 FUTURE GENERALI TOTAL INSURANCE SOLUTIONS	Future Generali India Life Insurance Company Limited
	Registration No. 133,CIN: U66010MH2006PLC165288

Proposal Form for
Future Generali Group Term Life Insurance Plan
(UIN No133N003V03)

Agent / Broker code		Application received date	
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To be filled in by FGI

Instructions for filling the Proposal Form:

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

1. Details of proposed Policyholder:

a. Name of Employer / Proposed Policyholder	
b. Type of Business / Trade / Activity	
c. Registered / Head Office Address & Pin code	
d. Mailing Address	
e. Telephone number	
f. E-mail address	
g. Authorized Signatory Details:	
Name: Designation:	Name: Designation:
Signatures of Authorised Signatory 1	Signatures of Authorised Signatory 2
h. Number of Signatories required to give instructions on behalf of the proposed policyholder :	
Relationship with group members (<input checked="" type="checkbox"/> select one) <input type="checkbox"/> Employer – Employee / <input type="checkbox"/> Non employer-employee	

2. Scheme Details:


Quotation Number / Version _____ Date ____/____/____

Date of commencement of policy: ____/____/____
dd mm yyyy

a. Coverage Details: (Select one)

a.1.)

BASIC LIFE COVER	Select ,whichever applicable <input checked="" type="checkbox"/>		Please provide amount of required cover / sum assured & wherever applicable mention the formula for determining life covers
Flat Cover			
Graded Cover			
Outstanding loan amount			
Others (please specify)			

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a.2.)

RIDERS (Select any one from the block) Please provide amount of required cover / sum assured & wherever applicable mention the formula for determining life covers					
Group Accidental Death Rider <input type="checkbox"/>		Group Core Critical Illness Accelerated Rider <input type="checkbox"/> OR Group Core Critical Illness Rider <input type="checkbox"/>		Group Accidental Total Permanent Disability Rider <input type="checkbox"/> OR Group Accidental Partial Permanent Disability Rider <input type="checkbox"/>	
Group Accelerated Terminal Illness Rider <input type="checkbox"/>		Group Extended Critical Illness Accelerated Rider <input type="checkbox"/> OR Group Extended Critical Illness Rider <input type="checkbox"/> OR Group Accident and Sickness Total Permanent Disability Rider <input type="checkbox"/>			

a.3.) Total Number of members: (in case of Employer–Employee Scheme)

Category (workers, office staff, Managers etc)	Type i.e. Skilled, Semi skilled, manual etc(in case of workers)	Number of members	Life cover Total Sum assured	Rider 1 cover Total sum assured (if applicable)	Rider 2 cover Total sum assured (if applicable)	Rider 3 cover Total sum assured (if applicable)
TOTAL						

b. Does the company /group have existing life policy with some other Insurer? YES / NO

If yes, Please provide insurer details: _____

c. Whether proposed scheme is profit -sharing? YES / NO

d. Is the proposed scheme contributory in nature (i.e. members to pay premium in full or part)? YES / NO

e.

Minimum age of entry into the scheme:	Maximum age of entry into the scheme:
Retirement age:	Retirement age (If different for Riders):

FOR EMPLOYER-EMPLOYEE SCHEMES ONLY

g. Are all members 'actively at work' (see 1 below) on the date of this proposal? (Select one) YES / NO
(If No, please provide details of members along with the reason for his /her absence from work .)


h. Do all members satisfy the 'eligibility criteria' (see 2 below) on the date of this proposal? (Select one) YES / NO
(If No, please provide details of the members who do not)

i. Does the company have any employer liability policy with any general insurer? If yes, please provide details: _____

j Please Provide definition of target group for the Coverage under the Scheme: _____

k .Type of coverage (Select one)

Compulsory / Voluntary

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If voluntary, then what is the participation rate & criteria for inclusion? :

l. Does the group comprise of any foreign national? If yes, Please provide their nationality & their current place of posting:

m. Are any Indian nationals posted abroad? If yes, Please provide their number and place of posting:_____

n. Mortality experience details for last 5 years:

Year	No. of lives in the scheme	No. of deaths	Cause of Death	Total Claim Amount
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

Complete list of the members / persons insured is attached with the proposal form. In view of the large size of the group. Where this is not feasible, list maintained in the books of group policyholder/ organizer as being the list of persons insured/ members.

