# Proposal Form for Pramerica Life Group COVID-19 Shield (UIN: 140N062V01)

Distribution Channel << Channel Name >>

URN: PLILGCS Proposal No. << >>

Name	
Register/Head Office Address	 
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Mailing Address	
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Nature/Type of Business	- -
Relationship with Group Members 🗌 Employer Employee 🔲 Affinity Groups	
Congraphic regions to be solvered (Places montion names of states)	
Geographic regions to be covered (Please mention names of states)	
Nature of participation Compulsory Doluntary, If Voluntary, expected participation (%)	
2. Plan Details	
Coverage Sum Insured: As chosen by the member/ Master Policy-holder	
3. Member, Policy Term, And Date of Commencement Details	
Number of Members (should tally with the number of members as per the latest updated data supplied to the Company with this form)	
The nominee details will be maintained in the register of members as per Section 39 of the Insurance Act, 1938 as amended from time to	) time.
Proposed Effective Date of Coverage d d / m m / y y	ууу
Instrument details: Cheque/DDNo Amount Date ddd / mm / y	ууу
Drawee Bank Bank Branch	
4. Details of Authorised Officials/Signatory of the Master Policyholder	
Name	
Name <> Signature	
Designation <>	
Name <>	
Designation <> Signature	
5. Declarations	

- 5.A Standard Declarations
- 1. 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.

Pramerica Life Group COVID-19 Shield (UIN: 140N062V01)

Pramerica Life Insurance Limited (Erstwhile DHFL Pramerica Life Insurance Co. Ltd.), Registered Office and Communication Address: 4th Floor, Building No. 9, Tower B, Cyber City, DLF City Phase III, Gurgaon - 122002, Haryana. CIN: U66000HR2007PLC052028 | IRDAI Registration Number: 140. Contact Us: Customer Service Helpline: 1800 102 7070 (Toll Free) | Fax us at: 0124 - 4697100/7200 | Email: group.services@pramericalife.in | www.pramericalife.in

## 5.B - Other Declarations

- 1. I/we confirm that policy benefits, the basis on which the proposed Scheme will operate and the terms and conditions of the scheme, have been explained to me/us and I/we have fully understood and agree to abide by them.
- 2. I/We further confirm that I/We are duly authorized to sign the Application form, furnish any particulars and do all actions in connection with or incidental to this Application Form and the proposed Policy that may be issued and that each member enrolled in the Scheme shall meet the eligibility criteria as prescribed.
- 3. I/We undertake to make available to the Company and or its representatives such records, documents etc. related as may be required in relation to this Application Form as and when requested for.
- 4. I/We understand and agree that the group insurance to be provided by the Company pursuant to this Application Form, shall be governed by the policy contract to be issued by the Company and IRDAI Rules/Regulations/Guidelines that may be issued from time to time.
- 5. I/We further declare that all statements/submissions made by me/us in this Application Form [including any addendum (s) or documents whether in writing or orally] are true and correct and that the Company shall not be liable in any manner whatsoever for relying upon this confirmation and issuing a Policy in our favour in the event the information is false or incorrect.

Fraud and Misrepresentation: Fraud and misrepresentation shall be dealt with in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.

## 6. Authorised Signatory of the Master Policyholder

Authorised Signatory of the Master Policyholder with Company stamp

1.	
2.	
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Signed at	on d d / m m / y y y y

#### Note:

It is essential that you answer fully and accurately all of the questions contained in this Application Form, and that you provide us with any and all additional information relevant to the lives to be insured for our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance representative. If there is insufficient space in this Application Form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet hereto and return it to us.

## Section 41 of the Insurance Act 1938 as amended from time to time

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 of 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.

## Free Look Cancellation

You have a period of 15 days from the date of receipt of the Master Policy Document to review the terms and conditions of the Policy. If you disagree to any of those terms or conditions, you have an option to return the Policy stating the reasons for your objection. You shall be entitled to a refund of the Premium paid subject to a deduction of a proportionate risk premium for the period of risk cover, any expenses incurred by the Company towards medical examination and the stamp duty charges.

## Section 45 of the Insurance Act 1938 as amended from time to time

No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at any time within three years from the date of 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 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 misstatement or suppression of 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 misstatement 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 Insured Kas, 1938, as amended from time to time.

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