

Member Consent Form for ICICI Pru Super Protect Credit (A Non-Linked Non-Participating Group Insurance Product)

Benefit: ☐ Basic Death Benefit ☐ Basic Death Benefit + Additional CI (Classic) + Additional Accidental Death
☐ Basic Death Benefit + Additional Accidental Death ☐ Basic Death Benefit + Additional CI (Classic)

Cover Type: ☐ Reducing ☐ Level Coverage: ☐ Single life ☐ Joint Life

Loan type: Loan Against Property

Master Policy Holder: TATA Capital Housing Finance Limited

Member ID / Loan Account number: _____

Annual Income Member1: INR _____

Annual Income Member2: INR _____

	Member 1	Member 2
Applicant status	☐ Primary borrower ☐ Co-Borrower ⁵ ☐ Co-Applicant ⁶	☐ Primary borrower ☐ Co-Borrower ⁵ ☐ Co-Applicant ⁶
Share in Loan	☐ >50% ☐ <50% ☐ =50%	☐ >50% ☐ <50% ☐ =50%

⁵Co-borrower is defined as a person who applies for and shares the liability of the loan. ⁶Co-applicant is defined as a person who does not have primary liability of the loan.

Contact Number of member 1³: _____ Email ID of member 1³: _____

Contact Number of member 2³: _____ Email ID of member 2³: _____

³ The certificate of insurance for policy will be shared on the same via email/SMS. By submitting my details, I override my NDNC registration and authorize ICICI Prudential Life Insurance Company Ltd and its representatives to contact me through call/WhatsApp/email. I further consent to share my information on confidential basis with third parties for evaluating and processing this proposal. I further consent to share my information with third parties for any servicing and investigation for claims processing even after the policy is issued

Loan Disbursement date(LDD)*: ____/____/____ (*This date will be collected from the MPH^A based on actual date of disbursement and premium will be calculated from LDD)

Details	Salutation	Full Name	Age/DOB	Gender	Nationality	State/Pin Code	Relationship with Member	Occupation ²	Share % of nominee
Member 1			dd/mm/yyyy	M/F			NA		
Member 2			dd/mm/yyyy	M/F					
Nominee 1			dd/mm/yyyy	M/F					
Nominee 2			dd/mm/yyyy	M/F					
Nominee 3			dd/mm/yyyy	M/F					
Appointee ¹			dd/mm/yyyy	M/F					

¹If Nominee is less than 18 years, Appointee is mandatory. Appointee should be more than 18 years of age.

²Please mention: S=Salaried, P=Professional, ST= Student, H= Housewife, R=Retired, B=Business, A=Agriculture

Particulars of benefits applied for:

	Benefit Particulars	Amount (sum assured)*	Premium Amount (in INR) ⁴	Term of Cover (in yrs)
For Member 1	Sum Assured (Death Benefit)			
For Member 2	Sum Assured (Death Benefit)			
For Member 1	Additional Critical Illness Benefit (19)			
For Member 2	Additional Critical Illness Benefit (19)			
For Member 1	Additional Accidental Death Benefit			
For Member 2	Additional Accidental Death Benefit			
Total Premium Amount (in INR incl GST) ⁴				

⁴Premium Amount is in INR Inclusive of GST as applicable. *Maximum cover for non-financial eligible co-applicants (parent child/ spouse) will be restricted to INR 75 lacs

Outstanding loan amount: INR _____ Loan term: _____(in yrs)

Residential status Member 1 : ☐ Indian ☐ NRI/PIO/OCI (If NRI/PIO/OCI Specify country _____ and city of residence _____)

Residential status Member 2 : ☐ Indian ☐ NRI/PIO/OCI (If NRI/PIO/OCI Specify country _____ and city of residence _____)

Personal Details of the Member

Please respond to the questions from Question 1 to Question 6 by placing a tick mark (✓) in the answer box that corresponds to your response and fill in the blank wherever applicable :

Member 1	Height in Cms: _____	Weight in Kgs: _____
Member 2	Height in Cms: _____	Weight in Kgs: _____
Was there a change in weight of more than 5 kg in last one year? If yes, reason for the same _____		Member 1: _____ Member 2: _____

