TATA AIA LIFE INSURANCE

MEMBER ENROLMENT FORM

PRODUCT NAME:

☐ Tata AIA Life Insurance Group Loan Protect (UIN: 110N132V03) ☐ Tata AIA Life Insurance Group Sampoorna Raksha (UIN:110N154V03)

Policy No: Policyholder's Name

INSURER DETAILS

RM Code Sub office Code

DETAILS OF THE PROPOSED MEMBER/LIFE ASSURED (To Be Filled In Block Letters)

☐ Single Application ☐ Joint Application ☐ Primary Applicant ☐ Secondary Applicant

Mr./Mrs.: Name First Middle Last

Address

City State Country Pin Code

Tel/Mob Email

Gender ☐ Male ☐ Female ☐ Transgender Date of Birth **Annual Income (₹)**

Occupation ☐ Business ☐ Service ☐ Professional ☐ Retired ☐ Farmer ☐ Student ☐ Housewife ☐ Salaried ☐ Unemployed ☐ Labourer ☐ Others

Name of employer

Organization Type ☐ Government ☐ Public Limited ☐ Private Limited ☐ Partnership Firm ☐ Professional ☐ Others

Nature of Job/Daily Duties ☐ Professional/Pvt Sector ☐ Desk Job ☐ Manual Labour ☐ Skilled Manual Work ☐ Supervisory ☐ Heavy Manual Labour ☐ Others

Identity Proof: PAN Card ☐ Specify with ID proof No.

Nationality ☐ Resident Indian ☐ NRI ☐ OCI ☐ PIO ☐ Foreign National (Nationality)

#Country of Residence. (#If other than resident Indian, kindly mention current country of residence, Passport as an Age Proof is mandatory.)

Tax Residence Declaration# ☐ I am a Tax resident of India and not of any other country OR ☐ I am a Tax resident of country/ies other than India mentioned separately in FATCA/ CRS Annexure (If you are a Tax Resident of another country then please fill in the FATCA/ CRS Annexure)

Joint Applicant Name:

Relation with Joint Applicant: Percentage share %

PLAN DETAILS

Loan Account/Reference No: Loan Effective Date:

Proposed Sum Assured (₹) Loan Amount

Loan Term years months Policy Term years months

Plan Benefit (Including Optional Benefits):

Coverage Type ☐ Level ☐ Reducing

Type of Loan ☐ Home Loan ☐ Personal Loan ☐ Personal Vehicle Loan ☐ Loan Against Property ☐ Business Loan ☐ Others

Loan Interest Rate: % **Life Insured Option:** ☐ Single ☐ Co-Borrower **Premium Payment Option:** ☐ Single

*Premium Amount (₹): inclusive of taxes

*Premium is including applicable taxes, cesses & levies. All Premiums are subject to applicable taxes, cesses & levies which will entirely be borne by the Policyholder and will always be paid by the Policyholder along with the payment of Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under the Policy, Tata AIA Life Insurance Company Limited reserves the right to claim the same from the Policyholder. Alternatively, Tata AIA Life Insurance Company Limited has the right to deduct the amount from the benefits payable by Us under the Policy.

☐ I hereby authorize you to send communication regarding this policy or any existing policy(ies) through WhatsApp service on my registered mobile number

HEALTH DETAILS OF THE PROPOSED INSURED (Please ✓ (tick) the appropriate answer)	YES	NO
Height ____ cm/ ____ feet Weight ____ Kg. Have you lost more than 10 kg weight in last six months?		
Name of the Family/consulting Physician:		
Address: Tel No:		
1. Are you in good health and do you perform all your routine activities independently?		
2. Do you have or did you ever have any physical defect, deformity or disability affecting your day to day activities.		
3. Do you suffer from or have you in the last five years suffered from or received investigation or treatment for or are you currently receiving treatment for or awaiting medical or surgical treatment for:		
a) High Blood Pressure, cholesterol, Chest pain, Heart Attack or any other Heart Disease;		
b) Stroke, Epilepsy, Paralysis in any form, or any other Cerebrovascular Disease;		
c) Diabetes or any other Endocrinal Disease, Kidney or genitourinary disease;		
d) Any form of hepatitis or liver Disease or disorders of eye/ear/nose/throat (excluding common cold)		
e) Any lung or respiratory disease (e.g. Asthma, bronchitis, Tuberculosis, COPD, etc.).		
f) Anaemia or any Blood Disorders, ulcers, colitis or Gastro-Intestinal Diseases, or any other disorder of the bones, spine or muscle;		
g) Any Cancer or Cancerous growth;		
h) Any Mental or Psychiatric condition, any Genetic Disease or any disease related to central nervous system (disease related to brain, spinal cord);		
i) HIV / AIDS or AIDS related complications		
4. Have you ever undergone or have been advised to undergo any major surgical procedure.		
5. In the last 2 years, have you –		
a) Been continuously hospitalized for more than 7 days (other than fractures) or have you availed leave for more than 5 days on medical grounds?		
b) Undergone any investigations (including basic radiological and blood tests) other than normal Health Check-ups and Insuran-Medicals, or		
c) Had adverse result for any blood tests, X-Rays, ECG, Stress Test, Biopsies, CT Scan, MRI, Ultrasonography or 2D / 3D Echo etc		
6. Did any of your proposal and / or policy for Life, Health, Accident or Critical Illness or any other riders, including simultaneous/renewals /revivals therefore, declined, deferred, withdrawn or accepted at extra premium or reduced cover or offered any special terms by any Insurance Company.		
7. Does any member of your immediate family e.g. parents, brothers, sisters, suffered from heart disease, stroke, cancer, kidney failure, organ transplant or any other chronic or hereditary conditions before the age of 60 yrs.		
8. Do you engage or intend to engage in any business, sport or occupation or any hobby of a hazardous nature (e.g. occupation- chemical factory, mines, explosives; aviation other than fare paying passengers, diving, mountaineering, any form of motor racing, etc.)		
9. Do you have any habits e.g. smoking/ tobacco chewing, alcohol, narcotics etc. (if yes separate questionnaire to be attached)		
10. Do you plan to travel or reside abroad in the next one year other than holidays/leisure trips of less than 4 weeks?		
11. Were you ever hospitalised for Covid infection or its complication or do you have any ongoing complications related to covid Infection		
12. **FOR FEMALE INSURED ONLY:** Are you pregnant? If "Yes", please state the expected date of delivery:		

