

Pramerica Life Insurance Limited
(Erstwhile DHFL Pramerica Life Insurance Company Ltd)

Attach Recent
Photograph of
the Proposer

Note: Please read carefully all the instructions mentioned at the bottom before filling up this form. Please disclose in this application form all material facts, which shall form the basis of our contract, otherwise the policy issued, may be void or voidable. If you are in doubt whether a fact is material, please disclose it. Please fill the form in BLOCK letters.

| | | | |
|---|-------------------------------------|--|--|
| Office use: Sales Person/Corporate Partner Code <input type="text"/> | Channel <input type="text"/> | Online <input type="checkbox"/> | Intermediary <input type="checkbox"/> |
| Sales Person/Corporate Partner Name <input type="text"/> | Branch <input type="text"/> | Urban <input type="checkbox"/> | Rural <input type="checkbox"/> |
| Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update | | | |
| KYC Number <input type="text"/> (Mandatory for KYC update request) (Bank Sales Proposer) <input type="text"/> | | | |
| Account Type* <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small | | | |
| Existing Policy holder provide their details | Policy Number: <input type="text"/> | | |

Do you want your Policy in Electronic form? Yes No Do you have an IRA/C? If Yes, IR A/C Number: Name of IR:

If No / Please select your IR NSDLIR CIRL KARVY IR CAMSRep E-mail ID: _____ Mandatory to receive policy in Electronic format

| Section A : Details of Life to be Insured | | | | Section B : Details of Proposer (If different from Life to be Insured) | | | |
|--|--|---|--|--|--|--|--|
| Title | | _____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Others _____ | | _____ Mr. _____ Ms. _____ Mrs. _____ Other (Specify) _____ | | | |
| 1. Name: <small>(Same as ID proof)</small> | First | <input type="text"/> | | 17. | <input type="text"/> | | |
| | Middle | <input type="text"/> | | | <input type="text"/> | | |
| | Last | <input type="text"/> | | | <input type="text"/> | | |
| 2. Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> T-Transgender | | | 18. | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> T-Transgender | | |
| 3. Date of Birth: | <input type="text"/> | | | 19. | <input type="text"/> | | |
| 4. Father/ Spouse Name: | <input type="text"/> | | | 20. | <input type="text"/> | | |
| 5. Mother's Name: | <input type="text"/> | | | 21. | <input type="text"/> | | |
| 6. Maiden Name: <small>(If any*)</small> | First | <input type="text"/> | | | | | |
| | Middle | <input type="text"/> | | | | | |
| | Last | <input type="text"/> | | | | | |

7. Communication Address:

City / District: _____
State: _____ Country: _____
Pin Code: E-mail: _____
Landline Number:
Mobile:

8. PAN No:
UID No:

9. Are you an employee of any of the Pramerica group companies
If Yes, name of the company _____ Emp Id _____

10. Occupation: Salaried Professional Business Owner Student
 Retired/Pensioner Agriculturist/Laborer Housewife
 Self Employed/Self Employed from home Others (Please Specify) _____

11. Marital Status: _____

12. Height (in cms) _____ **Weight (in kgs)** _____

13. Annual Income: _____

14. Nationality: Indian Non-Indian
If Indian, then Residential status Resident Indian Non-resident Indian

15. Education: Post Graduate and Above Graduate Diploma 12th pass
 10th pass Below 10th Uneducated

16. Age Proof: PAN Passport School Certificate Driving License
 Others (Specify) _____ ID No _____ Expiry date _____

22. Communication Address:

City / District: _____
State: _____ Country: _____
Pin Code: E-mail: _____
Landline Number:
Mobile:

23. PAN No:
UID No:

24. Relationship with Life to be Insured _____

25. Occupation: Salaried Professional Business Owner Student
 Retired/Pensioner Agriculturist/Laborer Housewife
 Self Employed/Self Employed from home Others (Please Specify) _____

