

AROGYA SHIELD

from **SBI General & SBI Life Insurance**

PROPOSAL FORM

Affix Primary Insurer's Recent Photograph

- Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- Kindly contact the Company's Offices or Intermediary for any doubts or clarifications on the proposal form.
- Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized.

OFFICE USE ONLY

Sales Channel Type Agency Direct Broker Web Aggregator Corporate Solutions Corporate Agent (SBG)

Corporate Agent (Others) IMF Others _____

Bank/Broker/CA/IMF Name _____ <<codes as per both organizations to be printed>>

Sourcing Branch Code _____ <<codes as per both organizations to be printed>>

Sourcing Branch Name _____ <<codes as per both organizations to be printed>>

Bank/Broker/CA/IMF Code _____ Is this proposal sourced through Distance Marketing? Yes No

Worksite Code _____ If Yes, please state the Distance Marketing Mode: _____

For Institutional Alliances / Corporate Agency (SBG) Only:

Code 1 _____ Code 2 _____ Code 3 _____

Code 4 _____ Code 5 _____ Code 6 _____

INTERMEDIARY DETAILS

IA/CIF/SP/PO/ISP Name: _____

IA/CIF/SP/PO/ISP/Other Channel Code _____ <<codes as per both organizations to be printed>>

Intermediary Contact Details _____

PRIMARY INSURED DETAILS

Name of the Primary Insured _____ F I R S T N A M E _____ M I D D L E N A M E _____ L A S T N A M E

Address 1 _____

State _____ Pin _____ City _____ Country _____

Communication address if different from above? Yes No

(If Yes, then the following to be filled)

Communication Address _____

State _____ Pin _____ City _____ Country _____

Resident Status Resident Indian Non-Indian Resident (NRI) Foreign National Person of Indian Origin(PIO)

Nationality _____

Email ID _____ Contact Details Mobile No _____

Current Country of Residence _____ Date of Birth D D M M Y Y Y Y Age _____ years

Father's Name _____ Mother's Name _____

Spouse's Name _____ C-KYC No. _____

KYC OVD (Officially Valid Document): _____ <<dropdown>> Identification No: _____

Age Proof: _____

Gender: Male Female Transgender/Third Gender Marital Status: Married Single Divorced Widow/widow(er)

PAN No. _____ Aadhar No. _____ Form 60: if available _____

Occupation Details

Service Biness/Self Employed Professional Housewife Agriculturalist

Construction Labour Farm Labour Family Pension

Defence: (Army/Navy/Air-Force)/Other Para Military Forces. Force Name _____

Designation: _____ Employee/Force No: _____ Current place of posting City: _____ State: _____

For Defence Personnel - Are you currently engaged or trained for future involvement in any of the following: <input type="checkbox"/> Aviation <input type="checkbox"/> Paratrooper <input type="checkbox"/> Gliding <input type="checkbox"/> Diving <input type="checkbox"/> Submarines <input type="checkbox"/> Bomb Disposal <input type="checkbox"/> Special Services Group [like: <input type="checkbox"/> Black Cat Commando/ <input type="checkbox"/> NSG/ <input type="checkbox"/> SPG/ <input type="checkbox"/> Cobra <input type="checkbox"/> Others, please provide details: _____			
If Service	Name of Employer / Workplace:	Specify the exact designation	Length of Service (years)
If Business	Name of Business Organization run by you	Your role: Promoter/ Director/ Partner/ Proprietor	Duration of business Org. (years)
If Professional	Your Exact Professional Qualification	Area of Specialization	Duration of Professional activity (years)
If Self - Employed	Exact Nature of Activity	-	Duration of Self-Employment (years)
Qualification			
Annual Total Income	₹ _____		
Are you a Staff or your spouse is working/retired from State Bank Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state	<input type="checkbox"/> Self: PF/ Pension Index/ Employee No. _____ <input type="checkbox"/> Spouse: PF/ Pension Index/ Employee No. _____		

Are you exposed to any special hazard associated with your occupation which may render you susceptible to injuries or illnesses? (e.g. chemical factory, mines, explosives, corrosives, combative duties, oil exploration, high sea voyage etc.) If Yes, please provide details _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a "Politically Exposed Person" (PEP) or a close relative of PEP? PEPs are individuals who are or have been entrusted with prominent public functions, i.e. heads / ministers of central / state govt., senior politicians, senior govt, judicial or military officials, senior executives of govt. companies, important political party officials, immediate family member of above persons (would include spouse, parents, siblings, children, spouses parents or siblings and close associates of PEPs). The definition includes foreign as well as domestic PEPs Form If Yes, please provide details. _____ If No, in case your PEP status changes in future you shall inform SBI Life Insurance Co. Ltd. of such a change.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any Criminal proceedings initiated against you? If yes, please providedetails _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If previous question is yes then, Do you have any history of conviction under any criminal proceedings in India or abroad? If Yes, please provide details _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRODUCT DETAILS

