

Annexure I

Company Resolution for Employer-Employee Scheme

“Resolved that we, on behalf of M/s. _____ (Company Name), have opted for Insurance cover under Employer-Employee Scheme (type of scheme) from Future Generali India Life Insurance Company Ltd. and will be paying the premium on behalf of the employees mentioned below.”

Sr.No	Name of the Employee to be covered	Date of Birth	Product Name with face amount	Riders opted with face amount	Term of the policy

Resolved further that,

Mr./Ms. _____

Designation _____

is the authorized signatory and is authorized to sign all the documents in this regard on behalf of the Company.”

Name of the Authorized Signatory: _____

Signature: _____

Name of Proprietor /Director: _____

Signature: _____

Seal of the Company: _____

Annexure II

Employer Employee

1. Name & Address of the Employer/Company

2. Nature of Business of the Company _____

3. Business inception date _____

4. Number of permanent employees working in the Company _____

5. a) Name of the Employee to be insured _____

b) Age and Date of Birth _____

6. Occupation /Designation of Employee _____

7. Is the Employee or any member of his family a shareholder in the Company? Yes /No _____

8. If the Employee is a shareholder what is the share holding pattern?

	No. of shares held	% to the total shares issued		No. of shares held	% to the total shares issued
Employee			Sister		
Spouse			Parents		
Children			Son-in-law		
Brother			Daughter-in-law		
			Total		

9. Does the Employee already hold any policies under Employer-Employee Insurance? If so ,give details

Insurance Company	Sum Assured

10. Has the Company simultaneously proposed on the life of the employee with other Insurers? If so , give details

Signature /Seal of the authorized Signatory:

Date: