



Enrolment Form No:4140014097
Member Enrolment Form for Canara HSBC Life Insurance
Group Asset Secure (UIN: 136N082V02)
Home, Personal & Loan Against Property (LAP) Scheme

LIFE INSURANCE

(Please use ✓ in boxes to indicate choice. Please fill the direct debit/ NACH/ SI mandate)

For Karnataka Gramin Bank

File/Loan A/c No: \_\_\_\_\_ Customer ID: \_\_\_\_\_
Branch /RAH Code: \_\_\_\_\_ <MPH> Branch Name \_\_\_\_\_
<MPH> Code: \_\_\_\_\_ <Insurer>/<MPH> Code 1: \_\_\_\_\_

Loan Disbursement date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Staff: Yes [ ] No [ ]
<Insurer>/<MPH> Code 2: \_\_\_\_\_

DETAILS OF MEMBER TO BE INSURED

Full Name \_\_\_\_\_
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male [ ] Female [ ] Transgender [ ]
Are you a: Resident of India [ ] NRI / PIO [ ] Foreign National [ ]
Communication Address \_\_\_\_\_
City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Country: \_\_\_\_\_
Contact No.: \_\_\_\_\_ E-mail: \_\_\_\_\_ Current Country of residence \_\_\_\_\_
Do you need a physical copy of your Certificate of Insurance (COI)? Yes [ ] No [ ]
Occupation: Salaried [ ] Self Employed [ ] Other [ ] If other, please specify \_\_\_\_\_
Employer's name & address: \_\_\_\_\_
Occupation Designation / Description: \_\_\_\_\_
Occupation: [ ] Armed Forces [ ] Merchant Marine [ ] Oil and Natural Gas [ ] Aviation Industry [ ] Chemical Industry [ ] Others
Are there any risks associated with your occupation? E.g: Working with boiler, explosives, chemicals etc. Yes [ ] No [ ]
Do you take part in hobbies that are risky in any way? E.g: Aviation, diving, mountaineering, etc. Yes [ ] No [ ]
e-Insurance Account Number (eIA) \_\_\_\_\_
Name of the Insurance Repository to which eIA is linked [ ] CAMS [ ] CDSL [ ] KARVY [ ] NSDL
If you do not have an eIA account, would you like to create one? [ ] Yes [ ] No
If Yes, please name the preferred Insurance Repository [ ] CAMS [ ] CDSL [ ] KARVY [ ] NSDL

Nominee Details:

Table with 5 columns: S.No., Name of Nominee, Date of Birth, Relationship to Member Life to be Assured, Gender, Percentage Share. Includes a sub-table for appointee details.

Do you want nominee/appointee's communication address same as mentioned above [ ] Yes [ ] No. If No, then please provide the address in the relevant section overleaf.

INSURANCE/LOAN DETAILS

Type of loan: \_\_\_\_\_ Loan
Loan Term (including moratorium if any) [ ] Months/Years
Moratorium Period (As applicable): [ ] Months/Years
Plan Option: [ ] Level [ ] Reducing
Premium Payment Term: Single Pay [ ]
Premium frequency (Not applicable for single pay option): Yearly [ ] Half Yearly [ ] Quarterly [ ] Monthly [ ]
Coverage Option: 1. Death cover [ ]
Sanctioned/ Outstanding loan amount (in Rs.) \_\_\_\_\_ Initial Sum Assured (in Rs.): \_\_\_\_\_
Joint Life: Yes [ ] No [ ]
If Yes, please tell no. of joint borrowers \_\_\_\_\_
If Yes: Primary borrower [ ]
Co-borrower [ ]
Joint Life Option: a) Joint basis [ ] b) Loan share basis [ ]
Loan share (for loan share basis) % [ ]
Have you taken Credit life Insurance cover in last 2 Years Yes [ ] No [ ]
If Yes, please provide following details:
Table with 3 columns: Name of Insurance Company, Sum Assured, Policy status
Premium Payable (Year 1) inclusive of Goods and Services Tax & applicable cess(es)/levy, if any (Rs.): \_\_\_\_\_
Premium Payable (Year 2 onwards) inclusive of Goods and Services Tax & applicable cess (es) / levy, if any (Rs.): \_\_\_\_\_ (Not applicable for Single Pay)

HEALTH DETAILS OF MEMBER TO BE INSURED

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ Kg
1 During the last five years, have you consulted a doctor or have been advised to undergo any medical investigation or treatment for any medical condition (other than minor cough, cold or flu), or had a surgery, or been hospitalized [ ] Yes [ ] No
2 Are you currently taking, or have you previously taken, any medication or treatment for a continuous period of more than 14 days for any condition, other than for minor coughs, cold, flu, typhoid? [ ] Yes [ ] No
3 Has your proposal for life, health or accident insurance or application for reinstatement for any of these ever been declined, postponed, withdrawn or accepted at extra premium or reduced cover? [ ] Yes [ ] No



