

**Annexure - Bandhan Life Group Care Micro Insurance Plan (UIN: 138N088V01)**
**A Non-linked Non-Participating Group Pure Risk Premium Micro Life Insurance Plan**

Channel Code: \_\_\_\_\_

Member Enrollment Form No: \_\_\_\_\_

**MEMBER ENROLMENT FORM**
**<< IMPORTANT NOTES TO THE LIFE TO BE ASSURED (MEMBER) >>**

1. <<Please fill this form in BLOCK LETTERS and disclose all facts. Any correction or overwriting in this form must be authenticated/countersigned by you.
2. You are required to disclose ALL material facts and circumstances in this form, which shall form the basis of the contract, otherwise the cover shall stand void at the option of the Company. If you are in doubt, as to whether any of the facts and circumstances are material or not, you must disclose them.
3. If the member signs this proposal in vernacular or puts their thumb impression upon it, then the respective declaration must be completed as mentioned in Section <<>>
4. Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes / Dots / Dashes / leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers.
5. All details marked with (\*) are mandatory
6. Nomination is compulsory. Please provide necessary details in Section <<>>
7. << Fields marked as <<>> are applicable based on the group scheme opted by the Master Policy holder/member and may/may not be forming part of the member enrolment form based on applicability of the group scheme. >>
8. The Policy wordings for this product can be downloaded from the insurer company website

**SECTION A. PERSONAL DETAILS**

Personal Details	Member 1	<< Member 2 >>
A.1. Name*	First Name _____ Last Name _____	First Name _____ Last Name _____
A.2. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
A.3. DOB	DD/MM/YYYY	DD/MM/YYYY
A.4. Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow (er)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow (er)
A.5. Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Others (Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Others (Specify) _____
A.6 PAN (submit Form 60 if PAN not available)		
A.7. Communication Address	Line 1 _____	Line 1 _____
	Line 2 _____	Line 2 _____
	City _____ Pin Code _____	City _____ Pin Code _____
	State _____	State _____
	Tel/Mobile No _____	Tel/Mobile No _____

**SECTION B. NOMINEE DETAILS**

Beneficiary Type	Name (First, Last)	Date of Birth	Age	Gender	Relationship with Member	% share
B.1. Nominee 1						
B.2. Appointee (If Nominee is Minor)						

Nominee 2						
Appointee 2 (If Nominee is Minor)						

**SECTION C. PLAN DETAILS**

C.1. Cover Type	<< <input type="checkbox"/> 1. Life Cover <input type="checkbox"/> 2. Life Cover plus Accelerated Terminal Illness <input type="checkbox"/> 3. Life Cover plus Accidental Death <input type="checkbox"/> 4. Life Cover plus Accelerated Terminal Illness plus Accidental Death >>		
C.2. Cover Amount (Initial Sum Assured)	Rs. _____		
<< C.3. Instalment Premium >> << (incl. GST) >>			
C.4. Policy term	__ Months		
C.5. Premium Payment Term	__ Months		
C.6. Premium Payment Frequency	<<< Single/Annual/Half-Yearly/Quarterly/Monthly >>>		
C.7. Sum Assured Type:	<input type="checkbox"/> Level Sum Assured <input type="checkbox"/> Decreasing Sum Assured		
<<For Lender Borrower Group>>			
<< C.1. Loan Account No. >>	_____		
<< C.2. Loan Type >>	_____		
<< C.3. Lives Covered >>	<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life		
<< C.4. Loan Amount >>	Rs. _____	<< C.5. Loan Term >>	_____ yrs.
<< C.6. Moratorium Period >>	_____ yrs.	<< C.7. Interest accumulation during Moratorium period >>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<< C.8. Loan Interest Rate >>	_____ %		

Note: Premium Payment Term, Premium Frequency & Type of Sum Assured is as per the scheme rules, which is available with the Master policyholder.

