Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



PROTECTING INVESTING FINANCING ADVISING

CERTIFICATE OF INSURABILITY FOR CANCER SHIELD

Any alterations/corrections made in the form need to be duly signed by the policy owner. Date: Date: D				y y y y y tion form.		
PARTICULARS RELATED TO LIFE	E INSURED (LI) POLICY OWNER (PO)					
Policy Number: Date of Birth of Life Insured: D M M Y Y Y Y						
1. Name of the Life Insured in f	ull:					
Name of the Policy Owner in full:_						
Telephone No (R/O): STD code Mobile No.: PAN:						
Email ID:						
PEP - State whether the Proposer or the Life to be Insured or Nominee are Politically Exposed Persons						
If Yes, please provide details:						
example Heads of State or gover	ve been entrusted with prominent public fund nment, senior politicians, senior government s OR Family members /close associates who tement:	, judicial or military officials, senior executiv	ves of state-owned corp			
Date	Cash/Cheque/DD no	Issuing bank	Amount (in	Rs)		
		Joseph Salin	7 1110 21110 (1111			
3. Nationality: Indian NRI Others						
4. a) Occupation (State nature	of duties):					
5. HEALTH QUESTIONNAIRE FO	R ABSLI CANCER SHIELD PLAN					
A) LIFE STYLE INFORMATION						
i. Have you smoked or consumed any form of tobacco in the last 12 months or have you been advised to quit smoking for health reasons? ii. Have you ever been advised to quit alcohol consumption for health reasons or diagnosed with any liver abnormalities due to alcohol consumption? B) FAMILY MEDICAL HISTORY Has either of your parents and /or brother or sister suffered/suffering from, or died due to cancer before the age of 60 years? (such as cancer of colon, rectum, breast etc.)						
C) PERSONAL MEDICAL HIS	TORY					
(c) Increase / Decrease Reason	during the past one year over 5 kg?	nce companies exceed Rs. 50,00,000/- includ	ding current application?			
 i. Have you ever had an application for life, accident, medical, health related insurance or riders refused, withdrawn, declined, postponed or offered with restricted benefits or with an increased premium or made any claim under any such policy of insurance with Aditya Birla Sun Life Insurance Company Limited (ABSLI) or any other insurer in india or abroad? (If yes give details) 						
ii. Do you have any other application for, or reinstatement of, life insurance pending with Aditya Birla Sun Life Insurance Company Limited (ABSLI) or any other insurance company?(If YES, give details)						
following:	tion, medical advice, been investigated, undergo					
(b) Bleeding, pus or discharge fro (c) Persistent fever, headache, disturbances, seizures, loss of	nps, nodes, cyst, tumor, non-healing ulcer and ir om anywhere in the body e.g. nose, ears, mouth, cough, difficult in swallowing, hoarseness of v f consciousness, blood disorders, abnormal bloo	rectum, skin, breasts, vagina, anus, blood in stocyoice (all of the previous symptoms for more ad cell count?	ols/sputum/urine/vomit?			
ii Have you or your enduce ever bee	on tested positive for Henatitis B or C HIV AIDS	or any other sexually transmitted disease?				

iii "Have you been advised to undergo any investigations* in the last 6 months like ultrasound (USG), body scan, MRI, CT scan, cytology, pap smear, mammogram, colonoscopy, biopsy, blood tests, cancer/ tumor markers? (*other than as a part of routine / executive / pre-employment check up)"

I, agree:

- 1. That Aditya Birla Sun Life Insurance Company Limited (ABSLI) shall incur no liability by reason of this application or by reason of any cash paid or settlement made in connection therewith until this application has been approved by Aditya Birla Sun Life Insurance Company Limited (ABSLI) with no change having taken place in the insurability of the insured subsequent to the date of this application. That the above answers are full and true, and I agree the application if approved, with the answers given in any declaration which may be required by Aditya Birla Sun Life Insurance Company Limited (ABSLI) relates to the insurability of the life insured or to the change of the policy, shall be the basis of such reinstatement or change.
- 2. All material facts, being facts which might influence the assessment of this application, have been disclosed in this application, it being understood that failure to make such disclosure renders the contract voidable, and
- 3. That submission of this COI does not mean auto reinstatement of my policy and the same is subject to completion of all the requirements including medical requirements if required raised by ABSLI. Upon approval by ABSLI, reinstatement of the policy shall be communicated separately to me.
- 4. That basis my answers in this application, there may be change in the amount of premium payable and I accept and agree to pay the revised premium amount that may be chargeable to me by ABSLI. I further agree to pay the outstanding dues including interest and any other charge as may be applicable to reinstate the policy. I understand and agree that the total outstanding dues payable by me mentioned in the reinstatement quotation shall be valid till the validity period and may change thereafter as per the prevailing norms of the Company.

