



HEALTH DETAILS OF MEMBER: (Please tick the box for your answer)

Height in cms: Weight in kgs:

Substances consumed	Yes	No	Consumed as				Quantity
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Beer	Wine	Spirits	Others	<div></div> ml / Week
Tobacco*	<input type="checkbox"/>	<input type="checkbox"/>	Cigars	Cigarette	Bidis	Chewing Tobacco	<div></div> Units/Day

Are you currently consuming or have you ever consumed narcotics or any such other substance whether prescribed or not ?  
(For E.g. ganja, hashish, heroin, cocaine, charas, marijuana, etc)

☐ Yes ☐ No

1. Have you ever suffered or are currently suffering from Chest Pain, heart attack, diabetes, high blood pressure, cancer, tumor, paralysis, thyroid disorder, asthma, tuberculosis or other lung disorder

☐ Yes ☐ No

2. Have you ever suffered or are currently suffering from blood disorder (e.g anaemia), diseases of the kidney or bladder, stomach, pancreas, gall bladder, intestines, muscles, bones or joints

☐ Yes ☐ No

3. Have you ever suffered from Hepatitis B or C or any sexually transmitted diseases, or diseases of the reproductive organ

☐ Yes ☐ No

4. Do you have any congenital disorder, physical deformity or epilepsy, depression or any nervous disorder?

☐ Yes ☐ No

5. During the last 5 years have you had or been advised to have any of the following:  
a. ☐Blood tests ☐ X-ray ☐ USG ☐ ECG / TMT ☐ Biopsy ☐ Endoscopy ☐ Surgery  
b. ☐ Blood transfusion ☐ Mammography ☐ Pap smear  
c. Were any abnormalities found in any of the tests conducted?

☐ Yes ☐ No

6. Presently or in the last 5 years, have you been taking any medication or has a doctor ever attended you for any conditions, diseases or impairment not mentioned above (except for common cold or cough)?

☐ Yes ☐ No

7. Do you take part in aviation (other than a fare paying passenger) or in any adventurous sports or hobbies or? ( like paragliding, mountaineering, deep sea diving , motor racing, bungee jumping etc)

☐ Yes ☐ No

8. Has more than one of your close relatives died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes, blood pressure, kidney disease or any hereditary disorder?

☐ Yes ☐ No

9. Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover?

☐ Yes ☐ No

10. Female life only: Are you pregnant?

☐ Yes ☐ No

If you have answered "Yes" to any of the Questions between 1 to 10. Please provide the details including health condition, date of diagnosis, treatment prescribed, Name / Address of doctor if applicable

Question No.

Please take note that it is important to answer the above questions correctly. Any false information will lead to rejection of the application or the claim in future.

Date:

Place:

Signature/Thumb impression of the Member

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR FOR UNEDUCATED PERSONS

Reliance Nippon Life Insurance Company Limited requires that this proposal is completed by the Proposer/Premium Payer. (If the Proposer/Premium Payer does not read, write, or speak english, then this proposal may be completed by another person other than a person who is not the licensed agent selling the product to the member.

I have explained the contents of this proposal to the Proposer/Premium Payer and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by the proposal form and I have read the responses back to the Proposer/Premium Payer and confirmed that they are correct.

Name:

Date:

Place:

Signature of Declarant in English

DECLARATION BY LIFE TO BE ASSURED

I understand and agree that the statements in this proposal form shall be the basis of the contract between me and Reliance Nippon Life Insurance Company Limited ("the Company"). I agree that I will inform the Company if between the date of this proposal and the date of issuance of the policy about any change in my general health, occupation, financial position or if any other proposal or application to any other Insurance Company on my life is declined / postponed or accepted other than the standard terms so that the Company may consider the terms of acceptance. I understand that if I fail to disclose the information sought by the Company, then the Company may void the contract at its sole discretion without giving any further explanation and the consequence thereof shall follow. I agree that the Insurance protection shall only be provided effective from the date of acceptance of risk by the Company. I further declare that the statements in this proposal are true and I have disclosed all information which might be material to the Company while issuing the policy contract. I declare that I have read the sales literature of the proposed plan and understood the terms and conditions of the plan along with the associated risks and benefits which I propose to take. I declare that the premiums paid have not been generated from the proceeds of any criminal activities/ offences and I shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws. I declare that the Company has disclosed and explained all the information related to this product and riders to me and I declare that I have understood the same before signing this proposal form. In case fraud or misrepresentation, the policy contract shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the Insurer in accordance with Section 45 of the Insurance Act, 1938