Total No of persons to be covered: _____				
SECTION 1 - SBI General - AROGYA PLUS POLICY				
Policy Term (please tick)	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Year	<input type="checkbox"/> 3 Year	
Type of Policy (please tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Family Non-Floater	<input type="checkbox"/> Family Floater	
Sum Insured	<input type="checkbox"/> 1 Lac	<input type="checkbox"/> 2 Lac	<input type="checkbox"/> 3 Lac	
Premium before taxes as applicable	<input type="checkbox"/> ₹ 8,900	<input type="checkbox"/> ₹13,350	<input type="checkbox"/> ₹ 17,800	
Applicable Tax Amount*(₹) <small>*Taxes shall be applicable as mandated by Government of India from time to time.</small>				
SECTION 2 - SBI Life - SARAL JEEVAN BIMA				
COVER DETAILS: Plan Type: <input type="checkbox"/> Regular Premium Only Premium Frequency: Annual Only				
Plan / Rider/ Option	Policy Term (Yrs)	Premium Payment Term (Yrs)	Sum Assured (₹)	Premium Payable (₹)
Saral Jeevan Bima				
Modal Premium Payable (₹)				
Applicable Tax Amount*(₹) <small>*Taxes shall be applicable as mandated by Government of India from time to time.</small>				
Total Installment Premium Payable (₹)				
Total premium for both the policies w/o GST				
Total premium for both the policies with GST				

NOTE: The Primary Insured of Section 1 will be Life Assured for Section 2 – SBI Life Saral Jeevan Bima

DETAILS OF THE PERSON PROPOSED TO BE INSURED

S. No	Name	Date of Birth	Age	Gender	Marital Status	Occupation and Nature of Business/ Work	Relationship with Primary Insured
1							
2							
3							
4							
5							
6							

NOTE: The Primary Insured of Section 1 will be Life Assured for Section 2 – SBIL Life Saral Jeevan Bima

NOMINEE DETAILS

In the event of death of the Insured Person any payment due under the policies shall become payable to the nominee in accordance with the policies terms and conditions. Nominee should preferably be the immediate relative (Mother, Father, Spouse, Son, and daughter) of primary insured.

NOMINEE DETAILS: (NOT APPLICABLE FOR MINOR LIFE ASSURED / HUF MEMBER)

S No.	Name	Date of Birth	Gender	Relationship with Life Assured	Percentage Share (%)*	Address same as Life Assured's Address (Yes/No) If No, then please provide
1			Male / Female / Third Gender			
2			Male / Female / Third Gender			
3			Male / Female / Third Gender			
4			Male / Female / Third Gender			
5			Male / Female / Third Gender			

*Percentage share total should be 100%

APPOINTEE DETAILS: (APPLICABLE IN CASE NOMINEE IS MINOR)

S No.	Name	Date of Birth	Gender	Relationship with Life Assured	Relationship with Nominee	Signature/ Consent of Appointee
1			Male / Female / Third Gender			
2			Male / Female / Third Gender			
3			Male / Female / Third Gender			
4			Male / Female / Third Gender			
5			Male / Female / Third Gender			

PREVIOUS / EXISTING INSURANCE

Do you have any other individual existing life insurance policy (from SBI Life or any other life insurer) or have you applied for any cover other than this SBI Life proposal? Yes No

If Yes, please provide complete details below:

Name of Insurance Co.	Yearly Premium (₹)	Sum Assured (₹)	Self/Spouse/Parent (Pls. specify)	Policy Status
				<input type="checkbox"/> Lapsed <input type="checkbox"/> Postpone <input type="checkbox"/> Inforce <input type="checkbox"/> Rejected
				<input type="checkbox"/> Lapsed <input type="checkbox"/> Postpone <input type="checkbox"/> Inforce <input type="checkbox"/> Rejected

Does any person to be insured had hold any Health Insurance Policies? Yes No If Yes, then provide below details.

