

# MASTER PROPOSAL FORM

## CANARA HSBC ORIENTAL BANK OF COMMERCE LIFE INSURANCE GROUP TERM EDGE PLAN

UIN:136N070V01

### Instructions for filling the Proposal Form:

- 1) All questions in the form have to be answered.
- 2) Please tick  wherever applicable.

Name of Agent/ Corporate Agent / Broker <input type="text"/>	Agent/ Corporate Agent/Broker code <input type="text"/>
Relationship Manager's /Sales Person Name <input type="text"/>	Relationship Manager's Employee No/Sales Person Code <input type="text"/>
Channel Name <input type="text"/>	Channel Code <input type="text"/>

### 1. Details of Master Policyholder (Company/ Proposer):

a. Name <input type="text"/>	
b. Type of Organization (please specify)	
c. Nature/ Type of Business (please specify) (Specify if you are in money services/lottery/casino/gambling/Horse Racing/NGO/Trust/Charity/Real Estate/Jewelry/Scrap Dealer/ Precious stones dealer/ Promoting social, religious, humanitarian cause)	
d. Registered Office Address	<< Address>> _____ << Pin code>> <input type="text"/>
e. Current Communication Address	Contact Person _____ Designation _____ Address _____ Pincode <input type="text"/>
f. Telephone number & Fax Number	Tel.: <input type="text"/> Fax: <input type="text"/>
g. E-mail address	_____
h. PAN No of the Organization	<input type="text"/>
i. Goods and Services Tax Identification Number( GSTIN)	
j. Country of Tax residence	
k. If any of your shareholder /CEO/MD/CFO/Key Controller/ Authorized Signatory or any of your senior management team is a PEP <i>PEPs are individual who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises/judicial body/ military/police in India or abroad or those individuals who have any close family members or associates in the said capacity.</i>	
l. Date of registration /incorporation/ formation	
m. Identification Number or Reference, together with the name of the Issuing Authority (HSBC customer only)	
n. Country of Incorporation	
o. Country of Primary Place of Business Operations	
p. Country of Headquarters	

## 2. Scheme Details:

2.a. Total number of members proposed to be covered under the Scheme \_\_\_\_\_

2.b. Proposed Date of commencement of policy: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

(Subject to payment of premium for minimum number of members specified, submission of all required details, and fulfillment of other applicable terms and conditions)

### 2.c. Coverage Details:

- 2.c. i) Type of Coverage Option in the scheme:
- Option 1- Death Only
- Option 2- Death & Terminal Illness (TI)
- Option 3- Death, Terminal Illness (TI) & Critical Illness (CI)

### Life Cover (Sum Assured) details:

Basic Life Cover	Please select any one option ✓	Please provide amount of required life cover & wherever applicable mention the formula for determining life cover
Flat Cover for all member	<input type="checkbox"/>	
Graded Cover (Basis Member's category, hierarchy, age, or pre-decided formulae etc.)	<input type="checkbox"/>	
Group Term in lieu of EDLI	<input type="checkbox"/>	
Others (please specify)	<input type="checkbox"/>	

### Critical Illness Cover (CI Sum Assured) details:

CI Cover	Please select any one option ✓	Please provide amount of required CI cover & wherever applicable mention the formula for determining CI cover
Flat Cover for all member	<input type="checkbox"/>	
Graded Cover (Basis Member's category, hierarchy, age, or pre-decided formulae etc.)	<input type="checkbox"/>	
Group Term in lieu of EDLI	<input type="checkbox"/>	
Others (please specify)	<input type="checkbox"/>	

2.d. Does the group have existing life policy with some other Insurer? Yes  No

If yes, Please provide the following details:

S. No.	Name of Insurer	Date of commencement	No. of Members covered	Free Cover Limit

### 2.e. Details on entry ages

Minimum age of entry into the scheme as on date of commencement of the Master Policy:	
Maximum age of entry into the scheme as on date of commencement of the Master Policy:	

