relationship	Policy / Proposal / Application No.	Year of Issue / Submission	Name of the Company (ies)	Sum Assured



Section VI - Details of family history, habits, build, occupation, hobbies and travel of the Life to be Assured

55. Has any of your parents, brothers, sisters suffered / suffering from, or died to any of the following conditions: Heart diseases, diabetes, stroke, high blood pressure, cancer, kidney disease or any other hereditary disorders? If yes, please give full details below. Yes No

Family member	Exact cause of death or Details of illness suffered / suffering	If alive-current Age	If deceased- Age at death

56. Number of children Please specify age of each child _____

57. What is your exact height (cms) 58. What is your exact weight(kgs)

59. Do you consume or have you ever consumed any form of tobacco, gutkha, paan masala? Yes No

60. Please state your smoking habits: (number of cigarettes / bidies per day)
 Non Smoker 1-5 6-10 11-20 21-40 more than 40

61. Please state your alcohol drinking habits (past / present): (Quantity per week)
 Does not drink Beer (Number of Bottles) _____ Wine (Number of Bottles) _____ Hard liquor/any other form of alcohol (ml) _____

62 A. Are you involved or do you intend to involve in any hazardous occupation or pursuits? e.g. working at heights, underground or offshore, using explosives, flying other than as a fare-paying passenger, diving, mountaineering or any other dangerous activity. Yes No

62 B. Is your occupation associated with exposure to chemicals (e.g. benzene, nickel compounds, vinyl chloride, etc.), ionizing radiations, mining, dusts (e.g. leather or wood dusts, silica, asbestos, etc.), industrial process (alluminium production, iron and steel founding, etc.) Yes No

63. Do you consume or have ever consumed any form of narcotic substance? Yes No

64. Are you suffering from any alcohol related disease or advised to reduce consumption by any medical practitioner? Yes No

65. Are you employed in the armed, para military, police forces or any other similar establishment? Yes No

66. Apart from normal family holiday do you intend to stay away from your country of citizenship / residence in the next one year? Yes No

Section VII- Health Details of the Life to be Assured

67. Within the last twelve months has there been any unusual weight gain or loss of more than 7 kgs? Yes No

68. Are you currently taking any medication or drugs, either prescribed or not prescribed by a doctor? Yes No

69. Have you been absent from work for more than 10 days in the last two years due to health reasons? Yes No

70. Have you suffered from any illness, disorders, disability, or injury during the past 5 years which has required any form of medical or specialized examination (including chest X-rays, ECG, Stress Test, Angiography, MRI / CT Scan or blood tests), consultation, hospitalization or surgery? Yes No

71. Do you have any form of congenital / acquired impairment, disease, disability or deformity? Yes No

72. Is any surgery planned or are you currently aware that you may need to seek medical advice within the next 6 months? Yes No

73. Have you ever been diagnosed or have suffered from any of the following:

- a) Hypertension, High Blood Pressure, Diabetes, Elevated Blood Sugar, Elevated cholesterol / Lipids Yes No
- b) Heart Attack, chest pain, palpitations, irregular heart beats, heart valve disease, heart murmur, rhenmatic heart disease, shortness of breath or any other cardiovascular disease or disorders. Yes No
- c) Stroke, Transient Ischemic Attack (TIA), hemorrhage, dizziness, fainting, giddiness, blackouts, loss of consciousness, double vision or any other cerebrovascular disease or disorders. Yes No
- d) Anaemia, Thalassemia, Leukemia or any other blood disorder including blood cancer. Yes No
- e) Asthma, bronchities, tuberculosis, persistent / recurrent cough, hoarseness of voice or difficulty in swallowing, pneumonia or any other respiratory disease of disorders Yes No
- f) Cyst, growth, pre-cancerous condtions, non-healing ulcer, cancer or tumour of any kind (throat, lung, colon, breast cancer, cancer of reproductive organs etc.) Yes No