DECLARATION

I further declare that the above statements are true and complete in every respect related to my health and will form the basis of granting insurance cover to me, from Tata AIA Life Insurance Company Ltd. I further hereby agree and give my consent to, the Policyholder for use of the contents of this declaration by Tata AIA Life for examining and processing any claim arising, in respect of the insurance cover that maybe provided to me under the referred group policy.

I hereby confirm that my intent to participate in the above plan for the Policyholder's customers is purely on a voluntary basis. I confirm and agree that the insurance cover, if provided, will be governed by the provisions of the Insurance Act, 1938, the Policy Contract and the Certificate of Insurance under which the cover will be offered to me.

I agree and understand that if I contract any of the above diseases between submitting this document and the date of commencement of the cover, I shall not be covered under the policy. I have also not withheld any material information or suppressed any fact. I undertake to notify Tata AIA Life ('The Company') of any change in my state of health or occupation or any decisions subsequent to the signing of this Enrolment Form and before the acceptance of the risk by the Company. I hereby authorize the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my/the Proposed Insured's health status in relation to this application and any claim arising therefrom.

I/We hereby permit/authorise the Company to collect, store, communicate and process information relating to this proposal or the resulting Policy/Account and all transactions therein including medical records, by the Company including sharing, transfer and disclosure with any entity or entities, and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation.

I declare that these statements are true.

Date

Place

Signature/Right Thumb impression of life to be insured

Details of Nominee				* Total % should be equal to 100
Name	Date of Birth (DDMMYYYY)	Gender (M/F)	Relationship	Percentage* (%) Do not enter % in decimals

*Nominee needs to be a major i.e. above 18 years of age and should be one of the following: Husband, Wife, Son, Daughter, Father, Mother, Brother, Sister, Grandfather or Grandmother. Incase of Nominee being a Proprietor/Partnership Firm/Limited Company the above condition would not apply.

Details of Appointee (where Nominee is a minor, Appointee also to be furnished)			
Name	Date of Birth (DDMMYYYY)	Gender (M/F)	Relationship

AUTHORIZATION FORM (Applicable if the Master Policyholder is either of the following):

1) Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Co-operative Banks) 2) NBFCs having Certificate of Registration from RBI 3) National Housing Bank (NHB) Regulated Housing Finance Companies 4) National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies 5) Small Finance Banks regulated by RBI 6) Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies 7) Microfinance companies registered under section 8 of the Companies Act, 2013 or 8) Any other category as approved by the Authority.

I/We _____, an Insured Member under the Group Master Policy bearing no. _____ issued to the Master Policyholder _____, hereby authorize TATA AIA Life Insurance Company Ltd. to make payment of claim proceeds in favour of the Master Policyholder and co-lenders (if applicable) to the extent of my outstanding loan amount under the Policy in the event of my death and the balance if any to _____, my Nominee under the Coverage. If the Master Policyholder is other than the above mentioned entities, the benefit amount would be directly paid to _____, my Nominee under the Coverage. I request the Company to settle the claim proceeds under the Policy as per this Authorization.

Signature of Insured Member

Signature & Stamp of Policyholder Official

Date Place

IN CASE THE PROPOSED INSURED/PROPOSER AFFIXES A THUMB IMPRESSION OR SIGNING IN VERNACULAR

The thumb impression or signature of the Proposed Insured/ Proposer should be attested by a person of standing whose identity can easily be established and this declaration should be made by him/her.

I _____ (name) holding _____ (Identity Card type) _____ (Identity Card no.) hereby declare that I have explained the contents of the enrolment form to the Proposed Insured/ Proposer in _____ language and that I have read out to the Proposed Insured/ Proposer the answers to the questions dictated by the Proposed Insured/ Proposer. The information/answers filled in the enrollment form are exact replication of the information/answers provided to me by the Proposed Insured/ Proposer and that the Proposed Insured/ Proposer has affixed his/her signature/thumb impression on the enrollment form after fully understanding the contents thereof.

Signature/ Thumb Impression of Proposed Insured

Signature / Thumb Impression of Proposer (In case of Juvenile)

Signature of Witness

(Prohibition of Rebates) Section 41 - of the Insurance Act, 1938 as amended from time to time: 1. 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 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.

SECTION 45 OF THE INSURANCE ACT, 1938 STATES: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of 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 the rider to the policy, whichever is later. 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 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. 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 adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal. For further details, please refer to the Insurance Act, as amended from time to time.

Full Form for abbreviations used:

OCI – Overseas Citizen of India | **NRI** – Non-Residential Indian | **PIO** – Person of Indian Origin | **FATCA** - Foreign Account Tax Compliance Act | **CRS** – Common Reporting Standard | **CKYC** – Central Know Your Customer

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110) CIN: U66010MH2000PLC128403. **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor / Intermediary or visit Tata AIA Life's nearest branch office or write to us at **groupsupport@tataaia.com.** Visit us at: **www.tataaia.com.** • L&C/Advt/2023/Nov/4071.