Previous Insurance Details	Insured 1 (Primary Insured)	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
Policy Number							
Insurer Name							
Period of Insurance							
Sum Insured							
Premium Paid (₹)							
Amount Claimed (Paid + Outstanding):							

Has a proposal for life/health/accident insurance ever been declined, postponed, withdrawn, or accepted with extra premium? If Yes, then provide the details: _____

Sr No	Insured Member Name	Name of Insurer	Reason for decline / postpone / withdrawal / extra premium

MEDICAL AND LIFE STYLE INFORMATION

If answer is Yes, then please specify and attach relevant medical reports from Medical Practitioner if any.

Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of illness/ diseases or any pre-existing accidental injury?

Sr No.	Insured 1 (Primary Insured)	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
1	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2							
If yes confirm details							

Sr No.	Health Details of Life Assured or Person proposed to be Insured	Insured 1 (Primary Insured)	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
1	Height (feet/inches) _____, Weight (kgs) _____, Have you lost weight of 5Kgs or more in last 6 months	- / _____ kgs Yes/No	Yes- / ____ kgs Yes/No	Yes- / ____ kgs Yes/No	Yes- / ____ kgs Yes/No	Yes- / ____ kgs Yes/No	Yes- / ____ kgs Yes/No	Yes- / ____ kgs Yes/No
2	Have you ever been treated, hospitalized, investigated or diagnosed or operated for any of the following (including but not limited to the specific conditions mentioned under each category). Every point should be answered in "yes" or "no"	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
3	Diabetes Mellitus/ High Blood Sugar, High/Low Blood Pressure or High Cholesterol	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
4	Heart Disease of any kind: Chest pain, Angina, Coronary Artery Disease, heart attack, valve disorder, Rheumatic heart disease, conduction problem, or any other disease of Heart, or undergone Angiography, Bypass, PTCA, Pacemaker implant etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
5	Lung /Respiratory disorder of any nature: Asthma, COPD, Tuberculosis (TB), Pneumonia, Bronchitis, emphysema, or any other chest or lung disease etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
6	Cancer/ Malignancy diagnosed or suspected: Cancer, Overgrowth, Cyst, Tumor, Malignant growth , Leukemia, enlarged lymph node, Lymphoma, or undergone Chemotherapy, radiotherapy, FNAC, Biopsy, Scan etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
7	Kidney, Prostate or genitourinary Diseases: Kidney failure, infection, Stone, Obstruction, or any other disease, Dialysis, Transplantation or removal of kidney , Blood in urine, or enlarge prostate, adrenal gland disorder etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
8	Disorder of Liver or other digestive organs: Alcoholic and Other Liver disease, Jaundice, Hepatitis of any type, Liver failure, infection, enlargement, Cirrhosis, Ascites etc or Gastric ulcer/bleeding, vomiting of blood, blood in stools, Piles, hernia, colitis, etc or any disease of Esophagus, Pancreas, Gall bladder, Spleen, Intestine, Rectum or any digestive system or undergone endoscopy, colonoscopy etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Sr No.	Health Details of Life Assured or Person proposed to be Insured	Insured 1 (Primary Insured)	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
9	Joints & Bone disorder, Vision or Hearing disorder, Deformity, loss of organ or any congenital defect: Arthritis (rheumatoid, ankylosing, Osteomyelitis), gout, deformity /disability, polio, any disease of bone, joints, muscles, spine, vertebral disc or, disorders of eyes, ear, nose, throat, or amputation, absence or transplantation of organs etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
10	Brain or Spinal cord: Disorder of brain and/or spinal cord or Nervous system, Hemorrhage, bleeding, Tumor, stroke, paralysis, TIA, epilepsy/fits, seizures, coma, head injury, fainting loss of consciousness, tremors, impaired movement of limbs, incontinence, or any other disorder of nerves or had MRI, CT scan etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
11	Psychiatric disorder: Mental illness including, anxiety, depression, schizophrenia, stress, Nervous breakdown, attempted suicide etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
12	HIV or STD: Were you or your spouse/partner test positive for HIV/ AIDS or any other Sexually Transmitted Disease?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
13	Blood or hormonal disorder(Thyroid etc) & others: Anemia, Bleeding or clotting disorders, Autoimmune Disorder, SLE, Lupus, thyroid disorder, goiter, pituitary hormones disorder etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
14	Current/ past general medical condition: Do you have or in last 5 years had any medical condition, symptoms, undergone or advised any tests or procedures not asked above for which you were/are/ or advised any treatment, observation or Hospitalization for more than 5 days or were absent from work continuously for more than 5 days, or are you currently under any medication?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
15	Questions For Female Lives: i. i. Are you currently Pregnant? If YES, kindly state expected delivery date: _____	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	ii. Have you ever consulted a doctor because of an irregularity at the breast, vagina, uterus, ovary, fallopian tubes, menstruation, complications during pregnancy or child delivery or undergone any gynecological investigations for illness, internal checkups, breast checks such as smear Test, mammogram or biopsy etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

