

EDELWEISS TOKIO LIFE INSURANCE COMPANY LIMITED



PROPOSAL FORM FOR LIFE INSURANCE: Edelweiss Tokio Life - COVID Shield+

IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336
Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai 400070
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AGENCY CORPORATE AGENCY BROKER DIRECT ONLINE Proposal Number
WEB AGGREGATOR INSURANCE MARKETING FIRM
Whether sourced through distance marketing? Yes No Worksite Yes No
PFA/SP/RM/Broker Code DM/CA Code
Branch Code Branch Name
Sub Code Corporate / Broker Branch Code
(PFA-Personal Financial Advisor, SP-Specified Person, RM-Relationship Manager, DM-Development Manager, CA-Corporate Agent)
URBAN RURAL If case to be considered as "STAFF", mention Employee Code

A. PERSONAL DETAILS

Life to be Insured Proposer (to be filled if different from Life to be Insured)
Title Dr. Mr. Ms. Mrs. Master
1.Name (The Policy Bond will show the name in this manner)
2.Name of Father/Spouse
3.Date of Birth
4.Gender Male Female
5.Pan Card No.
6.Nationality Indian NRI FNIO / PIO Others Specify
7. Age Proof Submitted Passport Driving License PAN Card School/College leaving certificate Others (Specify)
8.Contact Details Mobile Email ID
9.Current Address City Pincode State
10.Permanent Address City Pincode State
11. Which of the above address is Proposer's correspondence address? Current Address Permanent Address
12.Education/ Professional Qualification Student Below 10th 10th Passed 12th Passed Graduate Post Graduate Others Specify
13. Annual Income Rs.
14. Type of Employment Salaried Self employed (Business) Self employed (Professional) Agriculture Housewife Labourer/worker Retired

B. OTHER DETAILS (IN CASE THE LIFE TO BE INSURED AND PROPOSER ARE DIFFERENT, THEN TO BE FILLED BY PROPOSER)

1.Are you Politically Exposed Person (PEP)? Yes No If Yes, please specify
*PEPs are individuals who are or have been entrusted with prominent public functions, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials and also immediate family members of the aforesaid persons which would include spouse, children, parents, siblings, spouse's parents or siblings and close associates
2. Tax Residence Declaration I am a tax resident of India and not of any other country I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*
* If you are tax resident of another country then please fill in the FATCA/CRS form annexed
3. Photo Identity Submitted Passport Driving License PAN Card Voter's ID Others (Specify)
4. Address Proof Submitted Bank Statement Passport Electricity Bill Telephone Bill Others (Specify)
5. Income Proof Submitted Form No.16 Income Tax Returns Salary Slips (other than proprietorship) Appointment Letter Audited Accounts and Statements Others (Specify)
6. Policy Categorisation Individual HUF Employer - Employee MWP
7. Relationship of the Proposer with the Life to be Insured
* In case of Grandparents, provide declaration from parents duly signed.

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C. PRODUCT AND PREMIUM DETAILS

Premium excl taxes Rs. Premium incl. taxes Rs. Sum Assured Rs.

Cheque details (Cheque should be made payable to "Edelweiss Tokio Life Insurance Company Limited")

Cheque/DD no. Dated Bank Name Payable at Branch

BANK ACCOUNT DETAILS : (For credit of future payout if any)

Bank Account Number 9 digit IFSC Code Bank Name Branch Location

D. NOMINEE DETAILS

	Nominee 1	Nominee 2	Nominee 3
1.Name of Nominee	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.Date of Birth of nominee	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.Nomination percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.Relationship of Nominee with Life to be Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.Name of Appointee (in case Nominee is a minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.Date of Birth of appointee	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.Relationship of Appointee to Nominee	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. HEALTH DETAILS (Required only for Life to be Insured)

1. Height cms or feet inches Weight kgs

2. Are you or anyone with whom you reside is associated with Healthcare service which is involved in the diagnosis or treatment of Covid-19 patients or is a medical professional? Y N

