



Bandhan Life

**Group Term Plus
INSURANCE PLAN**

Proposal Form

Bandhan Life Group Term Plus Insurance Plan UIN:138N062V01

A Non-Linked Non-Participating One Year Renewable Group Term Insurance Plan

Proposal Number: _____

Channel Code: _____

IMPORTANT NOTES TO THE PROPOSER

- <<Please fill the Proposal form in **BLOCK LETTERS** and disclose all facts. Any correction or overwriting in the Proposal must bear your full signature along with the seal of the Company at the location of our General Office, or in any other manner as may be approved by the Company.>>
- <<You are required to disclose ALL material facts and circumstances in this proposal, which shall form the basis of the contract, otherwise the policy issued 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. You may use annexure wherever required.>>
- <<Depending on the group size and/or eligibility criteria under the Scheme, Member/s need to be “Actively At Work” as defined in Part III in case of employer-employee & EDLI>>
- <<Initial payment accompanying this Proposal by crossed cheque must be made at any of the Company’s Offices. The cheque must be issued in favor of Bandhan Life Insurance Limited. You may make this payment through alternate modes provided we give explicit consent for that.>>
- <<Receipt of the completed Proposal and initial payment does not create any obligation upon the Company to underwrite the risk. The Company shall not be liable until it has underwritten the risk and issued the Policy.>>
- <<Member details are covered in Annexure, as attachment to the Proposal Form.>>

Section I: Details of Proposer and Coverage Information

1. Personal Information of the Proposer

a. Name of Proposer	
b. Nature of Company	<input type="checkbox"/> Co-Operative society <input type="checkbox"/> Partnership <input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Any Other.....
c. Address (Register office/ Principal office):	
d. Pin Code	
e. Telephone No.	
f. E-Mail	
g. PAN No.	

2. Coverage Structure

A. Product Benefit Option

1. Silver:	Death Benefit
2. Gold Option 1:	Death + Accidental Death Benefit
3. Gold Option 2:	Death + Accidental Dismemberment Benefit
4. Platinum:	Death + Accidental Death + Accidental Dismemberment Benefit

B. Whether Rider opted: Yes No

If answer is "Yes" then please write Rider Name(s): _____

C. Sum Assured based on:

Multiple of Gross Salary Flat Cover Grade Wise Cover

Outstanding loan or liability, Bank Deposits Life cover under EDLI Any other

3. Nature of cover : Compulsory Voluntary

4. Premium Frequency: < Annual Half-Yearly Quarterly Monthly>

5. Mode of Payment: < Cheque Demand Draft Direct Debit Online Payment
 Other >

6. Bank Details:

Bank Branch Name	Branch Name	Bank Account Number	IFSC Code

Section II: Group Demographics

1. Group Size

2. Cover Ceasing Age: _____ yrs.

3. Cover for New Member to be effective from <Date of Appointment/ Date of confirmation/ Next Renewal Date/Date of Joining the Scheme/Other>

4. Desired date of commencement of coverage: DD/MM/YY

5. Has this group ever been covered by any other Life Insurance Company? <Yes No>

a. If Yes, please state the name of Insurer of past 2 years: _____

b. Date of Cover Cease: <DD/MM/YYYY>

Section III: Declaration and confirmation by the Proposer

1. 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 answers given in the proposal form are true and complete in every respect. I/We agree that if any statement made by me/us is untrue, the Company shall have the right to cancel this policy, if issued, and forfeit any payments received. I/We hereby declare that any personal information collected or held by the Company (whether contained in this proposal or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals /organizations associated with the Company or any selected third party (within or outside of India, including reinsurance and claims investigation Companies and industry associations / federations) for the purpose of processing this Proposal and providing subsequent services and to communicate with Proposer for such purposes.
2. 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.
3. We also confirm if any future premium or other payment due to the Company is made by us directly or through the Agent Advisor, then the Company shall not be liable unless the amounts are received and realised by the Company within the time the Company stipulates for receipt of the payments.
4. Applicable to Employer-Employee groups only:

The members of the group at the time of admission to the scheme and who are actively at work will be covered subject to satisfying the “Actively at work “condition, which is defined as follows:

An Employee is “Actively at work” means the Member/Employee should not have remained absent or availed of leave of absence on the grounds of ill health, sickness, maternity leave or disability for a continuous period of 10 days or more in the year preceding his admission into the scheme or should not have remained absent from work because of ill health, sickness, maternity leave or disability as at the Policy Effective Date.

No cover will be provided to those who are not “Actively at Work” on the effective date of coverage of the Group Master Policy. Cover up to FCL will be considered from the date of their joining duty subject to submission of Declaration of good health form (DOGH) and if the answers to all the questions in DOGH are negative. If answer to any of the questions in DOGH is positive, then cover will be considered subject to underwriting based on Medical Examination.

Authorized Signatory of the Proposer: _____

(The following person is authorized to complete claims documentation.)

Name

Designation

Signature of the witness

Name of the witness

Designation

Dated this _____ Day of _____

Declaration by Insurance Agent /Intermediary Broker - This is required as the product is proposed to be sold through Insurance Agent /Intermediary

I _____ declare that I have explained the nature of the questions contained in this Proposal form to the Proposer. I have also explained that the answers to the questions form the basis of the contract of Insurance between the Company and the Proposer and if any untrue statement is contained therein and/or any information that may be relevant to enable the Company make an informed decision, the Company shall have the right to vary the benefits which may be payable and/or treat the policy as void and all premiums paid under the policy may be forfeited by the Company. I confirm that I am not aware that the Proposer is engaged in activities including a hazardous avocation or occupation or any other information material for underwriting this proposal form, unless expressly stated in this Proposal.

I also declare and represent to the Company that I am in full compliance with the regulatory requirements applicable to agents/intermediary prescribed by the Insurance Act, 1938, The Insurance Regulatory and Development Authority Act, 1999, IRDAI(Appointment of Insurance Agents) Regulations, 2016/ IRDAI (Registration of Corporate Agents) Regulations, 2015/ IRDAI (Insurance Broker) Regulations, 2018 , The Code of Conduct prescribed under these Regulation and the Code of Ethics of the Company.

I certify and confirm having seen the originals of the documents attached with the proposal form, self-attested by the Proposer and confirmed by me.

Agent Advisor/Broker Code

Signature of Agent/Broker

Stamp/Seal

Date

Place

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'.

Extract of Section 45 of Insurance Act 1938 as amended from time to time: 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.

Registered Office: Bandhan Life Insurance Limited Regd. A - 201, 2nd Floor, Leela Business Park, Andheri-Kurla Road, Andheri (E), Mumbai - 400059 Tel: +91 22 6118 0100 | 300, e-mail: group.operations@bandhanlife.com | Website: www.bandhanlife.com

Corporate Identity No.: U 66010MH2007PLC169110

IRDAI Reg. No. 138