Master Proposal Form for Axis Max Life Insurance & Niva Bupa Health Insurance Smart Life-N-Health LoanSure Plan

Application is hereby made to the Company for a Group Combi Insurance Policy in accordance with the following

Proposal No.	
Name of the Applicant	
Address (Registered Office / Principal Office)	
Telephone number#	
Email-Id *	
Address (Registered office as per GST)	
GST Registered State	
GSTIN	
Nature of Firm/Company:	☐ Public Ltd. ☐ Private Ltd. Co. ☐ Co-operative Society ☐ Foreign Bank ☐ Any Other _____
Electronic Insurance Account (EIA) Details Of The Proposer/Policyowner (if any)	
The policy is to become effective from	DD/MM/YYYY in accordance with the attached proposal reference

Do you wish to receive your Master Policy Document in Physical Format? Yes ☐ No ☐

CKYC No. (If available):

Combi Product Eligibility Criteria:

Eligibility :	**Existing**	**New**

Minimum Entry Age		
Maximum Entry Age		
Cover ceases at Age		
Minimum (coverage Term)		
Maximum (coverage Term)	Life Cover: Health Cover:	Life Cover: Health Cover:
Group Size (No. of Member):		

Participation	**Existing**	**New**
Compulsory		
Voluntary		
Principal borrowers		

Joint Borrowers Yes ☐ No ☐ Transgender Yes ☐ No ☐

Co-borrowers Yes ☐ No ☐ Number of Co-borrower 1 ☐ 2 ☐ 3 ☐ 4 ☐

I/We agree to receive regular promotional updates / alerts from Axis Max life insurance Ltd. And Niva Bupa Health Insurance Company Limited from time to time. ☐ Yes ☐ No

Part A: Life Cover:

Specify below the specific loan type for which the plan is to apply:

Type of Loan Type of Loan

Death Benefit Reducing ☐ Level ☐

Maximum Sum Assured per Borrower Rs .

Minimum Sum Assured Rs .

Moratorium Period	Yes ☐	No ☐	Max. Moratorium Period	Years_____	Months _____

The purpose of Life Cover is to provide cover against loan in the event of death during the period of coverage.

Rider Benefits:

Critical Illness Accelerated Rider Benefit	Yes/No		If yes, please provide the following details
Critical Illness Accelerated Rider Benefit Option	Gold (20 CI's Cover) / Silver (10 CI's Cover)		
Period of insurance for ACI Rider (in months)			

Please Specify The CI Rider formula*: Up to _____% of Base benefit and Maximum of Rs_____

*[Critical Illness (Accelerated) Rider Benefit can be availed upto 100% of Sum Assured or maximum Rs. 1Cr, whichever is lower. The option to choose the Sum Assured under a scheme rolled out by Master policyholder lies with individual member]

Part B: Health Cover

S. No.	Name of the Benefit	Particulars	S .No.	Name of the Benefit	Particulars
1	Video Consultations	<<Amount/Number/NA>>	16	Hospitalization Cover	
2	Tele Consultations	<<Amount/Number/NA>>	A	Base Sum Insured	<<Max Limit/NA>>
3	Physical Consultations	<<Amount/Number/NA>>	B	Hospital accommodation-Room Rent/day	<<Max Limit/NA>>
4	Video Consultations with Specialists	<<Amount/Number/NA>>	C	Hospital accommodation-ICU/day	<<Max Limit/NA>>
5	Tele Consultations with Specialists	<<Amount/Number/NA>>	D	Day Care Treatment	<<Yes/No>>
6	Physical Consultations with Specialists	<<Amount/Number/NA>>	E	Pre/Post Hospitalization-Days of Coverage	<<No. of days>>
7	Diagnostic Services	<<Yes/Amount/NA>>	F	Domiciliary Hospitalization	<<Max Limit/NA>>
8	Pharmacy Services	<<Yes/Amount/NA>>	G	AYUSH Benefit	<<Max Limit/NA>>
9	Home Health Care Services	<<Yes/Amount/NA>>	H	Organ Transplant	<<Yes/No>>
10	Vaccination Cover	<<Yes/Amount/NA>>	I	Emergency Road Ambulance	<<Max Limit/NA>>
11	Annual Health Check-up	<<Yes/Amount/Number/NA>>	J	Air Ambulance	<<Max Limit/NA>>
12	Daily Cash Benefit	<<Rs. >> per day. Maximum <<No.>> days	K	Modern Treatments	<<Max Limit/NA>>
13	ICU Cash Benefit	<<Rs. >> per day. Maximum <<No.>> days	L	Loyalty Credits	<<Yes/No>>
14	Emergency Assistance Service	<<Yes/No>>	M	No Claim Bonus	<<Yes/No>>