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4	Have you ever been diagnosed with, treated for, or advised to seek treatment from any of the following conditions? If answer to this question is YES then please tick the relevant box given below	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	hypertension/high blood pressure	<input type="checkbox"/>
<input type="checkbox"/>	diabetes/high blood sugar/sugar in urine	<input type="checkbox"/>
<input type="checkbox"/>	cancer, tumor, growth or cyst of any kind	<input type="checkbox"/>
<input type="checkbox"/>	chest pain/heart attack	<input type="checkbox"/>
<input type="checkbox"/>	kidney problems or disease of the reproductive organs	<input type="checkbox"/>
<input type="checkbox"/>	tuberculosis or any other lung disorder	<input type="checkbox"/>
<input type="checkbox"/>	any other heart disease/problem	<input type="checkbox"/>
<input type="checkbox"/>	liver problems/jaundice/hepatitis B or C	<input type="checkbox"/>
<input type="checkbox"/>	any blood disorder (e.g. hemophilia, thalassaemia)	<input type="checkbox"/>
<input type="checkbox"/>	HIV infection/AIDS or positive test for HIV	<input type="checkbox"/>
<input type="checkbox"/>	nervous, psychiatric or mental disorder	<input type="checkbox"/>
<input type="checkbox"/>	stroke/paralysis	<input type="checkbox"/>
5	Are you currently suffering from or have you previously suffered from any other physical deformity, critical illness, injury (other than minor fracture of the limbs) or have undergone major surgical operation not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	FOR FEMALE APPLICANTS ONLY: Have you suffered from any gynecological problem or illness related to breasts, uterus or ovary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## MEMBERSHIP FORM ACKNOWLEDGEMENT (to be mandatorily filled in by staff)

This is to confirm receipt of Membership form from Mr/Ms \_\_\_\_\_ for the insurance cover under Canara HSBC Life Insurance Group Asset Secure plan issued by Canara HSBC Life Insurance Company Limited, Reg. No 136 ("Company"). Acceptance of risk cover is subject to underwriting acceptance and merely submitting the Member Enrollment Form shall not construe as acceptance of the cover and issuance of the Policy. The Insurance Cover shall commence from the date mentioned in the Certificate of Insurance.

Name : \_\_\_\_\_ Date : \_\_\_\_\_

File/Loan Account No.: \_\_\_\_\_

Signature and Rubber Stamp of Branch Official

## PAYMENT DETAILS (For Official Use Only)

Payment mode: Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Online transfer <input type="checkbox"/> Others (please specify) _____	Amount: _____
Instrument No./ Transaction ID: _____	Date: _____
Bank Name: _____	
In case of refund under proposal/policy cancellation/excess premium, transfer of amount will be done directly to the account number mentioned herein. For premium received under funding option, refund will be made to Loan account number.	
Name as per Bank records: _____	Bank Name: _____
A/C No. _____	A/C Type _____
Branch: _____	
IFSC Code: _____	

## Nominee Address (if different from Life assured's address)

Communication Address: \_\_\_\_\_ City: \_\_\_\_\_

Pin code: \_\_\_\_\_ Contact No.: \_\_\_\_\_

## Appointee Address (if different from Life assured's address)

Communication Address: \_\_\_\_\_ City: \_\_\_\_\_

Pin code: \_\_\_\_\_ Contact No.: \_\_\_\_\_

## DECLARATION &amp; AUTHORIZATION FOR ENROLMENT BY LIFE TO BE INSURED

I declare that information provided in this Member Enrollment Form is correct, complete and true. I understand that the information provided in this Health Questionnaire together with the application for insurance on my life and any other documents relative thereto, shall be the basis of the proposed Coverage. I am aware that the withholding of, or omission or failure to disclose, any medical or financial information will invalidate my Insurance Cover. I agree to inform the Company in writing of any change in my health and circumstances between the date of this Declaration and the issue of the Certificate of Insurance in respect of my Life Insurance Coverage. I authorize and request any entity like a doctor/hospital/employer (past and present) who may be in possession of, or hereafter acquire, any information concerning my health including blood tests/HIV antibodies, to disclose such information to Canara HSBC Life Insurance and I agree that this authority and request shall remain in force. I hereby give my consent to undergo HIV1/2 test by ELISA method. I am aware that this test is only for screening purposes and not confirmatory for HIV/AIDS. The Company may also share the same or any other personal information related to me with hospitals/diagnostic centers, reinsurers, Life Insurance council/association, investigation/verification agencies or vendors as it deems necessary for issuing and administering the policy of insurance. In case I have an objection to usage of my personal information for the purposes mentioned above, I shall intimate the Company prior to its acceptance of my proposal and issuance of the policy, in which case the Company shall cancel the proposal, refund the proposal deposit and delete all sensitive personal information relating to me from its records/systems.