3. Are you suffering or being diagnosed or taking any medication for any of the following ailments: Diabetes, hypertension, blood disorder including anaemia, asthma? Y N

4. Are you suffering or being diagnosed or taking any medication for any of the following ailments: Coronary artery disease or heart ailment, vascular ailment or circulatory disorders including Paralysis, stroke, motor neuron disease, muscular dystrophy, musculoskeletal disorders, neurological disorders, tuberculosis, lung disease dementia, cancer, tumour, renal disease, blood in stool or vomiting, anxiety, depression, mental disorder, cirrhosis of liver, pancreatitis, HIV or AIDS, hepatitis B or C? Y N

F. DETAILS FOR INSURANCE REPOSITORY

1. Do you have an EIA account number? Yes No If yes, please provide (Mandatory if Answer is "Yes")

2. Specify the Insurance Repository Name for eIA creation. List of Insurance Repository:

NSDL Data Management Limited CDSL Insurance Repository Limited Karvy Insurance repository Limited CAMS Repository Services Limited

G. DECLARATIONS

1. I/We hereby declare, on my behalf and on behalf of life 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/our knowledge and that I/We am/are authorised to propose on behalf of life to be insured.

2. I/We understand that the information provided by me/us 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/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.

4. I/We declare that I/We 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/our 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 declare that the premium amounts paid along with this proposal and payable in future under the policy, have not been generated from the proceeds of any criminal activities/offences. I/We declare that I/we shall abide by and conform to the Prevention of the Money Laundering Act, 2002 as amended from time to time or under any other applicable law/regulations.

7. I/We shall immediately inform the Company in case I/We acquire the status of Politically Exposed Person ("PEP") at any time after submitting the proposal form and during the continuance of the policy.

8. I/We have disclosed my/our personal information to the Company and I/we hereby provide consent to the Company to share the same with the Company's authorised service providers for carrying out the issuance process for the proposal and servicing of the policy such as underwriting, renewal, revival, claim management, in accordance with the rules and regulations applicable from time to time.

9. I/We hereby accord my/our consent and authorise the Company, to access and obtain my personal identity data and other information maintained by any authority/government authority/other person for KYC / e-KYC and other verification purpose.

10. I/We hereby authorise the Company to send me intimations/servicing communications related to this proposal or the resulting policy at my address and contact details (email, telephone, mobile numbers) mentioned in this proposal form.

11. The permissions, consents, authorisations given by me/us to the Company shall, without restriction, remain in force in perpetuity and shall be valid for any instance requiring such permissions, consents or authorisations for this proposal and resulting policy.

12. I/We understand that the Company shall make payments to me/us in respect of the proposed insurance policy to the bank account, details of which have been provided by me/us to the Company, unless the bank account particulars are modified by my/our written communication to the Company.

I hereby give consent to all the Declarations mentioned above Yes No

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PLEASE DO NOT SIGN ON BLANK PROPOSAL FORM

Signature*/ Thumb impression	Life to be Insured	Proposer	Witness by PFA / SP / RM /Broker

Date Place _____

* The Proposer / Life Insured can upload a scanned copy of their signature in the above box.

VERNACULAR DECLARATION (If the Proposer/Life to be insured signs in vernacular or affixes thumb impression)

Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form) - "I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer."	OR	In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him. "I hereby declare that I have fully explained the above questions and contents of the proposal form to the Proposer in _____ language, and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof."
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Name of the Declarant Mr. Ms. Mrs. _____

Date Place _____

Declarant's Address: _____

Name of the Witness Mr. Ms. Mrs. _____

Date Place _____

Witness Address: _____

X

Declarant Signature in English

X

Witness Signature in English

I certify that the contents of the form have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs _____ and I have understood the significance of the proposed contract.

X
Life to be Insured's Signature or Thumb Impression

X
Proposer's Signature or Thumb Impression

APPLICABLE PROVISIONS OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME

SECTION 41 : No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 or the insurer. 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.

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.