If any of the above questions is ticked "Yes" (1 -2) then provide details in the below table. Also provide all related reports

Name of the proposed insured	Name of the disease/ disability/ deformity/ procedure	Date of Diagnosis Since when DD/MM/YYYY	Currently under treatment / Recovered	Date of hospitalisation/ surgery done or if planned

Are any of the family members of the Primary Insured (include parents, brothers, sisters, spouse and children), suffering from/have suffered from/have died of heart disease, high blood pressure, diabetes, stroke, cancer, kidney disease or any other hereditary/familial disorder, before 55 years of age? If yes, please share details in the table below: (Y/N)

Relation with Primary Insured	Alive (Yes/No)	Current Age / Age at death	Specify Nature of disorder

Do you currently smoke or consume tobacco or alcohol or any narcotic substance or have you in the past Smoked, Consumed Tobacco, Alcohol, any Narcotic or have ever been treated for complications arising due to them?

Habit	Insured 1 (Primary Insured)	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
Alcohol	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Any type of tobacco including beetel nut	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Smoking	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

If yes for Primary Insured, below box will open in digital form

			If currently pursuing habit	If Quit	
Habit	Type	Quantity	Consuming since how long? (Number of Years)	Since how long? (Number of Years)	Consumed how long? (Number of Years)
Smoking	Cigarette Bidi	Number ____per day/per week/occasionally			
Tobacco Chewing	Tobacco Gutka	Number of Pouch/Packets per day/per week/occasionally			
Alcohol	Hard Liquor (whisky) Beer Wine Others	____peg per day / per week/occasionally (30ml is 1 Peg) ____Glass per day / per week/ occasionally (250ml is 1 beer glass) ____Glass per day / per week/ occasionally (150ml is 1 wine glass)per day /per week / occasionally			
Narcotic	Free Text	Free Text			

Do you take part in or do you have any intention of taking part in any hazardous sports, hobbies, activities or pursuits (e.g. mountaineering, diving, racing or aviation other than as a fare paying passenger) that could be dangerous in any way?

ADDITIONAL QUESTIONS IF PRIMARY INSURED IS FEMALE LIFE:

1. Husband's Annual Income: _____

2. Husband's Insurance Details:

Name of insurance Co.	Yearly Premium (₹)	Sum assured (₹)	Policy Status

PREMIUM PAYMENT AND BANK ACCOUNT DETAILS

GSTIN of Policyholder: _____

Is deposit for premium under this proposal paid by you Yes No

if answer is No, please provide required information in the Proposal Form

Source of Premium Funding: Salary Business Income Sale of Assets In heritage Others

Premium paid through
(Credit Card / Debit Card / Wallet / Net Banking details should be in the name of the Life to be Assured)

Name as it appears in Credit Card/ Debit Card / Bank Account

Cheque DD No: _____ Cheque Date _____ & Cheque Amount _____

Please note that SBI Life and SBI General branches and its sales team are not authorised to collect cash from its customers

3. I further declare that I 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.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.”
6. I/we aware of premium loading, (if any declared above) for habit's & diseases as declared / mentioned by me or us above.

Date:

Place: _____

Signature of Insured

DECLARATIONS BY THE PROPOSER / LIFE ASSURED / HUF KARTA – SBI LIFE SARAL JEEVAN BIMA

I hereby declare that I have answered the questions in the Proposal Form after having fully understood the nature of the questions and importance of disclosing all correct information. I further declare that the statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and I have not concealed any material information which may affect the decision of SBI Life Insurance Company Ltd. (the Company) to assess the risk. I understand that the information provided by me will form the basis of the insurance policy. All documents submitted by me along with this Proposal Form are authentic, valid, and I declare that relevant true copies of originals for the purpose of this Proposal Form have been submitted.

I understand and agree that the statements in this proposal constitute warranties. If there is any mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as void subject to the provisions of section 45 of the Insurance Act, 1938, as amended from time to time.

I declare that I have received and fully understood the Product Brochure and Benefit Illustration of the plan of insurance under which I have applied for a Policy on the Life to be Assured. Further, I accept that the investment rates assumed under the Benefit Illustration are not guaranteed and the actual benefits under the policy will vary from those shown in the Benefit Illustration.

