

## Member Enrollment Form for Reliance Nippon Life Group Jan Suraskha Kavach

The insurance mentioned herein will be issued based on the facts provided in this proposal form. If any of the details provided are not factual or are not fully disclosed, the policy issued is liable to be cancelled with immediate effect. Please fill this form your self after reading the Product Brochure and with the assistance of are Advisor or Manager-Sales Team.

For office use only

CDA/CA/BM Code	CA Exec/SM Code	FOS Code	POS/Advisor Code
<input type="checkbox"/> First Insurance with Reliance Nippon Life Insurance		<input type="checkbox"/> Subsequent Insurance with Reliance Nippon Life Insurance	
<input type="checkbox"/> Urban			<input type="checkbox"/> Rural

**Important Guidelines:** 1. This form is to be filled by the member him/her self. 2. If the member is unable to fill the form due to inability to read or understand English language, help of a person other than the insurance advisor/Reliance Nippon Life Insurance Company Limited (RNLIC) employee or insurance intermediaries or Master Policyholder may be used for filling up. 3. For details on risk factors, terms and conditions please refer to the respective product brochure before concluding a sale. 4. Premium paid through banking instruments, of which cheques should be only "Account Payee", shall be subject to realization 5. #Enclose proof of mailing & permanent address (both) if different & attach complete address details. 6. Enclose self attested address proof, identity proof & income proof, PAN Card copy, as applicable. 7. Enclose signed cancelled cheque/self attested passbook copy. 8. In the event, a member opts for Sum Assured above Free Cover Limit, the member has to submit personal statement for group cover life additionally which can obtained from Master Policyholder or insurer.

### PERSONAL DETAILS (Primary life Assured)

Member to be Assured  Mr.  Ms. Full Name \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Marital status \_\_\_\_\_

Annual Income (Rs): \_\_\_\_\_ Nationality:  Indian  NRI  Others (Specify) \_\_\_\_\_

Occupation \_\_\_\_\_ Nature of Duties/Job Description \_\_\_\_\_

Address Proof \_\_\_\_\_ Identity Proof \_\_\_\_\_ Age Proof \_\_\_\_\_

PAN \_\_\_\_\_ (submit form 60 if PAN not available)

Details for communication: Mailing Address \_\_\_\_\_

City \_\_\_\_\_

PIN Code \_\_\_\_\_ State \_\_\_\_\_

Tel./Mobile No. \_\_\_\_\_

### JOINT LIFE DETAILS (Secondary life If Applicable)

Member to be Assured  Mr.  Ms. Full Name \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Marital status \_\_\_\_\_

Relationship with Primary life Assured \_\_\_\_\_

Annual Income (Rs): \_\_\_\_\_ Nationality:  Indian  NRI  Others (Specify) \_\_\_\_\_

Occupation \_\_\_\_\_ Nature of Duties/Job Description \_\_\_\_\_

Address Proof \_\_\_\_\_ Identity Proof \_\_\_\_\_ Age Proof \_\_\_\_\_

PAN \_\_\_\_\_ (submit form 60 if PAN not available)

### COVERAGE DETAILS

Sum Assured: \_\_\_\_\_ Premium Rs. \_\_\_\_\_

Member/Loan/Account No. \_\_\_\_\_ Outstanding Loan Amount Rs. \_\_\_\_\_

Loan Type: \_\_\_\_\_ Loan Term: \_\_\_\_\_ Coverage term: \_\_\_\_\_

Premium Paying Term  Single Premium  OYRT

Policy term \_\_\_\_\_ (Applicable for single premium) Premium Paying Frequency \_\_\_\_\_ (Applicable for OYRT)

### NOMINEE DETAILS

Name of the Nominee	Date of Birth	Nominee Address	Relationship with the Member	Percentage Share
Total				100%

Appointee's Name (If Nominee is a minor): \_\_\_\_\_

Appointee's signature: \_\_\_\_\_ Appointee's Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Relationship with the Nominee: \_\_\_\_\_

**DECLARATION OF GOOD HEALTH** (If applicable for Compulsory/Voluntary)

<b>DOGH for group insurance</b>	<b>Primary Life</b>	<b>Joint Life</b>
Have you ever had any form of heart disease ,stroke, pre-cancerous conditions, cancer/tumour, kidney disease, lung disease, asthma, tuberculosis, liver disease, hepatitis, diabetes, high blood pressure, high cholesterol, digestive disorder, HIV/AIDs infection. Or during last 5 years have you been advised to undergo any investigations or undergone any major surgery or been hospitalised or treated for medical condition except for minor cough, cold or flu for continuous period of more than 10 days?		

