

ENROLLMENT FORM

Details of Proposer*

Name:	<input type="text"/>																																			
Communication Address:	<input type="text"/>																																			
	City:	<input type="text"/>												State:	<input type="text"/>																					
	PIN Code:	<input type="text"/>												Landmark:	<input type="text"/>																					
Contact Details:	Mobile No.:	<input type="text"/>												Email:	<input type="text"/>																					
Alternate:	Mobile No.:	<input type="text"/>																																		
Aadhaar No.:	<input type="text"/>												Passport / Driving License/ Voter Id:	<input type="text"/>																						
PAN (optional):	<input type="text"/>												/ Form 60/61 (If PAN not available):	<input type="text"/>																						
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age:	<input type="text"/>	Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Others	<input type="checkbox"/>														
Occupation:	<input type="checkbox"/> Salaried												<input type="checkbox"/> Self Employed												Any Other: _____											

Details of the person proposed to be insured*

S. No.	Name	Date of Birth	Age	Gender	Relationship with Proposer
1					
2					
3					
4					
5					
6					

Note:- By Family we mean Self, Spouse, Dependent Children, Dependent Parents & Dependent Parents in law max. up to 6 members.

Nominee Details*

In the event of death of the Insured Person any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee must be an immediate relative of proposer.

Name	Date of Birth	Age	Relationship with Proposer

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.

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship with Nominee

Member Details*

Name of the Group Policyholder	
Unique Enrolment No/ Member Id	

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. | Kutumb Swasthya Bima- Group, UIN: SBIPAGP20150V011920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Coverage Details:

<< PLAN DETAILS AS OPTED BY THE MASTER POLICY HOLDER TO BE POPULATED HERE >>

Details of Existing illness:

Do you suffer from any pre-existing illness? Yes No

If Yes, please specify details and the no. of years: _____

Electronic Insurance Account Details

E-Forma (electronic)

I would like to apply for eIA with NSDL Data Management CSDL Insurance Repository Ltd

Karvy Insurance Repository Ltd CAMS Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available)

Premium Payment Details*:

Premium Amount: ₹ ChequeNo.: Date:

Instrument Type: Cash Cheque Debit Card Credit Card Others: Please Specify: _____

Bank Name: IFSC Code:

Bank Account No: Branch Name:

Bank Details*

Cheque will be issued in the name of the Proposer only.

In case of cancellation of policy, if premium was paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly.

Bank Name: ChequeNo.:

Branch Name: Cheque Date:

Cheque Amount for ₹ Name as in Bank Account

Bank Account No:

IFSC Code: MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

Declaration for Update via Digital Mode

"I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/services from SBI General Insurance Company Limited related to my insurance policy through my registered mobile number & email".

Signature of Insured:

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AML Guidelines

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian Non-Indian If Non-Indian, please specify Country: _____

Type of Organization: Corporations Governments Non-Governmental Organizations Society Trust
Partnership International Organization Cooperatives Section 25 Companies

Declarations on behalf of all persons proposed to be Insured

- i. I 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 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 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."

Date:

D	D	M	M	Y	Y		
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Place:

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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.)

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:

D	D	M	M	Y	Y		
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Place:

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Licence No.: _____

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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		
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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 punishable with fine, which may extend to Rupees Ten Lakhs.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION.

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