Sr. No	Questions (PLEASE tick mark (✓) in the answer box INDIVIDUALLY FOR EACH QUESTION)	Member 1		Member 2	
		Yes	No	Yes	No
1	Have you ever suffered from / been diagnosed with / been treated for any of the following? (Please tick the relevant)				
	a) Heart disease, stroke, cancer/tumor, kidney disease, lung disease /asthma/tuberculosis, liver disease /hepatitis				
	b) Diabetes, high blood pressure, high cholesterol				
	c) HIV/AIDS infection / Sexually transmitted infections				
	d) Congenital defect/ Genetic Disorders/physical deformity / Autoimmune, Genitourinary / Any disease or disorder of hearing, speech or vision excluding refractive errors				
	e) Paralysis, Epilepsy, any mental / psychiatric disorder, any disorder of brain or nervous system				
	f) Arthritis, disorder of muscles/ bones /joints, blood disorder, thyroid disorder, chronic digestive disorder, endocrine disorder				
	g) Any other disorder not mentioned above If yes, please provide details for Member1 _____ Member 2 _____				
2	During the last 5 years, have you been advised to undergo any investigations or undergone any major surgery or been hospitalized or received any treatment for any medical condition (except for minor cough, cold or flu) for a continuous period of more than 7 days?				
3	Do you : - (a) consume more than 10 cigarettes, bidi's per day? (b) chew more than 5 pouches tobacco per day ? (c) consume more than 2 pegs of alcohol per day or consumption of narcotics or habit forming drugs without medical advice in any form? (Please tick YES if any one or more is relevant)				
4	Has any of your insurance application or reinstatement application ever been declined, postponed or accepted at extra premium or modified terms?				
5	(a) Is your occupation associated with any specific hazard? (Please tick YES if any one or more is relevant) ▪ Occupation:, Mines, Explosives, Radiation, Corrosive Chemicals etc (b) Do you take part in activities or have hobbies that could be dangerous in any way? (Please tick YES if any one or more is relevant) ▪ Hobbies: Aviation other than as a fare paying passenger, professional diving, mountaineering, deep sea diving, motor racing, bungee jumping etc.				

^AMaster policyholder is referred to as MPH

Sr. No	Questions (PLEASE tick mark (✓) in the answer box INDIVIDUALLY FOR EACH QUESTION)	Member 1		Member 2	
		Yes	No	Yes	No
6	FEMALE INSURED ONLY:				
	Are you currently pregnant?				
	Have you suffered from any gynecological problems or illness related to breasts, uterus or ovary?				

I am aware that TATA Capital Housing Finance Limited is the holder of the life insurance Master Policy issued by ICICI Prudential Life Insurance Company Ltd Group Insurance product and I am a member of this group. I hereby authorize ICICI Prudential Life Insurance Company Ltd that in case of difference between the premium received from the applicant and the actual premium required for sought benefits, the sum assured amount /tenure may get adjusted and the policy shall be issued accordingly.

Do you wish to continue your cover till the coverage term even after you foreclose your loan or transfer your loan to another financial institution or you voluntarily surrender the group membership? ☐ Yes ☐ No

Date & Place : /

X _____
Signature of Member 1

X _____
Signature of Member 2

Split Payment Authorization

I/We hereby provide my consent to allow ICICI Prudential Life Insurance Company Limited to initiate split payment of the claim amount, on the happening of any contingent event, to the extent of the outstanding loans, in the name of TATA Capital Housing Finance Limited. In this regard, the remaining proceeds of the claims due may accordingly be addressed in the name of the nominee. The above declaration and other details as furnished by me, are true to the best of my knowledge.

Date & Place : /

X _____
Signature of Member 1

X _____
Signature of Member 2

Vernacular Declaration

(If signed in Vernacular language/If you have affixed a Thumb impression above/ the member consent form is filled by person other than the member(s))
Applicable where the Member is illiterate or is suffering from disability due to which writing is restricted or where the Member has signed in vernacular language.
(Note: The below must be witnessed by someone other than the advisor /employee of the Company)
I, (full name of the Declarant) _____ hereby declare that I have explained the contents of the member consent form to the Member in _____ language and that I have read out the answers to the questions explained by me to the Member and that the Member has/ have put his/ her thumb impression after fully understanding the contents thereof.

Date & Place : /

Signature of the Declarant: _____

I/We certify that the contents of the member consent form have been clearly explained to me/us and I/we have fully understood them. I/ We further certify that the replies in the member consent form have been recorded as per the information provided by me/us.

Date & Place : /

Signature/ thumb impression of Member 1 signing in vernacular language: _____

Signature/ thumb impression of Member 2 signing in vernacular language: _____

Payout Mode (Choose any one mode only)

Mode selected would be used by the company to make payout(s). Payout would be in accordance and subject to the terms and conditions of the policy. Cheque would be used if none of the below Electronic Payout Option is chosen.

1. Mode of deposit ☐ ECS ☐ Direct Credit (Select Banks only) ☐ NEFT 2. Account Type ☐ Current ☐ Savings

3. Bank Name

4. Bank Branch

5. Account Number

6. MICR Code

7. IFSC Code

Note: 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non-credit to my bank account with/ without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option despite opting for the Direct Credit option.

X _____
Signature of Member 1

X _____
Signature of Member 2