- g) Gall bladder disorder, gastritis, gastric ulcer, bleeding from intestine, hernia, piles, fistula, jaundice, hepatitis, fatty liver or any other disease or disorder of digestive system. Yes No
 - h) Defective vision, blurred vision, hearing defect, defective speech, stammering or any other disease or disorders of Eye, Ear, Nose and Throat. Yes No
 - i) Depression, Anxiety, Multiple Sclerosis, Parkinsonism, Fits, Epilepsy, recurrent headache, Paralysis, numbness or any other disease or disorder of the brain, spinal cord or nervous system Yes No
 - j) Thyroid or any other hormonal disorder, Kidney disorders, Bladder disorder, urine abnormality or genital organ disorder. Yes No
 - k) Arthritis, prolapsed disc, recurrent back or neck pain, slipped disc or any other disease or disorder of spine, muscles, bones or joints. Yes No
 - l) Were you investigated for any persistent loss of blood or unusual discharge or pus from any body opening like nose, mouth, gums, rectum, breast, vagina, anus, etc. or blood in stools, urine, sputum? Yes No
74. Have you or your spouse ever tested positive for HIV / AIDS, hepatitis B or C, or any other sexually transmitted disease? Yes No
75. Have you been suffered or are you currently suffering from any illness, impairment, or disability not yet mentioned above? Yes No

Section VIII - Additional Questions to be answered if the Life to be assured is Female

- 76. Have you ever suffered or are you suffering from any gynecological problems like Endometriosis, fibroids, any spotting or unusual/painful vaginal bleeding or discharge or any disease of the breath Yes No
- 77. Have you ever undergone or advised to undergo a mammogram / Pap smear test? Yes No
- 78. Have you ever had a miscarriage / medical termination or Pregnancy / Caesarean Section? Yes No
- 79. Are you pregnant at present? If yes, Please indicate duration in weeks _____ Yes No
- 80. Have you ever been diagnosed with pregnancy related increase in blood pressure, preeclampsia, elevated blood sugar levels, and any other complications or pregnancy in this or past pregnancy. Yes No

Section IX - Additional Questions to be answered if the Life to be assured is Minor

- 81. Except for the normal care at birth, has the child, in the past, required any specialists consultation, special medical investigation, and hospitalization for any illness? Yes No
- 82. Have all the minimum necessary vaccines (Oral Polio Vaccine, BCG, MMR, DPT, Chickenpox Vaccine, Hepatitis B) been administered as per the age of the child? Yes No

If answer to Question 59 to 82 is yes, please provide the complete details below

Section X - Declaration by the Parent (Proposer) for minor

I hereby declare that the proposed insured _____ is in sound health, and does not have any birth defects, congenital anomalies, physical defect, deformity or disability. The proposed insured has never suffered from, nor currently suffering from any medical conditions such as heart disorder; rheumatic fever; cancer or tumor; kidney disease; diabetes; musculo - skeletal disorder; blood disorder; liver disease; lung disease; digestive system disease or disorder; any mental or nervous system disease; HIV/AIDS or AIDS related complex. NO previous or concurrent application on the minor's life for life, accident, medical or health related insurance has been refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or any claim has been made under any such policy of insurance with Exide Life Insurance or any other insurer in India or abroad.

Section XI - General Declaration

- 83. Are you a Politically Exposed Person*? Yes No
(Politically exposed persons 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, etc. Enhanced scrutiny and monitoring norms may also be applied to the accounts of the family members and/or close relatives of PEPs)
If yes, Nature of position held _____
- 84. Are you a family member or close relative of a PEP Yes No
If yes, nature of relationship with PEP _____
- 85. Whether the premium payable is from legally ascertainable sources? Yes No
(Income which can be substantiated through valid documentary evidence)