2.f. Nature of the proposed scheme: Compulsory  Voluntary

2.g. Premium Payable by Member  Organization  Both

2.h. Death Claim (Mortality)/TI Claim/CI claim(Morbidity) experience details for last 5 years:

Year	No. of lives in the scheme	No. of deaths/ TI occurrences /	Cause of Death / Causes of TI / Causes of CI	Total Claim Amount for Death/TI/CI
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

**3. Payment details:**

3.a. Mode of Premium Payment applicable :

Yearly  Half-Yearly  Quarterly  Monthly

3.b. Method of Premium Payment:

Cheque  Demand Draft  RTGS  Other  (Please specify) \_\_\_\_\_  
(To be drawn in favour of: "Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited")

3.c. Cheque/DD/UTR Date: \_\_\_\_\_

3.d. Drawee Bank: \_\_\_\_\_

3.e. Bank Branch: \_\_\_\_\_

3.f. Amount \_\_\_\_\_

3.g. Cheque / DD/UTR Number \_\_\_\_\_

**DECLARATION OF THE PROPOSED MASTER POLICYHOLDER:**

I/ We, on behalf of the \_\_\_\_\_ (Organization name) hereby declare that I/We understand the product features and the importance of disclosure of all material information and have not withheld any fact or information which may affect the decision of the Company in underwriting the risk under the Proposal.

I / We have obtained all the approvals and completed all the necessary procedures stipulated as per the relevant internal guidelines/Rules/Bye Laws/Statutory Provisions etc., applicable to us, and that accordingly I/we are duly authorized to make this Proposal, furnish any particulars and carry out all matters in connection with or incidental to the proposed Group Insurance policy with the Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (the "Company"). I/We further affirm that the Company shall not be liable in any manner whatsoever for relying upon this confirmation and issuing a Master Policy in my/our favour.

I/We hereby authorize Canara HSBC OBC Life Insurance Co. Ltd. to send me any information relating to this proposal / resulting policy through SMS on the phone number provided by me or through any other mode.

I / We on behalf of the \_\_\_\_\_ (Organization name) hereby declare that I/we have understood the questions in the Proposal form and I/we have answered them truthfully, completely and correctly. I/We further declare that I/we have not withheld any fact or information which may affect the decision of the "Company" in underwriting the risk under the Proposal.

I / We understand and agree that the replies given and the statements made by me / us in the Proposal and in any supplementary questionnaire answered by me/ us together with the enclosed description, member data details and other particulars of each and every eligible member and any other written statements made by us or on our behalf and any proposals / questionnaires submitted by the eligible members for the purpose of the proposed insurances shall be the basis of the contract between me/us and the "Company". I / We also hereby agree that in case of fraud and misrepresentation, the said contract shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

It is understood that insurance cover beyond agreed value of non medical limits will be subject to individual underwriting and that such individual members shall have to provide an undertaking with regard to insurability and/or undergo necessary medical examination including HIV tests, which shall form basis of cover provided to the individual members.

I/ We understand that the Company will not be on risk until it has accepted the Proposal, and communication of the acceptance has been given to me/us in writing. Risk beyond non medical limits will commence only after it is specifically accepted, premium received by the company and decision of acceptance communicated to me/us.

I/We undertake that prior to forwarding any Membership form and/or Member data to the Company for admitting any person as a member under the Proposed Master Policy Contract, I/we shall ensure that he/she meets the applicable eligibility criteria as stated herein. I/We also agree to share the Member data in the Company required format and also make available to the Company such records, documents, information etc. related to the same as may be required. I/We further agree and undertake to furnish all the requisite documents in respect of claims within the stipulated time period and in the manner laid down in the Master Policy document.

I/We understand and agree that premium shall be due in advance for all lives to be covered under the Master Policy Contract that may be issued in my/our favour. I/We further undertake and assure that such premiums which are so collected from/deducted from the Account(s) of proposed members/members shall be duly remitted to the Company within the applicable time limits.

I/We declare that the premiums paid/ payable are not generated from the proceeds of any illegal means/criminal activities /offences and I/we shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws.

