

ENROLLMENT FORM



AROGYA SANJEEVANI, SBI GENERAL INSURANCE CO. LIMITED - GROUP - MICRO INSURANCE PRODUCT

SURAKSHA AUR BHAROSA DONO

For Office Use

Master Policy No.:

Quote No.: Inward No.:

Receipt No.: Receipt Date:

INTERMEDIARY DETAILS*:

Business Sector: Urban Rural Social Other Business Type: New Renewal Migration Portability

Intermediary Name:

Intermediary Code: Intermediary Contact Details:

DETAILS OF PROPOSER:

Name of the Proposer*:

Present Address* (Current Residing Address):

City: Village:

Gram Panchayat: State:

Pincode: Landmark:

My Present Address is same as Permanent Address

Permanent Address*:

City: Village:

Gram Panchayat: State:

Pincode: Landmark:

Contact Details* Mob.: Email ID*:

Alternate Mobile No.: AADHAAR No. / Passport / Driving License/ Voter Id

PAN No.*: / FORM 60/61: Date of Birth*: Age:

Gender*: M F Others Occupation*: Salaried Self Employed Any Other:

DETAILS OF THE PERSON PROPOSED TO BE INSURED*:

Sr No	Name of the Insured	Sum Insured	Date of Birth	Gender (M/F/O)	Height (in cms)	Weight (in Kg)	Occupation	Marital Status	ABHA (Ayushman Bharat Health Account) number (if available)	Relation with Proposer
1										
2										
3										
4										
5										
6										

Note: - By Family we mean Self, Spouse, Dependent Children, Dependent Parents & Dependent Parents in law.

Period of Insurance*: From: To:

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person ? Yes No

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

HNI Jeweller NGO Film Actor/ Producer PEP If yes, please provide details for all person(s) in a separate sheet.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | 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 Company Limited under licence. | Arogya Sanjeevani, SBI General Insurance Co. limited - Group - Micro Insurance Product, UIN: SBIHMG21599V012021. | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

NOMINEE DETAILS*:

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Nominee*^						
Date of Birth*						
Gender (M/F/O)						
Relationship with Policyholder*						
Mobile No. of the Nominee*						
Permanent Address						
Present Address						
Nominee Email ID						
Name of A/C holder						
Account Number						
IFSC Code						
MICR Code						
Bank Name						
Branch Name						

Information for fields marked with asterisk (*) are mandatory.

*If Nominee is a minor, give the details of Appointee.

Appointee Details						
Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee*						
Date of Birth*						
Gender (M/F/O)						
Relationship with Nominee*						
Address of Appointee						
Appointee Mobile no*						
Name of A/C holder						
Account Number						
IFSC Code						
MICR Code						
Bank Name						
Branch Name						

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

MEMBER DETAILS:

Name of the Group Policyholder	
Unique Enrolment No/ Member Id	

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COVERAGE DETAILS:

Policy Type:	Policy Period: 1 Year
Certificate Start Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Certificate End Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

PREVIOUS/EXISTING DETAILS OF INSURED:

Habit Declaration			Name of the Insured
Do any of insured smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name the insured	
Do any of insured consume any other type of tobacco including betel nut?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name the insured	
Do any of insured consume alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name the insured	

MEDICAL AND LIFE STYLE INFORMATION*

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? [If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].

Insured Name	Name of Illness/ Disease/ Accidental Injury	Duration Since Suffering from	"Medications details (present/ past) please specify"	Are you fully cured (Yes/No)	Differently Abled Status (Yes/No)	Type of Impairment	Percentage of Impairment	UDID Number
Insured 1								
Insured 2								
Insured 3								
Insured 4								
Insured 5								
Insured 6								

ELECTRONIC INSURANCE ACCOUNT DETAILS*:

I have an eIA Number

- (a) NSDL Database Management Ltd (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)
 (c) Karvy Insurance Repository Ltd. (d) CAMS Insurance Repository Services Ltd

My KYC No. (Central Know Your Customer Registry Number), (if available):

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my KYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my KYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my KYC information and voluntarily provide my consent.

Customer Name: _____

Date:

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents)

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DECLARATIONS ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED:

1. I/We 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 am authorised to propose on behalf of these other persons.
2. I/We 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I/We 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/We 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 / mention by me/ us above.
7. I/We hereby provide consent to share my/our medical records with the insurer or TPA. If ABHA number is not available, it can be created at www.healthid.ndhm.gov.in
8. I declare that the details provided in the Enrollment form will be used for both new and renewal purposes.

Date:

Place:

Signature of Insured

INSURER DECLARATION:

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by SBI General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer SBI General Insurance Company Limited along with the date from which the insurance Cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment.)

The details filled in the proposal form/enrolment form would be used for new as well as for renewal purpose

AGENT'S DECLARATION:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her 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 and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. 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 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 policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date:

Licence No.:

Place: _____

Signature of Agent

VERNACULAR DECLARATION:

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____ (Relation with the Proposer/Primary insured)

_____ adult and inhabitant of (city) _____ and residing at _____

do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Date :

D	D	M	M	Y	Y	Y	Y
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Place :

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Signature of the Witness

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Signature/Thumb impression of the Proposer/Primary Insured

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

SECTION 41 OF INSURANCE ACT, 1938:

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

- (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 or risk relating to lives or property in India, any rebate of 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
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

Insurance is the subject matter of solicitation