

2. DETAILS OF THE ASSOCIATED CHILD/WARD: Mr. Ms. Relationship to the Proposer : _____

Full Name: _____
 Father's Name: _____
 Date of Birth: (DD/MM/YYYY) | | -| | -| | | | Gender: Male Female
 Age Proof: (Attach a self attested copy) Passport Birth Cert. School Cert. Others (Pls. Specify) _____

3. NOMINEE DETAILS: Mr. Ms. Mrs. Relationship to the Life Assured : _____

Full Name: _____
 Address: _____
 Date of Birth: (DD/MM/YYYY) | | -| | -| | | | (Nominee should be more than 18 years old)

4. BACKDATING:

If backdating is required, please specify the backdating date: (DD/MM/YYYY) | | -| | -| | | |
 (Policy will be backdated to a date within the same Financial Year in which the policy has been taken)

5. DETAILS OF THE INSURANCE COVER PROPOSED:

Please Indicate the Sum Assured and Term for the Basic Life Cover and Riders chosen		Sum Assured (Rs.)	Term (Years)	Premium Amount Rs.
	For Basic Cover (min. 50,000, multiples of 10,000):		(21 less age of the child _____ yrs.	
	For SBI Life - Dhanvantri Supreme (Critical Illness) UIN: 111C004V02 (if opted for):			
	For SBI Life - Accidental Death & Permanent Disability Rider UIN: 111C001V01 (if opted for):			
For SBI Life - Premium Waiver Benefit Rider UIN:111B005V01 <input type="checkbox"/> Yes <input type="checkbox"/> No				

Total Installment premium payable: Rs. _____
 Premium Mode: Single Premium Yearly Half Yearly Quarterly Monthly*
 *Monthly mode available only for Credit Card & SI payment. 3 months premium to be paid in advance.

6. DETAILS OF PREMIUM REMITTANCE: (Draft/Cheque to be issued in favour of SBI Life Insurance Co. Ltd.)

Draft/Cheque No.	Date	Amount (Rs.)	Drawn on (Bank / Branch)

Please give your bank account details for further payments from SBI Life Insurance. NRE Account Yes No
 Name of the Bank: _____ Branch: _____
 Account No.: _____ Account Type (Pls. specify): _____
 Address of Branch: _____

7. MODE OF PAYMENT OF RENEWAL PREMIUM:

Direct Remittance SBI ATM Credit Card Standing Instructions Through Internet
 (Please fill appropriate forms for SBI ATM, SI, and Credit Card. You may use this facility on receipt of confirmation from us)

8. DETAILS OF OTHER LIFE INSURANCE POLICIES HELD OR APPLIED BY THE LIFE TO BE ASSURED / PROPOSER:

Name of Insurance Co.	Policy No.	Year of Issue	Product & Plan	Term of the Policy	Medical (Y/N)	Yearly Premium (Rs.)	Sum Assured (Rs.)	Self/Spouse/Parent (Pls. specify)

8.1 HAS ANY PROPOSAL FOR LIFE COVER AND/OR CRITICAL ILLNESS ON THE LIFE TO BE ASSURED BEEN:

1. Declined/deferred/withdrawn? Yes No
 2. Accepted with extra premium or any restrictive clause? Yes No
 If the answer is 'Yes' to either of the questions above, please give details with the name of the Insurance company.

8.2 FAMILY HISTORY OF THE LIFE TO BE ASSURED:

Relation	Alive/ Not Alive	Present Age / Age at Death	Have any of your parents, brothers or sisters died or suffered from any of the diseases / disorders specified below? **	
			Nature of Disorder**	Particulars, including date of diagnosis. If not alive, specify cause of death.
Father				
Mother				
Brother(s)				
Sister(s)				

** Heart disease, Hypertension, High Blood Pressure, Diabetes, Stroke, Cancer, Kidney disease, any Hereditary disease, if any other disease, pls. specify.