I/We authorize the Company to share (inside or outside India) personal/sensitive personal information held by the Company with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI (iv) reinsurers/group companies other insurance companies/third parties for internal assessment, KYC authentication (if permitted), offline verification, claim settlement and policy servicing. I/We authorize the Company to seek information for internal assessment and/or claim settlement from any of the entities mentioned above including any past or present employer concerning the financial, with leave records and employment details of the Members.

I/We give my consent to receive the information from Central KYC Registry or other statutory authority through sms/email on the registered number/email address. I/We are responsible to inform the Company of any change in such details.

1. Authorized Signatory's Name	<input type="text"/>		
Position / Designation		Place	Date
Signature & Company Stamp			
Name & Address of Witness	<input type="text"/>		
Signature of Witness			

2. Authorized Signatory's Name	<input type="text"/>		
Position / Designation		Place	Date
Signature & Company Stamp			
Name & Address of Witness	<input type="text"/>		
Signature of Witness			

Number of Signatories required to give instructions on behalf of the proposer (If more than 2, please provide details in annexure 1)
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**This is a non-linked, non-participating one year renewable group term life insurance plan. The Master Policy Document to be issued will be drafted with reference to both the proposal form and applicable terms and conditions.**

**As per Section 41 of the Insurance Act, 1938 (as amended from time to time),** "(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 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 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 a bona fide insurance agent employed by the insurer.

(2) 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 Insurance Act, 1938 (as amended from time to time)**

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the 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.

(2) 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.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of a or suppression of a 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 mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) 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 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:

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 to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) Nothing in this sections 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.

**Application received date**

Documents Required/Submitted	
The following documents to be attached along-with this proposal form (please tick as appropriate):	
1. Member details (in format as provided)	<input type="checkbox"/>
2. Certified copy of Scheme Rules, if applicable	<input type="checkbox"/>
3. Certified copy of Trust Deed, if applicable	<input type="checkbox"/>
4. Certified copy of PAN Card	<input type="checkbox"/>
5. 'Active At Work' declaration, if applicable	<input type="checkbox"/>
6. Other documents, if any (please specify)	<input type="checkbox"/>
a. _____	<input type="checkbox"/>
b. _____	<input type="checkbox"/>
c. _____	<input type="checkbox"/>

ANNEXURE 1 – AUTHORIZED SIGNATORY DETAILS	
Please provide the following details. Please add more if required. Please Note: Email exchanges to and from the email-ids provided below will be treated as official communication	
<b>1. Authorized Signatory 1</b>	
Name <input type="text"/>	
Designation _____	E-mail _____
Contact No. <input type="text"/>	Signature _____
<b>1. Authorized Signatory 2</b>	
Name <input type="text"/>	
Designation _____	E-mail _____
Contact No. <input type="text"/>	Signature _____
<b>1. Authorized Signatory 3</b>	
Name <input type="text"/>	
Designation _____	E-mail _____
Contact No. <input type="text"/>	Signature _____

<b>1.Authorized Signatory 4</b>	
Name <input type="text"/>	
Designation _____ E-mail _____	
Contact No. <input type="text"/>	Signature _____
<b>1.Authorized Signatory5</b>	
Name <input type="text"/>	
Designation _____ E-mail _____	
Contact No. <input type="text"/>	Signature _____



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Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited,  
2<sup>nd</sup> Floor, Orchid Business Park, Sector – 48, Sohna Road, Gurugram – 122018, Haryana, India, IRDAI Regd. No 136,

**Regd Office:** Unit No. 208, 2<sup>nd</sup> Floor, Kanchenjunga Building, 18 Barakhamba Road, Fax: +91 0124 4535099,

Corporate Identity No. - U66010DL200PLC248825

Toll free at **1800-103-0003/ 1800-180-0003 (BSNL/MTNL)** SMS at **9779030003**

E-mail us at [customerservice@canarahsbclife.in](mailto:customerservice@canarahsbclife.in), Visit us at our website [www.canarahsbclife.com](http://www.canarahsbclife.com)