15	Second Medical Opinion	<<Yes/No>>		17	Critical Illness Cover	<<Max Limit/NA>>
				18	Personal Accident Cover	<<Max Limit/NA>>
				19	Serious Illness Cover	<<Min Max Hospitalization and payout grid/NA>>

Any Other Special Conditions:

- _____
- _____

Part C: General Details (Applicable for both Life Cover & Health Cover)

Premium Frequency	Single Premium				
Whether premium included in loan amount.	Yes/No				
Mode		Bank Transfer			
Has this group ever been covered by Credit Life Insurance and/ or Health Insurance in another company?	Yes		No		
If yes, please state the name of the company					
Date Cover ceased	DD/MM/YYYY				

Authorised Signatories of the Applicant

(The following people are authorised to complete claims documentation. A minimum of two signatories are required)

Signature		Signature	
Name		Name	
Designation		Designation	
Telephone No.			
Email Id			

Dated this day of 20__

Agent Advisor's Code: Signature of Agent: Date: Place:

We draw your attention to Section 39, Section 41 and Section 45 of the Insurance Act 1938 and Regulations 18 of Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers)Regulations, 2024 which reads as follows:

Regulation 18(1): No proposal shall be accepted unless nomination is obtained as per section 39 of the Act.

Section 39: In case nomination facility is availed, section 39 of the Insurance Act, 1938 as amended from time to time shall apply.

Section 41:

(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: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. For other details please refer to Section 41 of the Insurance Act, 1938 as amended from time to time.

Section 45

No policy of the life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of issuance of policy, from the date of the Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later. However, insurer may question the Policy at any time within three years from the date of issuance of policy, from the date of Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud, in which case insurer shall inform Proposer/Life Insured/Legal representatives in writing specifying the grounds and materials on which such decision is based. For other details please refer to Section 45 of the Insurance Act, 1938 as amended from time to time.

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Declaration:

1. I/We agree and confirm that the Policy to be issued under above plan in our name will be held by us for the benefit of the members. I/We declare that the information provided in this proposal is both true and accurate to the best of our knowledge and is based on the information, provided to us by our eligible employees/members, under membership enrolment form duly completed or in the format specified by the Company (if applicable). All the relevant information as required and specified by the Company has been compiled by us and furnished to the Company and that the same is true to the best of our knowledge and belief.

2. I/We hereby declare, on our behalf and on behalf of all members proposed to be insured, that the statements, answers and/or particulars given by us are true and complete in all respects to the best of our knowledge and that we are authorised to propose on behalf of members.

3. The proposer agrees that the receipt of the proposal form by the Company along with the premium payment does not tantamount to the acceptance of the proposal for insurance by the Company and does not result in a concluded contract of insurance.

4. I/We agree that the statements and declarations in this proposal form and those contained in the individual membership information forms shall be the basis of the contract of insurance between ourselves and the Company.

5. I/We, the authorized representative of the Proposer, do hereby declare that the statements made herein and answers have been given by me/us after fully understanding questions and the importance of disclosing all material information while answering such questions. I/We declare that the answers given in the proposal form are true and complete in every respect. In case of any fraud or misrepresentation action will be initiated as per Section 45 of Insurance Act.1938 as amended from time to time.

6. I/we Authorise the Company to Seek/ to store/ to process and/or to share, (within and/or outside India) my personal information shared by way of this proposal form or otherwise, including my Aadhaar number with (i) Government and/or Regulatory bodies (ii) Insurance repositories (iii) CERSAI/ UIDAI / Authentication Agencies (iv) Reinsurers / actuarial consulting firms / other insurance companies, hospitals or diagnostic centres or TPAs/ other insurance companies / service providers/National Health Authority (NHA) through ABHA authentication agencies for the purposes of underwriting assessment, claim investigation / settlement, eKYC/ KYC authentication and policy servicing purposes as per regulatory framework put in place for the same.

7. I/We declare that I/We have consented to the Company seeking medical information from any doctor or hospital who/which at any time has attended on the member to be insured or from any past or present employer concerning anything which affects the physical or mental health of the member to be insured 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. I/We authorize the Company to share information pertaining to my proposal including the medical records of the member (if any) for the sole purpose of underwriting and/or claims settlement etc.