Signature _____

9. MEDICAL AND OTHER DETAILS OF THE LIFE TO BE ASSURED:

(Please submit attending doctor's reports, or hospital reports along with the discharge summary, as applicable)

- i. Height | | | (In cms) Weight | | | (In Kgs)
- ii. Visible identification marks, if any: _____

		Tick		If Yes, Please give details.			
		Yes	No				
iii.	During the last 10 years, have you undergone or been recommended to undergo, hospitalization, an operation or any other investigation or test?	<input type="checkbox"/>	<input type="checkbox"/>	Nature of Ailment: _____ Date: _____ Duration of Ailment: _____			
iv.	During the last 5 years, were you under any medical treatment, or regular medical monitoring, for more than 14 consecutive days?	<input type="checkbox"/>	<input type="checkbox"/>	Nature of Ailment: _____ Date: _____ Duration of Ailment: _____			
v.	During the last 5 years, have you remained absent from your place of work (professional or non-professional) on grounds of health for 30 consecutive days or more?	<input type="checkbox"/>	<input type="checkbox"/>	Reason: _____ Date: _____ Duration of Ailment: _____			
vi.	Are you suffering from any disease, which would warrant hospitalization in the near future?	<input type="checkbox"/>	<input type="checkbox"/>	Nature of Ailment: _____ Since when: _____			
vii.	During the last one year, has there been any increase/decrease in your weight (over 5 kgs)?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Kgs Gained/lost: _____ Reason: _____			
viii.	Have you undergone any test for HIV?	<input type="checkbox"/>	<input type="checkbox"/>	Date of test: _____ Was HIV present? _____			
ix.	Have you undergone any test for Hepatitis-B?	<input type="checkbox"/>	<input type="checkbox"/>	Date of test: _____ Was Hepatitis-B present? _____			
x.	Have you undergone any test for Hepatitis-C?	<input type="checkbox"/>	<input type="checkbox"/>	Date of test: _____ Was Hepatitis-C present? _____			
xi.	Are you suffering from or have you ever suffered from any disorder resulting from an accident?	<input type="checkbox"/>	<input type="checkbox"/>	Nature of Ailment: _____ Date: _____ Duration of Ailment: _____			
xii.	Are you suffering from, or did you suffer in the past from:			If any answer(s) in this section is "YES", specify the following (a) Nature of Ailment: _____ _____ _____ (b) Since when: _____ _____ _____			
	Cancer/Leukaemia/Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>		Brain/Nervous system disease	<input type="checkbox"/>	<input type="checkbox"/>
	Tumour	<input type="checkbox"/>	<input type="checkbox"/>		Bone/Joint/Back disease	<input type="checkbox"/>	<input type="checkbox"/>
	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>		Mental disorder	<input type="checkbox"/>	<input type="checkbox"/>
	Liver disease	<input type="checkbox"/>	<input type="checkbox"/>		Skin disorders	<input type="checkbox"/>	<input type="checkbox"/>
	Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>		Eye disease	<input type="checkbox"/>	<input type="checkbox"/>
	Lung disease	<input type="checkbox"/>	<input type="checkbox"/>		Ear disorders	<input type="checkbox"/>	<input type="checkbox"/>
	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>		Chronic infections	<input type="checkbox"/>	<input type="checkbox"/>
	Stroke	<input type="checkbox"/>	<input type="checkbox"/>				
xiii.	Have you ever been tested or treated for a sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>		Nature of Ailment: _____ Date: _____ Duration of Ailment: _____		
xiv.	Do you have any physical defect or deformity?	<input type="checkbox"/>	<input type="checkbox"/>	Part of body affected: _____ Since when: _____ Cause: _____			
xv.	Do you consume narcotic substances or addictive drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Name of the Drug: _____ Since when: _____			
xvi.	Do you consume tobacco in any form?	<input type="checkbox"/>	<input type="checkbox"/>	No. of Cigarettes per day: _____ Quantity of Tobacco (in gms) per day: _____ Since when: _____			
xvii.	Are you suffering from any tobacco related disease?	<input type="checkbox"/>	<input type="checkbox"/>	Nature of Ailment: _____ Since when: _____			
xviii.	Do you consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	Quantity consumed (ml) per day: _____ Since when: _____			
xix.	Are you suffering from any alcohol related disease?	<input type="checkbox"/>	<input type="checkbox"/>	Nature of Ailment: _____ Since when: _____			
xx.	Do you have High Blood Pressure or were you ever diagnosed with the same?	<input type="checkbox"/>	<input type="checkbox"/>				
xxi.	Do you have Diabetes or were you ever diagnosed with the same ?	<input type="checkbox"/>	<input type="checkbox"/>				