Name:

Date:

Place:

Signature of Declarant in English

AUTHORISATION FROM LIFE TO BE ASSURED AND NOMINEE (APPLICABLE FOR CONTRIBUTORY MEMBERSHIPS/LOAN ARRANGEMENT WITH MASTER POLICYHOLDER):

This is to authorise Reliance Nippon Life Insurance Company Limited to pay settlement benefits, surrender benefits and death benefits that I am entitled, under various terms and conditions of the Life Insurance Policy, directly to  (name of the Entity) in lieu of the sums/monies due to the said Entity in full discharge of the said dues to Entity.

I authorize Reliance Nippon Life Insurance Company Limited and/or its representative to call us/me for all policy service related calls. ☐ Yes ☐ No

Signature of Life to be Assured

Name:

Date:

Place:

Signature of Nominee

Name of the Nominee:

Date:

Place:

Signature of the Witness

Name of the witness:

Date:

Place:

AUTHORISATION CLAUSE FROM ENTITY

This is certify to Reliance Nlppon Life Insurance Company Limited (RNLIC) that particulars: Name, Address, occupation, decleration of good health, witness details, age and other particulars of the Life to be Assured as contained above in this form are true, complete and accurate and we would indeminfy RNLIC of any losses that RNLIC may suffer on account of placing reliance on the above information supplied. This is to further certify that the above Life to be Assured owes monies / sums to us, in the normal course of our lending and that the benefits and entitlements of the Life to be Assured in the above mentioned insurance policy, if any, would be adjusted against the dues of Life to be Assured and we undertake to pay the balance monies of the beneficiaries, if any, back to the Beneficiaries full towards discharge of dues of RNLIC to the beneficiaries. We further undertake to furnish claim related documents of the beneficiaries including identification documents to RNLIC in respect of the claims, if any.

Signature Authorised signatory of the Entity

Name:

Date:

Place:

Signature of the Witness

Name:

Date:

Place:

WELCOME LETTER

To,  
Dear \_\_\_\_\_  
MembershipNo. \_\_\_\_\_

We are pleased to inform you that you have been enrolled as a member of Reliance Nippon Life Group Credit Assure Plan. We are submitting your application to Reliance Nippon Life Insurance Company Limited for enrolling you as a member in the said master policy for life insurance for sum of Rs.\_\_\_\_\_ with an annual premium of Rs.\_\_\_\_\_. Risk coverage will start from first day from date of issuance of this letter, unless otherwise intimated in writing by the \_\_\_\_\_ of Reliance Nippon Life Insurance Company Limited.

Please note that: The nominee details furnished by you are:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

- A grace period of 15 days is allowed where premium is being paid monthly, 30 days where premium is being paid quarterly/half-yearly/annually. (Regular premium due must be received by the company in full)
- Claims will be lodged through the Master Policyholder of nearest office of RNLIC with all the requisite documents.
- Acceptance of risk or payment of claims is as per guidelines issued by RNLIC.
- Terms and Conditions of the Master Policy and as agreed between RNLIC and the \_\_\_\_\_ shall be final and binding on the member of the policy.
- The premium paid by the member and benefits paid under this plan are eligible for income tax exemption as per the prevailing income tax laws.

Thanking you.

for \_\_\_\_\_  
Authorised Signatory

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

OFFERING OR ACCEPTING REBATE IS PROHIBITED BY LAW

Section 41 of Insurance Act , 1938:

- (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.
- (2) Any person making default in complying with the provisions of the section shall be liable for a penalty which may extend to ten lakh rupees.

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