



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Axisbank Bank, Indian Overseas Bank, Kamala Bank Ltd, Dabur Investment Corp, and Sampo Jyoti Hipertek Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Ancheri Kuria Road, Ancheri (E), Mumbai - 400059, Maharashtra.

Fax# 022-29212844. Email: contactus@universal.sampo.com.

SWARNA GRAMIN BIMA YOJANA (GROUP) PROPOSAL FORM

Instruction to the Group Policyholder

This proposal should be reviewed after detailed enquiry of all persons to be covered

1. This proposal must be completed, signed and dated by a Designated Officer
2. You must answer all the questions in this form. If a question is not applicable, show "N/A". If more space is required to answer a question, please attach additional sheets
3. If you have any questions concerning this proposal, please contact your insurance advisor or the Company as follows

1. Name of the Organisation/Institute :

2. Address :

City : Pin Code :

State :

3. Phone Number :

4. Email Address :

5. Type of Organisation (check all boxes that apply) :
 Corporate Firm Non-government organisation Self Help Groups Educational Institution
 Micro- Financial Institution Banks

Others (Explain) :

6. Relationship to the covered insureds :

7. Details of the Enrollment

- a) Number of persons as on date you wish to cover under the Policy?
- b) Please provide their break-up as under

| Sr. No. | Name of the Insured Members | Relationship with Primary Insured | Gender | Age | Date of Birth | Name of/EDs, if any |
|----------------------------|-----------------------------|-----------------------------------|--------|-----|---------------|---------------------|
| (as per annexure attached) | | | | | | |
| | | | | | | |

- c) Name of the Nominee:
- d) Relationship with Nominee :

8. Continous experience for a minimum period of three years

| Month/year | Insurer | Premium Paid | Incurred Claims (reserved + outstanding) |
|------------|---------|--------------|--|
| | | | |

9. Has any Company

- Declined to issue a policy to you? Y N
 - Declined to continue your insurance? Y N
 - Not insured the renewal of your policy? Y N
 - Imposed any restriction or special condition? Y N
- If yes, please give name and address of each Company in respect of a, b, c, d above

10. Is this insurance to be additional to any other Accidental Policy or Medical health insurance? Y N

If so give particulars of all other policies

- Name and address of Company:
- Number of persons covered under the Policy:
- Benefit under the Policy:
- Sum Insured:
- Policy Number:

DETAILS OF THE RISK

11. Policy Period (DDMMYYYY)

Policy Start Date : Policy End Date:

12. Please indicate Sum Insured under the Policy for following sections

a. Personal Accident 50000 75000 100000 125000 150000 200000

b. Critical Illness and Surgical Procedure 50000 75000 100000 125000 150000 200000

c. Hospital Cash Amount of Daily Allowance :

Option 1 250 per day for ages 6 months - 60 years
 125 per day for ages above 60 years

Option 2 500 per day for ages 6 months - 60 years
 250 per day for ages above 60 years

Option 3 1000 per day for ages 6 months - 60 years
500 per day for ages above 60 years

b. Number of days cover required for :

15 days 30 days 45 days 90 days 180 days

13. Please mention the extensions you want to opt for under the Policy

Extension 1: Cover for pre-existing diseases: Y N

14. Premium Details

| | | | | | | | |
|---|------|--|--|--|--|--|--|
| Basic Premium : | (Rs) | | | | | | |
| Excursion Premium : | (Rs) | | | | | | |
| Total Premium : | (Rs) | | | | | | |
| Less: Discount (if any) | (Rs) | | | | | | |
| Net Premium : | (Rs) | | | | | | |
| Act Service Tax* and Education CESS (as applicable) : | (Rs) | | | | | | |
| Total payable premium : | (Rs) | | | | | | |

DECLARATION

- I, _____, do hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of those other persons.
- I 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 insurance company and that the policy will come into force only after full receipt of the premium due/chargeable.
 - I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
 - I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life 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 for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.*

Dated at _____ this _____ day _____ of _____ 20____

Please Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company.

PROHIBITION OF REBATE – Section 41 of the Insurance Act 1938

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 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. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

Proposer's Signature

USE IF FILLED BY SCRIBE

DECLARATION

(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE* OR FOR FORMS SIGNED IN VERNAACULAR LANGUAGES)

I, _____ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract for _____ Policy between the Company and the Proposer. Policyholder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be void and all premiums paid under the policy may be forfeited to the Company, also confirm that the Proposer/Policyholder has signed / affixed his/her / his thumb impression in my presence.

I, the Proposer/Policyholder declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

ADDRESS OF SCRIBE
City/Village: _____
State: _____
Place: _____
Pin: _____
Date: _____

Signature of the Scribe
*Scribe is a person not connected with the Company

Signature / Right Thumb Impression of the Policyholder/Proposer

Signature of Agent / Broker as witness

USE IF FILLED BY OTHER THAN SCRIBE

IN CASE THE PROPOSED INSURED/PROPOSER IS ILLITERATE OR IS SIGNING IN VERNAACULAR OR IF FORM HAS BEEN FILLED BY AGENT/EMPLOYEE / SPECIFIED PERSON/ BROKER ON BEHALF OF THE PROPOSER/PROPOSED INSURED

I, _____ (Name of the Agent/Specified Person/Broker/Employee) _____ (Agent/Specified Person/Broker/Employee, Full Name) hereby declare that I have read & explained the contents of the proposal form to the Proposed Insured/ Proposer in language and that I have read out to the Proposed Insured/ Proposer, the answers to the questions discussed by the Proposed Insured/ Proposer. The information/answers filled in the proposal form by me on behalf of the Proposed Insured/ Proposer are exact replication of the information/answers provided to me by the Proposed Insured/ Proposer and that the Proposed Insured/ Proposer has signed/affixed his/her thumb impression on the proposal form after fully understanding the contents thereof. I further declare that there is no additional verbalization done by me to the information/answers provided by the Proposed Insured/ Proposer.

Signature of Agent/Specified Person/Broker/Employee

Signed and Thumb Impression of Proposed Insured/ Proposer

Witness Details

Name: _____

Signature: _____

ID Proof Type: _____

ID Proof Number: _____

Universal Sompo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Mulap, Near Mumbai – 400710 • Tel: Free No. : 1800 200 51 42, Direct No.: 022-3963 5200

REGISTRATION: 97507 / 2014 / 0249000-00012000
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SWARNA GRAMIN BIMA YOLJANA (GROUP) IRDA/NL-HIT/USGI/P-H/V/1/5/14-15, IRDA Reg No. 134