**PAYMENT AUTHORISATION - Lender Borrower (if applicable)**

I do hereby declare that I have received a loan from M/s \_\_\_\_\_ (“Master Policyholder”). In order to secure the said loan I have taken the above referenced policy from Reliance Nippon life insurance Company Limited. In consideration of receiving the said loan I hereby authorize RNLIC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

\_\_\_\_\_  
Signature/Thumb Impression of the Member

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

**DECLARATION BY LIFE TO BE ASSURED**

I agree that I will inform the Company if between the date of this proposal and the date of the issuance of policy;

- 1) If there is any change in my general health, occupation, or financial position or,
- 2) If any other proposal or application to any other Insurance Company on my life is declined / postponed or accepted other than the standard terms so that the Company may consider the terms of acceptance. I understand that if I fail to disclose the information sought by the Company, then the Company may void the contract at its sole discretion without giving any further explanation and the consequence thereof shall follow.

I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company.

I declare that the statements in this proposal are true and I have disclosed all information which might be material to the Company while issuing the policy contract. I declare that I have read the sales literature of the proposed plan and understood the terms and conditions of the plan along with the associated risk and benefits which I propose to take.

I declare that the premiums paid have not been generated from the proceeds of any criminal activities/offences and I shall abide by and conform to the Prevention of Money Laundering Act 2002 or any other applicable laws.

I declare that the Company has disclosed and explained all the information related to this product and riders to me and I declare that I have understood the same before signing this proposal form.

I authorize Reliance Nippon Life Insurance Company to share my personal information with a specialist service provider, who would keep the said information in secure and confidential manner.

For lender - borrower insurance policy, I hereby authorize the Company to make the payment of outstanding loan balance amount to the Mater Policyholder by deducting from the claim proceeds payable on the happening of the contingent event covered under the scheme/policy.

\_\_\_\_\_  
Signature of Member to be Assured

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

\_\_\_\_\_  
Signature of Joint Life (If applicable)

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

\_\_\_\_\_  
Signature of the Witness

Name of the witness: \_\_\_\_\_

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

**DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR FOR UNEDUCATED PERSONS**

Reliance Nippon Life Insurance Company Limited requires that this Member form is completed by the Member/Master Policy holder. If the Member does not read, write, or speak english, then this Member form may be completed by Who is the Group Administrator. I have explained the contents of this proposal to the Member and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by the Member form and I have read the responses back to the Member and confirmed that they are correct.

\_\_\_\_\_  
Signature of Declarant in English

Name: \_\_\_\_\_

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

## OFFERING OR ACCEPTING REBATE IS PROHIBITED BY LAW

Section 41 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

(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.

Please refer to our website or contact our office for the details under the above mentioned Section 41.

## POLICY IS NOT TO BE CALLED IN QUESTION ON GROUND OF MIS-STATEMENT AFTER 3 YEARS

Section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Ordinance, 2014

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three 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 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.

(3) notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:-

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of the 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 the revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of the fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

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

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if is entitled to do so, and no policy shall be deemed to be called in question merely because the term of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

**Reliance Nippon Life Insurance Company Limited.** IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8am to 8pm, Monday to Saturday (except public holidays) on our Toll Free Number 1800 102 1010 or 2. Visit us at [www.reliancenipponlife.com](http://www.reliancenipponlife.com) or 3. Email us at: [rnlife.customerservice@relianceada.com](mailto:rnlife.customerservice@relianceada.com). 4. Chat with us on our WhatsApp number (+91) 7208852700. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license. Tax laws are subject to change, consulting a tax expert is advisable. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. UIN for Reliance Nippon Life Group Jan Suraskha Kavach: 121N147V01.

**BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS:** IRDAI clarifies to public that: 1. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. 2. IRDAI does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.