10. DETAILS OF THE FEMALE LIFE TO BE ASSURED:

i.	Are you presently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	Date of last menstruation: _____ Date of last delivery: _____
ii.	Have you ever had any abortion, miscarriage or hysterectomy? (enclose the Gynaecologist's report)	<input type="checkbox"/>	<input type="checkbox"/>	No. of occasions: _____ Date(s): _____ Cause: _____
iii.	Have you undergone any caesarean operation(s)? (if so, enclose discharge summary and the Gynaecologist's report)	<input type="checkbox"/>	<input type="checkbox"/>	No. of occasions: _____ Date(s): _____ Cause: _____

Signature _____

- iv. Have you ever suffered / are you suffering from any Gynaecological problem? If Yes, give details: _____
- v. Have you undergone a Family Planning Operation? _____
- vi. Husband's Annual Income _____ Rs. _____

11. DETAILS OF HOBBIES AND PASTIMES:

Do you take part in any adventurous hobbies/activities that could be dangerous in any way, such as aviation (other than as a fare paying passenger), mountaineering, diving or any form of racing, etc.? Yes No
 If yes, give details: _____

12. DECLARATION BY THE PROPOSER/LIFE TO BE ASSURED:

I hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every manner and that I have not withheld or omitted to give any information. Further, I have not provided false information in reply to any question. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the SBI Life Insurance Co. Ltd. (Company) and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all premiums paid under the policy may be forfeited to the Company.

I undertake to undergo all medical tests as may be required by the Company for the grant of insurance.

I understand and agree to the rider restriction applicable to this product.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company.

I further agree that if after the date of submission of this proposal but before the issue of the premium receipt by the Company (i) if there are any adverse circumstances connected with the general health of myself, or (ii) if a proposal for assurance on my life made to any other insurance company has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, or, (iii) if there is any change in my occupation, I shall forthwith intimate the same to SBI Life Insurance Co. Ltd. in writing to reconsider the terms of acceptance of this proposal. Any omission on my part to do so shall render the contract of assurance invalid.

In the event that this proposal is not converted into a policy, I agree that the Company has the right to recover from me, administration and medical expenses incurred by the Company.

I understand and agree that the Bank and/or SBI Life will not be responsible for any delay in premium payment irrespective of any mode for remittance opted.

I understand that the contract will be governed by the provisions of the Indian Insurance Act 1938, and prevailing laws in India and that the same will not commence until a written acceptance of this proposal is issued by the Company on the terms and conditions contained in the contract of insurance.

Signature of the Witness _____

Name and Address of Witness: _____

Place: _____ Date: (DD/MM/YYYY) | | - | | - | | | | Signature/Thumb impression of the Proposer _____

13. DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/PROPOSER SIGNS IN A VERNACULAR LANGUAGE/PROPOSER IS ILLITERATE:

I hereby declare that I have read out and explained the contents of this proposal form and all other documents incidental to availing the insurance policy from SBI Life Insurance Company Ltd. to the Proposer and that he/she said that he/she has understood the same and that he/she agrees to abide by all the terms and conditions of the same.