I/We hereby authorize Company to send me any information relating to my proposals / policies through SMS on the phone number/email address provided by me or through any other mode.

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

I/We also declare that I/we am/are not Politically Exposed Persons<sup>1</sup>; My/our nature of work/business/activities does not involve any association with Money services businesses\*/State run lotteries/casinos/gaming activity/gambling/horse jockey/jockey club/Not for profit organization/Trusts/charities or Organizations involved in promoting social, religious, humanitarian cause, real estate /jewelers/precious stones dealers or scrap dealers.

In case any of this applies, please provide details \_\_\_\_\_

<sup>1</sup>(PEPs are individuals 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).

\*Money service businesses are entities/proprietorship concerns offering services involving currency exchange/dealer/exchange house/third party payment processors/payment/collection agents etc which are not registered as banks.

**Anti-Tying Declaration:**

I am aware that the purchase of insurance is totally optional, has no bearing on the loan decision and is at my sole discretion.

I hereby apply to be a Life Insured under the master policy issued to \_\_\_\_\_

And I agree to

Pay the premium myself via Direct Debit (Please fill the direct debit mandate). I hereby authorize \_\_\_\_\_ to debit my account by direct debit as per request from Canara HSBC Life Insurance Company Ltd. for collection of the insurance premium for enrolment as member or premium for renewal in the subscribed plan.

Add the above premium to the loan amount  
I have read and understood the terms and conditions of the product as detailed in the product brochure and the same has been explained by the representative of Karnataka Gramin Bank.

Signature/Thumb impression: \_\_\_\_\_(x)\_\_\_\_\_

Name of Member to be insured: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_



**AUTHORIZATION FOR CLAIM PAYMENT**

Applicable only if Master Policyholder is one of the following entities: (i) RBI regulated Scheduled Commercial Banks (including Co-operative Banks); (ii) NBFCs having Certificate of Registration from RBI; (iii) National Housing Bank (NHB) regulated Housing Finance Companies (iv) National Minority Development Finance Corporation (NMDFC) and its State channelizing agencies (v) Small Finance Banks regulated by RBI, (vi) Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies, (vii) Microfinance companies registered under section 8 of the Companies Act, 2013, (viii) Any other category as approved by the Authority in accordance with IRDAI guidelines as amended from time to time:

Signature/ Thumb Impression of Member to be insured

On the happening of any event/contingency covered under this policy, I hereby expressly authorize the Company to settle any insurance claim proceeds that is due to me under the policy directly in favour of the Master Policyholder to the extent of the amounts outstanding under my loan number \_\_\_\_\_availed from the Master Policyholder. The balance insurance claim proceeds if any, after settlement of the outstanding loan amount shall be paid to me or my nominee or legal heirs as the case may be. In order to discharge the outstanding loan amount if any directly to the Master Policyholder, the Company can solely rely upon the Credit Account statement in respect of my loan account provided by the Master Policyholder, for ascertaining amounts outstanding from me under the said loan. I hereby declare that the payment of the outstanding loan amount if any directly by the Company to the Master Policyholder shall constitute a valid and sufficient discharge to the Company.

**VERNACULAR LANGUAGE/ PROPOSAL NOT FILLED BY PROSPECT/ ILLITERATE DECLARATION**

I \_\_\_\_\_ Son/ Daughter of \_\_\_\_\_, and residing at \_\_\_\_\_ do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the proposal form and all other documents in \_\_\_\_\_ language to Mr./Mrs./Ms. \_\_\_\_\_ and he/ she has understood the significance of the proposed contract. I have truthfully and correctly recorded the replies given by the Member Life to be Assured and that the Member Life to be Assured has affixed the signature/ thumb impression above, after fully understanding the contents thereof. Solemnly affirmed at \_\_\_\_\_ on \_\_\_\_\_.

Signature of Representative of MPH

I \_\_\_\_\_ (Member Life to be Assured) hereby declare that I have understood the questions and answers of the proposal form as explained by Representative of the MPH.

Signature/ Thumb Impression of Member to be insured

**As per 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 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.

**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.

Explanation I- For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the 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.

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

- (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.

Explanation –A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

- (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.

Explanation- For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

- (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 Assured was incorrectly stated in the proposal.

**Canara HSBC Life Insurance Company Limited**

(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) IRDAI Regn. No. 136

**Registered Office Address:** 8<sup>th</sup> Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001

**Head Office Address:** 139 P, Sector 44, Gurugram – 122003, Haryana, India

**Corporate Identity No:** U66010DL2007PLC248825

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