26. Marital Status: _____

27. Annual Income: _____

28. Nationality: Indian Non-Indian
If Indian, then Residential status Resident Indian Non-resident Indian

29. Total Sum Insured of all Health Insurance Policies on Life of Proposer _____

30. Identity Proof: Passport PAN Card Voter's Identity Card
 Others (Specify) _____ ID No _____ Expiry date _____

31. Address Proof: Aadhar Card/Letter Driving License Passport
 Others (Specify) _____ ID No _____ Expiry date _____

32. Income Proof: IT Return CA Certificate Audited P&L A/C
 Others (Specify) _____ ID No _____ Expiry date _____

Section C: Coverage Details

33. Plan Option: Option II: Heart Shield

34. Benefit Option: Care Care+

35. Policy Term: _____

36. Premium Payment Term: _____

37. Sum Insured: _____

38. Premium Payment Mode: Annual Semi-Annual Quarterly Monthly

Section D: Payment Details

39. Method of Payment: Cash DD/Cheque Credit Card Others

40. Amount (₹): _____ Cheque/DD No. _____

41. Bank Name: _____ Date: _____

42. Bank Branch: _____

43. Renewal Premium Payment Option: Cash/Cheque Direct Debit Credit Card
 ECS Others

44. Proposer Account Details: _____
Account Holder's Name: _____
Bank Name & Branch: _____
Bank Account No. _____
MICR Code _____ IFSC Code _____

Section E: Nominee & Appointee Details (If Nominee is Minor, please name an Appointee who should be a major)

| Particulars | Nominee 1 | Nominee 2 | Nominee 3 | Nominee 4 | Nominee 5 |
|--------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Nominee Name | | | | | |
| Address | | | | | |
| Gender | | | | | |
| Date of Birth | | | | | |
| Contact No. | | | | | |
| Relationship with Life Assured | | | | | |
| Share% | | | | | |
| Effective Date | | | | | |
| Appointee Name & Address | | | | | |
| Gender | | | | | |
| Relationship of Appointee to Nominee | | | | | |
| Date of Birth of Appointee | | | | | |
| Appointee Signature | | | | | |

Section F: Previous Policy Details (Details of Life Insurance/Health Insurance held/applied with Pramerica Life/Other companies of the Life to be insured)

45. Has your proposal for Life Insurance, accident, medical or health related insurance ever been declined, postponed, withdrawn or accepted at extra premium? Yes No

If "Yes", please provide following details:

| Name of Insurer | Reason | Policy Decision |
|-----------------|--------|-----------------|
| | | |
| | | |
| | | |

46. Have you ever availed insurance cover under 'Heart/ Cardiac product/Critical illness cover' through any insurance company in India? Yes No

If "Yes", please provide following details:

| Name of Insurance Company | Name of Product | Sum Assured Availed | Year of Commencement | Base plan - decision (Standard/With Extra/Postponed/Declined/not Completed) |
|---------------------------|-----------------|---------------------|----------------------|---|
| | | | | |
| | | | | |
| | | | | |

Section G: Lifestyle and Medical Information of Life to be Insured

47. Have you consulted any doctor for surgical operations or have been hospitalized for any disorder or been advised to undergo/have undergone any medical investigations/treatment for medical conditions other than for minor cough, cold or flu during the last 5 years? Yes No

48. Are you currently taking or in the past have taken any treatment or medications for any condition for a continuous period of more than 14 days? (except for minor cough, cold, flu, appendix, typhoid) Yes No

49. Do you consume or ever consumed the following:

| | | | | | |
|------------|--|------------------|--|-----------|--|
| Tobacco | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No | Narcotics | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Substance | Quantity/Day | For No. of Years | Substance | ML/Week | For No. of Years |
| Cigarette | _____ | _____ | Hard Liquor | _____ | _____ |
| Beedi | _____ | _____ | Beer | _____ | _____ |
| Gutka | _____ | _____ | Wine | _____ | _____ |
| Cigar | _____ | _____ | Others | _____ | _____ |
| Pan Masala | _____ | _____ | | | |
| Others | _____ | _____ | | | |