I hereby declare that I have fully explained to the Proposer the answers to the questions that form the basis of the contract of insurance and that if any untrue statement is contained herein, the Company shall have the right to vary the benefits that may be payable, and further, if there has been non-disclosure of a material fact that the policy may be treated as void and all the premiums paid under the policy may be forfeited by the Company.

I hereby declare that I have explained the contents of this form to the Proposer in _____ Language, that I have truly and correctly recorded the answers given by the Proposer and that the Proposer has affixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof.

Signature of the person making the Declaration _____

Name and Address: _____

Place: _____ Date: (DD/MM/YYYY) | | - | | - | | | | Signature/Thumb impression of the Proposer _____

Section 41 of the Insurance Act, 1938: "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 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 rebates as may be allowed in accordance with the published prospectuses or tables of the insurer."

Section 45 of the Insurance Act, 1938: "No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statements was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose;

Provided that 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."



CONFIDENTIAL REPORT OF THE CERTIFIED INSURANCE FACILITATOR (C.I.F.)

(The C. I. F. should complete this report after scrutinizing the proposal form before dispatch to SBI Life. This report should be based on independent assessment by the C. I. F. after interviewing the proposer and discussing the relevant topics with the proposer)

Bank Name	Branch Name	Address	Tel. No./Fax No. (including STD Code)
Bank Code	Branch Code		

Name of the Certified Insurance Facilitator (CIF)		CIF Code No.	
		Yes	No
1. Have you fully explained the terms and conditions of the proposed insurance plan to the Proposer ?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you discussed the replies to all questions in the proposal form with the Proposer ?		<input type="checkbox"/>	<input type="checkbox"/>
3. How long has the Proposer been a customer of the branch or known to the branch ?			
4. Financial status of the Proposer:			
a. Gross Annual Income			
b. Source of Income (Salary/Business/Other Sources please specify)			
c. Are you personally satisfied with the financial standing of the Proposer ?		<input type="checkbox"/>	<input type="checkbox"/>
5. a. What is the general state of health of the life to be assured ?			
b. Does he/she have any physical deformity or mental retardation ?		<input type="checkbox"/>	<input type="checkbox"/>
c. Has he/she undergone hospitalization or any surgery:		<input type="checkbox"/>	<input type="checkbox"/>
If yes, give full particulars			
6. Are you aware of any other factors not indicated in the proposal form that are likely to add to the risk ?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, give full particulars			
7. Does the Proposer seem to be overweight/ underweight in relation to his/her height ?		<input type="checkbox"/>	<input type="checkbox"/>
8. Identification mark:			
9. Have you obtained any one of the prescribed proof of identity ?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Passport		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PAN Card		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Voters Identity Card		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driving License		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others (pls specify)		<input type="checkbox"/>	<input type="checkbox"/>
10. Have you obtained any one of the prescribed proof of residence ?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Telephone Bill		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bank Account Statement		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ration Card		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electricity Bill		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others (pls specify)		<input type="checkbox"/>	<input type="checkbox"/>
11. Have you verified the name and address mentioned in the aforesaid two documents (9 & 10) are the same as stated in the proposal form?		<input type="checkbox"/>	<input type="checkbox"/>
12. Have you obtained the source of income document where required ?		<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that I have read out and explained the contents of this proposal form and all other documents incidental to availing the insurance policy from SBI Life Insurance Company Ltd to the Proposer and that he/she said that he/she had understood the same and that he/she agrees to abide by all the terms and conditions of the same.

I hereby declare that I have explained the contents of this form to the Proposer in _____ language and that the Proposer has affixed the left hand thumb impression on the proposal form in my presence, after fully understanding the contents thereof. I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief. I have verified that this form is filled completely in all respects and that all required documents are attached.

(Please sign in black ink only)

Signature of the Certified Insurance Facilitator at the Branch

Date: | | - | | - | | | |
(DD/MM/YYYY)

Place : _____