8. I/We undertake to notify the Company, forthwith in writing, any change in any of the statements made in the Proposal subsequent to the signing of this proposal and acceptance of risk and issuance of Policy by the Company. I/We will provide information as and when required by the Company, acting on its own or under any order or instruction received from Statutory Authorities, as regards to the sources of funds or utilizations or withdrawals. I/We agree that the Company may provide any information related to us in respect of this proposal; as available to the Company at any time, to any Statutory Authority in relation to the any laws including the laws governing prevention of money laundering, applicable in the country. I/We authorize Axis Max Life and Niva Bupa Health Insurance to send all communication by electronic means.

9. I/We confirm that if any future premium or other payment due to the Company is made by me/us either personally or through the agent advisor, then the Company shall not be liable unless the amounts are received and realized by the Company within the time the Company stipulates for receipt / acknowledgement of the payments and the company decides to underwrite the risk.

Authorised Signatory of the Proposer:

Signature/Thump impression/OTP Confirmation/

Electronic signature of proposer

Signature of Witness:

Signature/Thump impression/OTP Confirmation/

Electronic signature of proposer

Dated this_____ day of _____

VERNACULAR /ILLITERATE DECLARATION

I hereby declare that I have fully explained the contents of this proposal to the proposer/Life to be Insured in _____ language, as understood by him/her and that the left thumb impression/signature of the proposer/Life to be Insured has been appended/affixed after fully understanding the contents thereof. I have truthfully recorded the answers given by the Proposer/Life to be Insured.

I have understood the content of the proposal form as explained to me in_____ language by the declarant, Mr./Ms. _____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression.

Name of the Declarant:	**Address of the Declarant:**
I hereby certify that I have understood the content of the proposal form as explained to me in_____ language by the declarant, Mr./Ms. _____ , filling in the proposal form and after the same, I am affixing my signature/thumb-impression.	
Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Declarant	**Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Proposer**

DISABILITY DECLARATION

Declaration to be made by authorized representative of the policyholder or prospect, who is a person with disability (unconnected with Axis Max Life Insurance Limited and/or Niva Bupa Health Insurance)
I hereby declare that I have been fully explained the contents of this proposal form, policy documents, terms and conditions .

Name of the Declarant: **Relationship with the prospect:**	**Address of the Declarant:** **contact details**
I certify that I have understood the content of the proposal form, policy documents, terms and conditions and the eIA as explained to me and confirm the above by affixing/appending my signature/thumb-impression/ OTP.	

Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Declarant	Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Proposer

Annexure – 1

For each Primary borrower to be covered, Master Policyholder should supply details in respect of each of the eligible borrower:														
Unique Customer-id	Loan/ RD a/c number	Name of the member	Date of Birth	Gender	Loan Type	Loan Sanction Date	Loan Amount	EMI Amount	Sum Assured (For Life Cover)	Term of Loan	Period Of Life Insurance	Period Of Health Insurance	Rate of Interest	Moratorium period	Interest paid during moratorium period

For each Primary borrower to be covered, Master Policyholder should supply details in respect of each of the eligible borrower:					
Transgender applicable (Y/N)	Premium Finance by Bank (Y/N)	Member Address	Nominee Details	Proposer Details	Appointees Details

Annexure – 2

For each Co-borrower/Joint Life to be covered, Master Policyholder should supply details in respect of each of the eligible borrower:														
Unique Customer-id	Loan/ RD a/c number	Name of the member	Date of Birth	Gender	Loan Type	Loan Sanction Date	Loan Amount	EMI Amount	Sum Assured (for Life Cover)	Term of Loan	Period Of Life Insurance	Period Of Health Insurance	Rate of Interest	Morat orium period	Interest paid during moratorium period

For each Co-borrower/Joint Life to be covered, Master Policyholder should supply details in respect of each of the eligible borrower:						
Transgender applicable (Y/N)	Premium Finance by Bank (Y/N)	Member Address	Occupation Code	Nominee Details	Proposer Details	Appointees Details

Note: (a) Sum Assured/ Sum Insured should not exceed the Loan amount for both Life Cover & Health Cover respectively (b) If there is more than one borrower in the loan the sum assured in respect of each borrower is limited to the extent of the loan amount subject to necessary financial and medical underwriting requirements.