3. Payment details:

Mode of

Payment: (Select ✓one) Annual mode / Half-Yearly mode / Quarterly mode / Monthly mode

Payment Details to be drawn in favour of “Future Generali India Life Insurance Company Limited”

Payment Instrument: Cheque / Demand Draft / Others

Bank Cheque / Draft drawn on	Instrument dated	Paid Amount (in Rs.)	Cheque / DD Number

DECLARATION OF THE PROPOSED POLICYHOLDER:

I/ We, on behalf of the <Company/ Organization name _____> hereby declare that the sales literature containing essential information in relation to the product being purchased have been provided and that the contents therein have been fully explained to me /us and I/ We have fully understood the significance of the Proposed Contract.

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/We are duly authorised to make this Proposal, furnish any particulars and carry out all matters in connection with or incidental to the proposed Group Insurance scheme with 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 our favour.

I / We on behalf of the <Company/ 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 FUTURE GENERALI INDIA LIFE INSURANCE COMPANY LIMITED (the “Company”) in underwriting the risk under the Proposal.

I / We understand and agree that the terms of agreement as **set out in the quotation number** recorded in this proposal form and 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 employee / member and any other written statements made by us or on our behalf and any proposals / questionnaires submitted by the eligible employees/ members for the purpose of the proposed insurances shall be the basis of the contract between us and the “Company” and in case of any incorrect reply or wrong statement, the contract in pursuance of this proposal shall be null and void and the Company shall be entitled to forfeit all premiums paid under the Policy.



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It is understood that only full-time permanent employees shall be eligible and no employee shall become insured while currently absent from active work. I/We undertake to notify the company of any change in the state of health, resident status or as to the occupation of the lives to be assured subsequent to the signing of this proposal and before the acceptance of the risk by the company.

It is understood that insurance cover beyond agreed value of guaranteed issue 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, which shall form basis of cover provided to the individual members.

I understand that the insurance 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 guaranteed issue limits will commence only after it is exclusively accepted, premium paid and decision of acceptance communicated to me.

I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that 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/We am /are authorized to propose on behalf of these other persons.

I/we understand that the information provided by me/us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/ we further declare that I /we will notify in writing any change occurring in the occupation or general health of the life to be insured after the proposal has been submitted but before communication of the risk acceptance by the company.

I/we declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured or any past or present employer concerning anything which affects the physical or mental health of the life to be assured and seeking information from any insurance company to which an application for insurance on the life to be assured has been made for the purpose of underwriting the proposal and /or claim settlement.

I/we authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and /or Regulatory Authority.

Authorized Signatory's Name			
Position / Designation		Place	Date
Signature & Company Stamp			
Name, Address & Signature of Witness			

Declaration to be given if the proposed policyholder has signed in vernacular or if he is illiterate

I have explained the contents of this proposal to the proposed policyholder and ensured that the contents have been fully understood by him/her. I have accurately recorded the proposed policyholder's responses to the information sought in the proposal form and I have read out the responses to him /her and he / she has confirmed that they are correct.

Signature of the person making the declaration

Signature / Thumb Impression
of the Proposed Policyholder

Name of the Declarant

Address :

Place: _____

Date: _____

1>ACTIVELY AT WORK

Only full-time and permanent employees who are 'actively at work' will be considered eligible for joining the scheme. An employee is considered 'actively at work' if on the date of joining the scheme, he/she is performing in the usual way, regular duties of his / her work and is not working contrary to medical advice received. However, absentees from work for reasons other than sickness, injury, disability, medical / maternity leave will be considered 'actively at work'.



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2-> ELIGIBILITY CRITERIA

The employee to be eligible should not have remained absent or availed of leave of absence on grounds of health for a continuous period of 15 days or more in the 6 months preceding his admission into the scheme. This clause may be waived in case of schemes transferred from other insurance companies

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 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.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees."

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 statement made in the proposal 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 statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder 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."