I agree that after the date of submission of this proposal but before the acceptance of risk or issue of the policy document by the Company (i) if there are any adverse circumstances connected with my occupation, financial condition, health condition, or (ii) if a proposal for assurance on my life or on the life to be assured made to any other insurance company has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, I shall forthwith intimate the same to the Company, in writing to reconsider the terms of acceptance of this proposal. Any omission on my part to do so shall render the contract of assurance invalid. The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance.

I understand and agree that, the PROPOSAL WILL NOT BE CONSIDERED UNTIL THE FULL PREMIUM INCLUDING TAXES, IS PAID BY ME.

I understand and agree that The risk cover under this proposal shall commence only after the risk under the Proposal Form is accepted by the Company and such acceptance is communicated to me in writing by the Company. I agree that the amount held in proposal/policy deposit shall not earn any interest except as may be provided in the relevant regulations.

I hereby confirm that all premiums will be paid from my bonafide sources and in accordance with the provisions of the Prevention of Money Laundering Act 2002 (as amended from time to time) or any other applicable laws.

I also understand that I am liable to pay all the Applicable Taxes and/or any other statutory levy/duty/ surcharge, at the rate notified by the State Government or Central Government of India from time to time, as per the applicable tax laws on premium and/or other charges (if any) as per the product features.

I hereby voluntarily give my consent to collect, process, receive, possess, store, deal or handle my/our sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], and share Data with third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the Policy.

I agree and authorize(i) my past and present employers / business associates, any doctor/medical examiner / hospital / laboratory / clinic / insurance company (notwithstanding any usage or custom or rules/ regulations of such hospital or laboratory or clinic) to disclose and furnish such documents regarding my employment/business, my health and habits or health and habits of the Life to be Assured (without taking the prior consent of my family or of any member thereof) to the Company as it may require either for the purpose of processing my proposal for insurance or at any time thereafter for any other purpose in relation to the Policy that may be issued in pursuance of this proposal for insurance (ii) the Company may, without any reference to me or my family or any member thereof, furnish any details/ information furnished in this Proposal Form to any judicial or statutory or other authority or to any insurer or reinsurer in connection with the processing of this proposal for insurance or for the purpose of servicing and settlement of claims of resultant policy.

I/We hereby authorize the Company to assess the health status and conduct screening / confirmation / telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I hereby give my consent to undergo HIV1/2 test. I am aware that this test is only for screening purpose and not confirmatory for HIV/AIDS.

I understand and agree that the insurance contract will be governed by the provisions of the Indian Insurance Act 1938, IT Act 2000, and the Indian Contract Act, 1872, as amended from time to time, and all other applicable statutes and prevailing laws in India as amended from time to time.

I hereby authorize the Company to provide/receive my details to/from banks, financial institutions, credit bureaus, insurance repository, third party service providers that the Company may have tie-ups with and insurance intermediary for this proposal/resulting policy for verification of the details of this proposal and for servicing my policies or settlement of claims.

I / We hereby authorise the Bank or financial institution to provide copy of my/ our KYC documents available with them to the Company.

I hereby authorize SBI Life to consider details furnished in the proposal number specified above and in this declaration for the purpose of Central KYC Registry and to provide my details to CERSAI in the prescribed format. I hereby consent to receiving information from Central KYC Registry through sms/ email on the above registered number/email address.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes in KYC related data therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR). I agree that the information pertaining to my proposal or policy will be sent to the mobile number given in the proposal form or to the number subsequently changed by me.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy, I, my heirs, executors, administrator or any other person or persons having interest of any kind whatsoever in the life insurance cover provided to me, hereby agree that such authority, having such knowledge or information, shall be at any time at liberty to divulge any such knowledge or information to the Company.

I am aware that << product name>> is a Regular Premium Policy and I am aware that I would need to pay premium for <<PPT>> years (Premium Payment Term) and have selected the product & the options applicable/available for me.