50. Have you ever suffered from or have been advised that you have any of the following conditions? Yes No

If yes, please give details _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Hypertension/High Blood Pressure | <input type="checkbox"/> High Cholesterol/lipids | <input type="checkbox"/> Liver problems/jaundice/Hepatitis B or C |
| <input type="checkbox"/> Diabetes/high blood sugar/sugar in urine | <input type="checkbox"/> HIV Infection/AIDS or positive test to HIV | <input type="checkbox"/> Cancer/tumour or growth, cyst of any kind |
| <input type="checkbox"/> Stroke/paralysis/Multiple Sclerosis | <input type="checkbox"/> Blood disorder (e.g. Haemophilia, Thalassemia) | <input type="checkbox"/> Gynaecological Disorders (Female Life Only) |
| <input type="checkbox"/> Brain disease or endocrine disorders | <input type="checkbox"/> Tuberculosis, or any other lung disorder | <input type="checkbox"/> Excessive fatigue/syncope/dizziness |
| <input type="checkbox"/> Chest Pain/Heart Attack, any other heart disease/problems | <input type="checkbox"/> Joint/Skin/neurological/mental disorder | <input type="checkbox"/> Persistent fever or headache |
| | <input type="checkbox"/> Kidney problems or disease of reproductive organs or stomach disorders | <input type="checkbox"/> Disorders of Eye, Ear, Nose, throat including defective sight, speech or hearing and discharge from ears |

51. Have you ever had, or been told that you have or are currently undergoing investigation for Abnormal findings in ECG, TMT, CXray, Echo, Angiography or any other cardiac investigations? Yes No

If yes, please give details _____

52. Has there been any unusual weight gain or loss more than 5 kg during the last six months, other than through a weight gain/loss program? Yes No

If yes, please give details _____

53. Have you ever been diagnosed with, treated/investigated for or advised to take treatment for any physical or congenital deformity? Yes No

54. Have any of your parents, sisters or brothers, immediate family members (below age 60 years) been diagnosed with Heart disease, high blood pressure, stroke, Diabetes, kidney disease, any form of cancer or any other disease/ailment? If Yes, please provide details Yes No

| Relation to Proposed Insured | Disease/Ailment | Age at Onset |
|------------------------------|-----------------|--------------|
| Father | | |
| Mother | | |
| Sister/s | | |
| Brother/s | | |

55. Are you employed in the Armed, Para-Military or Police Forces? Yes No

If yes, please provide Rank _____, Dept./Div _____, Date of last medical examination _____, Category after last medical examination _____

56. Is your occupation associated with any specific Hazard? (e.g. Chemical Factory, Mines, Explosives, Radiation, Corrosive Chemicals etc.) Yes No

If yes, please give details _____

Section H: Sales Person/Agent Confidential Report

57. Name of Life Insured/Proposer _____

58. Is Life Insured/Proposer related to You? Yes No
If yes, provide details _____

59. I have personally seen & reviewed all the documents submitted by the customer (KYC, Age Proof and Income Proof) as applicable Yes No

60. How long have you known the Life to be Insured/Proposer? _____

61. Income proof verified ITR P&L Form 16
 Others Payslip Balance Sheet

62. Any other material information that may impact the Company's underwriting decision Yes No
If yes, provide details _____

Applicable Yes No

63. Do you know the Life to be Insured/Proposer? Yes No

64. Is the Life Proposed physically handicapped/mentally retarded/has history of any illness/surgery or undergone any medical investigations Yes No

65. How do you know the Life to be Insured/Proposer? _____

66. Income details of the Proposer (₹/PA)

| Salary | Business | Agricultural | Others (Specify) |
|--------|----------|--------------|------------------|
| | | | |

Section I: Details of Related Person: (In case additional related persons, please fill Related Person details)

Addition of related Person Deletion of Related Person KYC Number of Related Person (is available) _____