**<< SECTION D. Other personal details (Required as per the plan option chosen) >>**

Personal Details	Member 1	Member 2
<< A.1. Occupation >>	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Student <input type="checkbox"/> Salaried <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Farmer <input type="checkbox"/> Student <input type="checkbox"/> Salaried <input type="checkbox"/> Others (Please specify) _____
<< A.2. Education >>		

<< A.3. Annual Income >>	Rs. _____	Rs. _____
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**SECTION E. Questions on Health Declaration: (To be filled in, basis the board approved underwriting policy)**

<< Applicable as per our Board Approved Underwriting Policy: >>

Questions	Member 1	<< Member 2 >>
Are you in sound health, are suffering/have not ever suffered from any illness/disease (other than minor conditions like common cold, flu etc.) and do not have any physical defect, deformity or disability and that you are able to perform all your routine activities independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<< Have you suffered from/diagnosed of COVID 19 disease anytime in the past? >>	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
<< Have you been quarantined or been in close contact with anyone who has been diagnosed positive for COVID-19 in the last 14 days from the date of this proposal >>	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

**SECTION F. Member's Bank Account Details**

1. Accountholder's Name: \_\_\_\_\_ 2. Bank Name: \_\_\_\_\_ 3. Branch Name: \_\_\_\_\_  
 4. Bank Account Number: \_\_\_\_\_ 5. IFSC Code: \_\_\_\_\_ >>

**Declaration by the Insured Member**

- I/We hereby agree and confirm that the group life insurance policy of Bandhan Life Insurance Limited has been willingly opted by me and confirm that the answers given are, to the best of my knowledge, true, and that I/We have not withheld any material information that may influence the assessment or acceptance of this application.
- 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 Company and that the policy/risk will come into force only after full payment of the applicable premium and communicated by the Company.
- I/ We further declare that I/We will notify in writing/e-mail to the Company immediately, any change occurring in my/our occupation or general health or financial position or other details after the proposal has been submitted but before communication of the risk acceptance by the Company. Insurance is a contract of utmost good faith, which requires all material facts to be disclosed to the Insurance Company. In case of any doubt as to whether a fact is material or not, the fact should be disclosed.
- I/ We declare and consent that the Company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be assured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be assured/proposer and seeking information from any insurer to whom an application for insurance on the person to be assured /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 assured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any person, Governmental and/or Regulatory authority.

6. I/We understand that any mis-statement or suppression or non-disclosure of material information submitted or where the Company is not notified of any change as mentioned above, the Company reserves the right to repudiate the claim or declare the risk/policy void in accordance with Section 45 of the Insurance Act as amended from time to time.
7. Risk commencement will start only after receipt of premium by insurer
8. I/We declare that the premiums paid have not been generated from the proceeds of any criminal activities/offences and I/We shall abide by and conform to the Prevention of Money Laundering Act 2002 or any other applicable laws. . I/We authorise the master policyholder to disclose to the insurer such particulars as they may require including the details given above and any changes to the same, pay the premium payable on my/our behalf /collected from me/us to the Insurer.
9. I/We declare that the Master Policyholder has disclosed and explained all the information related to this product to me/us and I/We declare that I/We have understood the same before submitting this proposal form.
10. I/We hereby confirm that I/We have voluntarily provided my/our Contact details, including my/our telephone number and Email address to the Company and I/We hereby consent to receiving information related to this proposal and resulting coverage/ Certificate of Insurance through SMS/Email/WhatsApp or any other electronic media as updated by me from time to time.
11. I/We hereby agree and authorize the Company that my/our personal details or other information may be shared on confidential basis, with any service provider/third party agency with whom the Company has tie-ups/arrangements for processing of this proposal, servicing or improving services to me for the resulting coverage/policy.
12. I/ We understand that the Company reserves the right to accept, decline or offer alternate terms on this application for life insurance.
13. << I/ We understand that:
  - a. I/ we should be an Indian resident to be eligible to purchase this policy >>;
  - b. I/ we should be between << >> to << >> years last birthday at the time of purchase of this Policy. I/ We are not eligible to buy this Policy if my/ our age is below << >> years or above << >> years
  - c. I/ We are eligible for << >> policy/ies under this offer with maximum sum assured of INR << >>.>>
14. << Applicable for Lender Borrower schemes:
  - a. I hereby agree and confirm that the group life insurance policy of Bandhan Life Insurance Limited has been willingly opted by me along with the loan and the premium amount shall be deducted as mentioned in the loan agreement.
  - b. The premium and Sum Assured are calculated based on sanctioned amount, however it may be subject to change and applied based on the loan disbursement amount. >>