I hereby agree and confirm that the above details provided by me are true and correct. I request you to update above information in your records. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy.

Place of Signing and Date	of Signing : D D M M Y Y Y Y			
Signature of Life Insured:	Signature of Policy Owner:			
Signature in the presence of Mr./Ms.: Signature of Witness:				
Relationship with Life Insured:				
Name of Insurance Advisor:	Code of	Code of Insurance Advisor:		
Name of Agency Manager/Relationship Manager:				
Code of Agency Manager/Relationship Manager:				
VERNACULAR DECLARATION:				
I (We) verify that the contents of the document have been fully explained to me/us and I/we have fully understood them. I/we further confirm that the replies in the certificate of insurability have been recorded as per the information provided by me (us). I (full name of witness) do hereby state that I have read out and explained the contents of this certificate of insurability and all other documents incidental to reinstating the insurance policy from Aditya Birla Sun Life Insurance Company Limited (ABSLI) to the Proposer and he/she/they have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. Signature/Thumb Impression of the Proposer/Life insured signing in vernacular language Name and Signature of Witness				
Witness Name	D D M M Y Y Y Y			
Place of Signing Date of Signing				
Bank Account Details (All fields are mandatory)				
Bank Name: Bank Address: Bank Account Holder's Name: Bank Account Number:	Branch Name: 11 Digit IFSC Code: (You can set this	code from your bank)		

Note: Aditya Birla Sun Life Insurance (ABSLI) will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case of requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.

Mandatory Requirements

- Please submit Original Cancelled Cheque with pre printed name & account number
- Please submit pass book copy / Bank Statement bearing pre printed name, residence address & account number; incase cancelled cheque does not have printed name & account number, carry original for verification at branch
- In case the cancelled cheque carries pre-printed name and account number, but has "New Account" printed on it, kindly submit an attested copy of the passbook/bank statement bearing preprinted name and account number. Please carry original passbook/bank statement to the branch for verification purposes
- Valid address KYC proof and valid id proof carry originals for verification at branch
- · All documents needs to be self attested by the Policy owner & attested by ABSLI Authorized branch personnel.

Note: • Direct Transfers are not applicable for NRE accounts. • In case of changes made in existing bank account details, there will be a waiting period or 30 days form the date of registration of this changes before processing any payout request

Valid Photo ID Proofs

- Passport
- Pan Card
- · Voter's Identity Card
- · Driving License
- Identity Card with Applicants Photograph issued by :-
 - State/Central Government Departments, Statutory/ Regulatory Authorities
 - · Public Sector Undertakings
 - Scheduled Commercial Banks
 - Public Financial Institutions
- Letter Issued by a gazetted officer with a duly attested photograph of a person.
- Job card issued by NREGA duly signed by an officer of the State Government

Valid Address Proof

- Passport
- Voter's Identity Card
- Driving License
- Identity Card With Applicants Photographs issued by:-
 - State/Central Government Departments, Statutory/Regulatory Authorities
 - · Public Sector Undertakings
 - · Scheduled Commercial Banks
- Public Financial Institution
- Letter issued by a gazetted officer with a duly attested photograph of a person.
- Telephone Bill/Electricity Bill/Gas Bill/Water Bill/Mobile Post-Paid Bill (not older than 2 months)
- Bank Account or Post Office Saving Account Statement
- Property or Municipal Tax receipt
- Pension or Family Pension Orders(PPO) issued to retired employees by Government Departments or Public Sector Undertakings (if they contain address)
- Documents issued by Government departments of foreign jurisdiction and letter issued by Foreign Embassy or Mission in India.
- Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarv, leave and licence agreements with such employers allotting official accommodation;

FOR/1/18-19/4

Aditya Birla Sun Life Insurance Company Limited (Formerly known as Birla Sun Life Insurance Company Limited) Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 6723 9100 | CIN: U99999MH2000PLC128110 www.adityabirlasunlifeinsurance.com

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