I agree that by submitting this application, I will be bound by all the statements/disclosures of material facts made through the electronic process in the same manner and to the same extent, as if I have signed and submitted the written proposal for insurance to the Company. I accept and agree to affix my signature (in electronic mode/tablet/mobile) here

ADDITIONAL DECLARATION BY THE PROPOSER

I UNDERSTAND AND AGREE THAT

1. This is a common proposal form designed for my convenience and that each policy issued by SBI LIFE and SBI GENERAL will constitute mutually exclusive and independent contracts of insurance.
2. This proposal is considered individually and independently by SBI LIFE for Saral Jeevan Bima policy and by SBI GENERAL for Arogya Plus Policy and the terms and conditions of each policy are mutually independent and mutually exclusive and the terms and conditions of one policy are not binding on the other policy.
3. I will receive Arogya Plus policy from SBI GENERAL and Saral Jeevan Bima policy from SBI LIFE though both of them may be sent together and I further understand and agree that each policy is a different contract having its own terms and conditions.
4. For all matters relating to servicing of Arogya Plus Policy [including but not limited to acceptance of proposal, servicing of policy, settlement of claims etc] SBI GENERAL will be responsible and for all for all matters relating to servicing of Saral Jeevan Bima Policy, SBI LIFE will be responsible.
5. SBI LIFE and SBI GENERAL are independent legal entities and one Company will not be held liable for the acts or omissions of the other Company, though a common proposal is designed for my convenience.
6. If I have any grievance, I understand and agree that my grievance will be redressed by the Insurance company concerned to which the grievance pertains and I also agree that the other Insurance Company shall not be responsible for redressal of my grievance. I further understand and agree that each Company has its internal procedures and servicing benchmarks.
7. SBI LIFE will not be a necessary party in disputes relating to the policy of SBI GENERAL and Vice versa.
8. This proposal is a common proposal and if either of the Companies [SBI LIFE or SBI GEN] is unable to accept the risk or issue the policy for any reason whatsoever, the other Company also shall not issue the policy under this proposal. Under this scheme of proposal, either both the policies are issued or no policy is issued. In case my proposal is not accepted by either of the Companies or both the Companies, the proposal deposit paid by me under this proposal will be refunded to me.
9. The admission or non-admission of claim under one policy by one company shall not be binding on the other Company and the other Company may reject the claim under its policy if such rejection is warranted under the policy as per the terms and conditions of the policy. I further understand and agree that claim under each policy is independent and is assessed and decided by the respective company based on its own terms and conditions and parameters.
- 10 I hereby declare that I have understood the disclosures mentioned above and familiarize with the product benefit and policy servicing structure before deciding to purchase the combi product.

I agree to the above declaration.

Signature /Left Thumb impression of the proposer/life to be assured are one & the same person

Signature /Left Thumb impression of the proposer in case different than life assured/Signature of the authorized representative

Witness Signature

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature AND IMPORTANCE of the questions contained in this Proposal Form to the Primary Insured including statement(s), information and response(s) submitted by him/her AND RECORDED in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company/ies and the Primary Insured, if this Proposal is accepted by the Company/ies for issuance of the Policies. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company/ies shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policies issued to his/her favour pursuant to this Proposal may be treated by the Company/ies as null and void and all premiums paid under the policies may be forfeited to the company/ies.

License No.: _____

Signature of Agent

Date:

Place: _____

Non-Disclosure: Extract of Section 45, as amended from time to time, states: (applicable for SBI Life Saral Jeevan Bima)

- 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. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or 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. 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.
- No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement 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 or suppression are within the knowledge of the insurer.

In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

- In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.
- 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.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

Date:

Place: _____

Prohibition of Rebates: Section 41 of Insurance Act 1938, as amended from time to time, states:

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.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bouns or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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1. Arogya Shield is a Combi Insurance Plan (UIN: SBHILIP22158V012122). 2. This product is jointly offered by 'SBI General Insurance Company Limited' and 'SBI Life Insurance Company Limited'. SBI General Insurance Company Limited is a lead insurer for this product. 3. The risks of products offered in the combi product are distinct and are assumed / accepted by respective insurance companies as per their underwriting guidelines. 4. The liability to settle the claim vests with respective insurers, i.e., for health insurance benefits 'SBI General Insurance Company Limited' and for life insurance benefits 'SBI Life Insurance Company Limited'. 5. For more details on risk factors, segregated premium, terms and conditions please read sales brochure carefully before concluding a sale. 6. SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | 'For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license. Website : www.sbigeneral.in, Tollfree: 18001021111 7. SBI Life Insurance Company Limited | Registered & Corporate Office: Natraj, M. V. Road and Western Express Highway Junction, Andheri (East), Mumbai - 400 069 | IRDAI Regn. No.111 | CIN: L99999MH2000PLC129113. The trade logo displayed above belongs to State Bank of India and is used by SBI Life under license. Website: www.sbilife.co.in, Tollfree: 1800 267 9090 (Between 9am to 9pm) | E-mail: info@sbilife.co.in.

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