<< Additional Declarations for online journey:

I/ We am / are aware that <<MPH Name>> is the master policy holder for the group insurance policy issued by Bandhan Life Insurance Limited (Bandhan Life) for Bandhan Life Group Care Micro Insurance Plan and I / We will be a member of this group policy.

I confirm that I have read and understood the terms and conditions, product features, medical/health related questions, relevant documents, declarations, notes and disclosures. The OTP received on my registered mobile number shall be used as my confirmation/consent/signature for the same and on the member enrolment form.

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. >>

Signature/ Thumb Impression of Member 1\_\_\_\_\_

<< Signature / Thumb Impression of Member 2\_\_\_\_\_>>

<<Signature/ Thumb Impression of Witness \_\_\_\_\_>>

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

For Online Journey:

Name of the Declarant: \_\_\_\_\_

Signature/OTP: \_\_\_\_\_

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

Address of the Declarant:  
\_\_\_\_\_

**Declaration to be submitted if the form is signed in vernacular or bears the thumb impression of the Insured Member**

Declaration to be made by a 3rd person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR c) The Member has not filled the application. I hereby declare that I have explained the contents of this application form to the Member in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.

Signature/Thumb impression of Witness\*

Signature of the Declarant Name & Address \_\_\_\_\_

Date & Place: \_\_\_\_\_ Occupation \_\_\_\_\_

\* Witness Signature, Address and Occupation is required along with signature of Member

Declaration from Life to be Assured

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, occupation) Mr. / Mrs.: \_\_\_\_\_ and I have understood the significance of the proposed contract.

Signature or thumb impression of the person whose life is proposed to be assured

**Extract of Section 41 of Insurance Act, 1938 as amended from time to time:** "No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives 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 prospectus 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.

**Extract of Section 45 of Insurance Act, 1938 as amended from time to time:** In case of fraud, misstatement and suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act, 1938 as amended from time to time. Some provisions of the Section have been reproduced for reference: 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 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 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 a 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/member is not alive. 4) 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 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 a 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 or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of the insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a 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 the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5) Nothing in this section shall prevent the insurer from calling 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 that the age of the life insured was incorrectly stated in the proposal.

**<< To be filled only for regulated entities/financial institutions in case of lender-borrower schemes :**

**Authorisation From Life to be Assured**

I hereby authorise Bandhan Life Insurance Limited or its successors, assignees to pay out of the claim proceeds, the Outstanding Loan Balance upon occurrence of insured event directly to (name of the Master Policyholder) in discharge of the Outstanding Loan Balance as on the date of Insured Event.

Signature/Thumb impression of Member 1 \_\_\_\_\_

<< Signature/Thumb impression of Member 2 \_\_\_\_\_ >>

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

<<Signature / Thumb Impression of Witness \_\_\_\_\_>>

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

**Benefits Payment**

**<< In case of claim payment to the members of Regulated Entities/ Financial Institutions:** Upon the occurrence of Insured Event, during the Policy Term and Member's authorization received from Master Policyholder, the Company will pay Outstanding Loan Balance to the Master Policyholder and Balance Claim Amount, if any, directly to the Nominee or Beneficiary as the case may be. Benefits will be payable only if the Policy is in-force on date of occurrence of Insured Event and in accordance with the terms and conditions hereof, subject to receipt of the appropriate Premiums and documents specified by the Company from time to time. We will send complete details of the claim amount settled to the Member/Nominee/Beneficiary as the case may be. >>

<< **In case of claim payment to the members of Other Entities:** Upon the occurrence of Insured Event, during the Policy term, the claim amount will be payable to the Member or the Nominee/Beneficiary, as the case maybe. >>