Related Person Type Guardian of Minor Assignee Authorized Representative _____

Prefix _____ First Name _____ Middle Name _____ Last Name _____

Name: _____
(if KYC number and name are provided, below details are optional)

Proof of Identity (PoI) of Related Person (Please see instruction (H) at the end)

A- Passport Number: _____ Passport Expiry Date: _____

B- Voter ID Card: _____

C- PAN Card: _____

D- Driving Licence: _____ Driving Licence Expiry Date: _____

E- UID (Aadhaar): _____

F- NREGA Job Card: _____

Z- Others (any document notified by the central government) _____ Identification Number: _____

S- Simplified Measures Account - Document Type code _____ Identification Number: _____

Section J: Remarks: (If any)

Section K: 3 Address in the Jurisdiction details where applicant is resident outside India for tax purposes (if Applicable)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1 _____

Line 2 _____

Line 3 _____ City / Town / Village _____

State _____ ZIP / Post Code _____ ISO 3166 Country Code _____

DECLARATION: I _____ hereby declare that I have personally met the applicant, the Life to be Insured, and the foregoing statements are true and correct to the best of my knowledge and enquiries made by me. I further state that the application form has been filled up by the Proposer/person authorized by the Proposer after fully understanding the nature of the questions in the application form and importance of disclosing all the material information has been explained by me to the Proposer. I have also explained the features and benefits of the Plan and riders to the applicant.

Name of Sales Person _____

Code _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place _____

Signature of Sales Person

Instructions:

- Insurance is a contract of utmost good faith, which requires all material facts to be disclosed to the Insurer.
- Please answer all questions completely or tick a box where appropriate. If any question is not applicable please write NA.
 - Before filling up the form please read the sales brochure carefully to understand the benefits, features, risks, advantages, terms and conditions of the products.
 - Commencement of the risk shall be effective from the date of acceptance of the risk by the Company or realisation of premium payment, whichever is later.
 - This form is to be filled by the Proposer himself/herself.
 - For all applications received by the Company, realization of payment does not mean that the Policy has been approved.

Conditions and Declarations on behalf of all the persons proposed to be insured

- I hereby declare, on my behalf, that I have understood the sales literature pertaining to the product under purchase and 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 authorized to propose on behalf of other person.
- 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
- I declare that the deposit towards the first premium and the renewal premium to be paid under the Policy are from legally assessed source of Income. I declare that in case I am found guilty of any offence relating to Anti Money Laundering law, the Company will be within the rights to cancel the policy issued pursuant to this proposal & forfeit all the premium.
- 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.
- 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.
- I agree and confirm to the use of electronic medium, including email, as a mode for communication from and to the Company.
- I hereby understand and agree that the replies to the questions in the proposal, the details furnished in the enclosed questionnaires, the reports of any medical examination, or laboratory tests, my proof of age and this declaration will be the basis of the contract of assurance between me and Pramerica Life Insurance Ltd (the "Company") and that if any statement made in the proposal for insurance or to any medical examiner, or referee, or friend of mine, or in any other document leading to the issue of the policy is inaccurate or false, is on a material matter or facts which is material to disclose, or if any information provided or disclosure made by me at the time of proposal are in variance with my financial position or health condition, physical or mental, as at the time of proposal or if any of the documents submitted by me is found to be fake or forged then action will be taken immediately as per provisions of Section 45 of Insurance Act 1938 as amended from time to time.
- I agree and declare that the Company may disclose any information contained in the proposal, the annexure, in the reports of any medical examination / laboratory tests or in the documents submitted by me / or procured by the Company to any other insurer or to any reinsurer, to any claims investigator or any service provider engaged by the Company for servicing the policies. Likewise the Company may make available copies of the proposal form, annexures, reports of any medical examination laboratory tests or any documents submitted by me (or, as the case may be, by my beneficiary) or procured by the Company to any insurer to any claims investigator or any service provider engaged by the Company for servicing the policies. So also the Company may without any reference to me (or, as the case may be, to my beneficiary) furnish to any court / tribunal or other authority any such information or proposal, annexure, reports or documents as may be required of the Company or as may be considered necessary by the Company.
- I will abide by Company's directions on medicals through any medium. The Company or Company's representative/s may contact me/ us at the address provided in the proposal form.
- If policy is opted in Electronic format, the rules and regulations of IRDA of India & Insurance Repository Services pertaining to an eIA which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e Insurance Account(eIA). I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine. I further agree that any false/misleading information given by me or suppression of any material fact will render my Policy for termination and further action.

