# Life Insurance

a) Height (cm): \_

Name an Address of regular attending Physician: \_

Aditya Birla Sun Life Insurance Company Ltd.



PROTECTING INVESTING FINANCING ADVISING

#### Certificate of Insurability for Major Life (Age 18 Years and Above) Any alterations/corrections made in the form need to be duly signed by the policy owner. Date: D Please ensure that no questions are left unanswered and the certificate is complete in all respects. Kindly submit specimen signature form and a valid photo id proof along with this form in case the same were not submitted along with the application form. PARTICULARS RELATED TO LIFE INSURED (LI) POLICY OWNER (PO) Policy Number: Date of Birth of Life Insured: 1. Name of the Life Insured in full: Name of the Policy Owner in full: Telephone No (R/O): Mobile No.: PAN (Mandatory): Form 60/61 Fmail ID: or PEP - State whether the Proposer or the Life to be Insured or Nominee are Politically Exposed Persons No If yes, please provide complete details of your role, function along with date of assuming this role and function # PEP: "Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important politically party officials OR Family members /close associates who are related or have business relationships with PEP's" Help us know you better! For which financial goal did you choose your life insurance Policy? For Your Family & You For Efficient Financial Planning For Your Aspirations Childs Education Wealth Creation Saving Childs Marriage Wealth Creation Retirement Planning Family Protection & Risk Tax planning Legacy Planning Protection against Health Business Continuity Cover Outstanding Loans 2. Amount paid towards Reinstatement: Cash/Cheque/D.D. No. Amount (in ₹) Issuing Bank 3. Nationality: Indian NRI Others \_ 4. a) Occupation (State nature of duties): Yes No b) Have you changed your occupation since the date of application for this policy? (If YES, give details with the date of change) c) Do you have any physical defects, impairment, deformities and/or any condition affecting mobility, sight and/or hearing which have prevented you from performing on a Full Time basis any of the duties of your occupation? (If YES, give details) d) Are you engaged or do you intend to engage in any hazardous occupation or avocation? (for eg; flying other than a fare paying passenger, diving, mountaineering, working at heights, underground or offshore, using explosives or any other dangerous activity)? (if YES, give details and submit appropriate questionnaire) \_ 5. Are you in sound health? (If No, give details)? 6. Do you consume or have you consumed any products containing alcohol or tobacco? (if YES, give details below) Have you ever been advised to stop consumption Substance Consumed In the form of Quantity per day No. of vears of the substance by a physician. If yes, specify the reason. Alcohol Tobacco 7. 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? 8. 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)

Weight (kg): \_

b) Is there any change in Weight in the past one year? (If YES, give details with reason for change) \_

10.	Do you consume or have you ever consumed any narcotic substance?		
11.	(If YES, give details)Are you on diet or any other medicine of any kind as prescribed by a doctor?		
	(If YES, give details)		
12.	2. Do you have any health symptoms or complaints for which a physician has not been consulted or treatment received?  (Persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.)		
1 7	(If YES, give details)		
15.	Have you or your spouse received any medical advice, testing or treatment for any sexually transmitted disease or HIV Infection?  (If YES, give details)		
14.	Since the application for this policy, have you		
	(a) Consulted any physician or other health practitioner except for common cold, influenza lasting less than 4 days?		
	(b) Submitted to an ECG, X-Rays, blood tests or any other tests? (If YES, please specify below)		
	Routine Pre Employment check up Insurance related Others		
	(c) Admitted / been advised to be admitted to any hospital or medical facility for medical management or surgical procedure?		
15	Have you ever sought advice or suffered from any of the following? Please provide details with reasons, wherever applicable.		
	(a) Chest pain, high blood pressure, stroke, high cholesterol, heart attack, heart murmur or other heart disorders?		
	(b) Asthma, chronic cough, pneumonia, shortness of breath, tuberculosis (TB) or other respiratory or lung disorders?		
	(If YES, submit appropriate questionnaire)		
	(c) Diabetes / elevated blood sugar or sugar in the urine? If YES, submit Diabetes Questionnaire.		
	(d) Protein (albumin), blood or pus in the urine, sexually transmitted disease (STD) or venereal disease?		
	(e) Ulcer, colities, chronic diarrhea, hepatitis or jaundice or other liver or digestive disordes? If YES, submit Digestive questionnaire.		
	(f) Cancer, tumour, abnormal growth, thyroid disorder, enlarged glands or enlarged lymph nodes?		
	(g) Anemia, bleeding or blood disorders?		
	(h) Dizziness / fainting spell, epilepsy, paralysis, stroke, nervous or mental / emotional disorder?		П
	(If YES, submit appropriate questionnaire)		
	(i) Kidney, urinary bladder, reproductive organ or prostate disorders?		
	(j) Arthritis, gout or joint pain, muscle disorder, bone fracture or disorders?	Ħ	
	(k) Acquired Immunodeficiency Syndrome (AIDS) or AIDS related complex?		$\Box$
	(I) A test indicating the presence of HIV (AIDS virus) ?		$\Box$
	(m) Disorder of eyes (such as cataract, glaucoma etc.) or ears?		
	(n) Any other illness, surgery or injury?		
	Please provide complete details for all the above questions under Q15 answered as 'Yes'		$\Box$
	uestion No. Exact Diagnosis and details Details of treating Doctor/Surgeon Details and date of hos	 nitalizatio	n
	ofcurrent symptoms (Name, Qualification, Contact No., Address) and List of medications being consumed currently		
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 16.	Has any of your parents/brothers/sisters suffered from or died of heart disease, stroke, high blood pressure, Diabetes Mellitus,	Yes	No
Cancer, Kidney disease or paralysis or any other hereditary/familial disorders such as Huntington's disease, polycystic disease the kidneys of familial polyposis of the colon?			
17	(If YES, give details)		
т/.	For Female Lives only:		
(a) Are you pregnant? (If Yes, No. of Weeks)  (b) Have you suffered from or do you have any gynecological problems of illness related to uterus/ovaries or breast (If YES, give details)			
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	(If YES, give details)	:	
	, the life insured/applicant declare that the above answers are full and true, and agree the application if approved, with the answer declaration which may be required by Aditya Birla Sun Life Insurance Company Limited (ABSLI) relates to the insurability of the life the change of the policy shall be the basis of such reinstatement, delivery or change.		

### 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.
- 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
- 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				
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 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 & Signature of Witness					
Place of Signing and Date of Signing					
Bank Account Details (All fields are mandatory)					
Bank Name:	Branch Name:				
Bank Address:					
Bank Account Holder's Name:					
Bank Account Number:	11 Digit IFSC Code: (You can get 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

- Aadhaar ID (UID)
- 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.

#### /alid Address Proofs

- Aadhaar Card
- Passport
- Pan CardVoter'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)

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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