Section XII - Declaration

- 1) I/We declare that the answers and statements made by me/us in this Proposal Form have been made after fully understanding the nature of questions and the importance of disclosing all material information.
- 2) 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.
- 3) I/We understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the Insurer and that the policy will come into force only after full payment of the premium chargeable.
- 4) I/we fully understand the benefits and risks associated with the Policy/Rider (if Rider is opted for). I/we have made no statement/s to the Company, its advisor or to any person associated with the Company, which in any way modifies/contradicts the answers/statements in this Proposal form.
- 5) I/We also understand that the terms and conditions including the premium and the benefits under the Policy/Rider are subject to taxes/duties/charges in accordance with applicable laws. I confirm that all the premiums will be paid from bonafide sources.
- 6) 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.
- 7) The Company reserves the right to request additional health information or any other information on the basis of the responses given to questions in this Proposal Form. The medical report and its interpretations if any done by the medical examiner are not binding on the Company and the decision of the Company regarding issuance of the Policy/Rider will be final. I/We also declare and consent to the Company taking independent decision regarding the insurability of the life to be assured/proposer.
- 8) I/We declare that I/We 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 Insurer 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.
- 9) I/We authorize the company to share information pertaining to my proposal for the servicing of the resulting policy only including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- 10) I understand that in case of fraud or misrepresentation the policy shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
- 11) I/We agree that the risk under the Policy/Rider shall not commence till the Company accepts this proposal.
- 12) I hereby authorize / provide my consent to Exide Life Insurance Company Limited ("Exide Life") to use my identity information (Aadhaar number, biometric information & demographic information) for necessary validation and authentication with UIDAI for the purpose of e-KYC and also to use my Aadhaar Number for the purpose of linking it with my Exide Life Insurance Policies and other service related aspects



Signature/ Thumb Impression of the Proposer

Date:

Place: _____

Signature/Thumb impression of Life to be assured (if major)

Date:

Place: _____

Signature of Advisor

Date:

Place: _____

If the Life to be Assured / Proposer is an illiterate or suffering from disability due to which writing is restricted or where the Life to be Assured / Proposer signs the form in vernacular language, then the following declaration is necessary from the person who has assisted the Life to be Assured/Proposer in filling up the form.

I, _____, hereby declare that I have truthfully recorded the replies given by the Life to be Assured and / or Proposer after fully explaining the contents of this form to the Life to be Assured and / or Proposer and he/she/they have fully understood the contents thereof.

Name of the Declarant _____

Address of the Declarant _____

Signature of the Declarant

Date: Place: _____

I, _____, Life to be Assured /Proposer confirm that the contents of this proposal form have been fully explained to me and that I have fully understood the significance of the proposed contract.

Signature / Thumb Impression of the Proposer signing in vernacular language or illiterate or disabled.

Signature / Thumb impression of Life to be assured (if Major) signing in vernacular language or illiterate or disabled.

Witness Signature in English*

In case the Proposer/Life to be Assured is illiterate, his or her thumb impression should be attested by a person of standing whose identity can be established, but unconnected with the Exide Life Insurance Company Limited and this declaration should be made by him/her.

Date:

Date:

Date:

Place: _____

Place: _____

Place: _____

*Name and Address of Witness: _____

Section XIII - Section 41 & 45 of the Insurance Act 1938

Prohibition of Rebate in accordance with provisions of Section 41 of the Insurance Act 1938 as amended from time to time

- 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 punishable with fine which may extend to ten lakh rupees.

Fraud, Misrepresentation and forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (1) for reference]

Exide Life Insurance Company Limited is a wholly owned subsidiary of Exide Industries Limited. The trademark "Exide" is owned by Exide Industries Limited and licensed to Exide Life Insurance vide Trademark license agreement dated 30th October 2014. Exide Life Insurance Company Limited. IRDAI Registration number: 114, CIN: U66010KA2000PLC028273, Registered Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru - 560 001. Toll Free:1800 419 8228; Visit:exidelife.in.

Beware of Spurious/ Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.



Section 45 - Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call 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 are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.]