12. In the event that application is not converted into policy, I/We agree that the Company has the right to recover applicable medical and administrative expenses. Yes No
13. I authorize Insurance Repository to send any policy and account related information through email and SMS on the contact details given by me. In case of any physical policies being issued by the insurance company from whom I obtain e-policy, the address in the eIA account shall override the address provided for the physical policies, I understand that all the communication relating to any physical/e-policy will be sent to the address registered with Insurance Repository Yes No
14. I authorize Pramerica Life Insurance Ltd. and its authorized representatives to contact me for information on this product in future by overriding my registry on NDNC Yes No
15. I hereby authorize Pramerica Life Insurance Ltd. To conduct screening/confirmation/reconfirmation of overall status of the life to be insured including the health status, through medical examination which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacteria/viral/fungal infections. The Company reserves the right to accept, decline or offer alternative terms on my application for Life Insurance. Yes No
16. 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, if required as per Company underwriting Policy Yes No
17. I authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. Yes No
18. In order to enable the Company to assess the risk under this proposal and any time thereafter, I hereby authorize the past and present employer(s)/ business associates of mine, my medical practitioner/ hospital/ medical source/ any life and non-life Insurance Company/ organization or Life Insurance Association to release to the Company the records of employment/ business or other details of mine as may be considered relevant for acceptance or otherwise of the proposal. Yes No
19. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Yes No

Signature/Thumb impression of Life to be Insured

Signature/Thumb impression of the Proposer

Date

Place _____

In case the Life Insured/Proposer is illiterate or signing in vernacular

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 answers given by the proposer.
 Name of the Declarant: _____ Signature: _____
 Address of the Declarant: _____
 I certify that the contents of the form and documents have been fully explained to me by (Name, Designation and Occupation) Mr./Mrs. _____ and I have understood the significance of the proposed contract.
 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.

Signature/Thumb impression of the person who is proposed to the assured

I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language and the proposer has affixed the thumb impression above after fully understanding the contents thereof

Name of Declarant: _____ Signature: _____

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. Leaflet containing the simplified version of the provision of section 45 of the Insurance Act, 1938 is enclosed as Annexure A for reference

Insurance Act 1938 Section 41: (1) 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: Provided that the acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is bonafide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees. Please know the associated risks and the applicable charges, from the company sales person or the intermediary or Policy documents of the insurer. For more details on risk factors and terms and conditions, please read the sales brochure carefully before concluding a sale.

Section L: Attestation / For Office use only

Documents Received Certified Copies

KYC Verification Carried out by

Date:
 Emp. Name:
 Emp. Code:
 Emp. Designation:
 Emp. Branch:

Institution Details

Name:
 Code:

Employee Name

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

CVD2/19/DEC/V1

BEWARE OF SPURIOUS / FRAUD PHONE CALLS: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Customers are also requested to be careful of calls from any person offering Pramerica Life Insurance policies in lieu of loans at reduced interest rates or bonus payouts. Such calls and offers are fake and misleading. Please do not share your personal information with unknown persons. If you receive a call of this nature, you are requested to contact our toll free no. 1800 102 7070 to report the incident

The Pramerica Marks displayed belongs to The Prudential Insurance Company of America and is used by Pramerica Life Insurance Limited under license.

Annexure - 'A'**Section 45 – Policy shall not be called in question on the ground of mis-statement**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from:-
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy
 whichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured /beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to the Insurance Act as amended from time to time for complete and accurate details.]