



Product Code **1W**

**Application No**

Product Name : SBI Life - Smart Humsafar

Plan Option: Not Applicable

**ADDENDUM TO COMMON PROPOSAL FORM  
SBI LIFE INSURANCE COMPANY LTD.**

Registered & Corporate Office: Natraj, M. V. Road, & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. IRDAI Regn No. 111  
Toll Free: 1800 22 9090 (Between 9:00 AM & 9:00 PM) | Email: info@sbilife.co.in | Website: www.sbilife.co.in | CIN: L99999MH2000PLC129113

**1. ARE YOU AN EXISTING SBI LIFE CUSTOMER?**  Yes  No

If Yes, provide Customer ID/ Policy No.:

**2. DETAILS OF SPOUSE LIFE TO BE ASSURED**  Mr  Mrs

First Name :

Middle Name :

Last Name :

Father's Name :

Mother's Name :

Spouse's Name :

Maiden Name : (for female life assured only):

Date of Birth :  (DD/MM/YYYY) Gender :  Male  Female Nationality :

Age Proof :  Driving Licence  School/College Cert  PAN Card  Passport  Birth Cert  Aadhar  
 Others (Pls. Specify) \_\_\_\_\_

Identity Proof :  Voters I.D. Card I.D. Card issued by  Central/State Govt Depts/PSUs  Scheduled Commercial Banks/ Public Financial Institutions  
 PAN Card  Driving Licence  Aadhar  Passport  Others (Pls. Specify) \_\_\_\_\_

Qualifications :  Illiterate  SSC  HSSC  Under Graduate  Graduate  Post Graduate  
 CA / MBA / Medicine / Engineer (tick which ever is applicable)  Others (Pls. Specify) \_\_\_\_\_

Occupation :  Business  Service  Professional  Self Employed  Retired  Housewife  
 Student  Agriculturalist  Construction Labour  Farm Labour  Others (Pls. Specify) \_\_\_\_\_

Are you exposed to any special hazard associated with your occupation (e.g. chemical factory, mines, explosives, corrosives, combative duties, oil exploration, high sea voyage etc.) which may render you susceptible to injuries or illnesses?  Yes  No  
If Yes, please give details, \_\_\_\_\_

Are you a "Politically Exposed Person" (PEP) or a close relative of PEP  Yes  No

PEPs are individuals who are or have been entrusted with prominent public functions, i.e. heads / ministers of central / state govt., senior politicians, senior govt, judicial or military officials, senior executives of govt. companies, important political party officials, immediate family member of above persons (would include spouse, parents, siblings, children, spouses parents or siblings and close associates of PEPs.)

Do you have any history of conviction under any criminal proceedings in India or abroad.  Yes  No  
If Yes, please give details, \_\_\_\_\_

Annual Income : ₹  Source of Income: \_\_\_\_\_ PAN \*:

Aadhar No. :

Income Proof :  I. T. Return/ Assessment Order/ Employers Cert  Others (Pls. Specify) \_\_\_\_\_

\*Please submit self attested copy of PAN Card or PAN Exemption Form if Annualised Premium under this proposal is above ₹ 50,000  
If total premium paid by you is ₹ 1 lakh and above please submit documents to show the fund source.

**3. RIDER DETAILS**

SBI Life – Accidental Benefit Rider  Yes  No Rider Sum Assured (Rs) \_\_\_\_\_

**4. DO YOU HAVE ANY OTHER INDIVIDUAL LIFE INSURANCE POLICY OR HAVE YOU APPLIED FOR ONE?**  Yes  No (If Yes, please provide details below)

Name of Insurance Co.	Policy / Proposal No.	Year of Issue	Product/Plan/Rider / Option	Medical (Y/N)	Yearly Premium (₹)	Sum Assured (₹)	Self/Spouse/Parent (Pls. specify)	Policy Status
								<input type="checkbox"/> Decline <input type="checkbox"/> Postpone <input type="checkbox"/> Rated Up <input type="checkbox"/> Reject <input type="checkbox"/> Inforce <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied <input type="checkbox"/> Surrendered
								<input type="checkbox"/> Decline <input type="checkbox"/> Postpone <input type="checkbox"/> Rated Up <input type="checkbox"/> Reject <input type="checkbox"/> Inforce <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied <input type="checkbox"/> Surrendered

Additional sheets with relevant details may be added if space is insufficient

**5. FAMILY HISTORY OF THE LIFE TO BE ASSURED:**

Number of dependents

Relation	Alive/ Not Alive	Present Age / Age at Death	Have any of your parents, brothers or sisters died or suffered from any of the diseases / disorders specified below?***	
			Nature of Disorder***	Particulars, including date of diagnosis. If not alive, specify cause of death.
Father				
Mother				
Brother(s)				
Sister(s)				
No. of Children Sons ( ) Daughters ( )				

\*\*\* Heart disease, Hypertension, High Blood Pressure, Diabetes, Stroke, Cancer, Kidney disease, any Hereditary disease, if any other disease, pls. specify.

**6. Is deposit for premium under this proposal paid by you**  Yes  No (if answer is no, please provide required information under point 10 of this form)

**7. MEDICAL AND OTHER DETAILS OF THE LIFE TO BE ASSURED:**

- i. Height  (In cms)      Weight  (In kgs)
- ii. Visible identification marks, if any: \_\_\_\_\_
- iii. During the last one year, has there been any increase / decrease in your weight over 5 kg? Tick  
 Y  N
- iv. During the last 10 years, have you undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment?  Y  N
- v. During the last 5 years, whether you were under any medical treatment or regular monitoring for more than 14 consecutive days?  Y  N
- vi. During the last 5 years, have you remained absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition or sickness for 30 consecutive days or more?  Y  N
- vii. Do you plan or have been advised to undergo any surgery or hospitalization or visit to a doctor or practitioner for any physical, mental or emotional condition, injury or sickness in near future?  Y  N
- viii. Do you have any physical deformity or congenital/acquired defect?  Y  N
- ix. Have you undergone any test for HIV?  
If YES, was HIV present?  Y  N  Y  N
- x. Have you undergone any test for Hepatitis A/B/C?  
If YES, was Hepatitis A/B/C present?  Y  N  Y  N
- xi. Have you met with any accident or suffered from any physical impairment /head injuries/ loss of consciousness due to any accident?  Y  N
- xii. Have you ever been tested or treated or have been advised to undergo investigation for a sexually transmitted disease?  Y  N
- xiii. Do you have High Blood Pressure or have you ever suffered or treated or have you been advised to undergo investigation for High Blood Pressure?  Y  N
- xiv. Do you have Diabetes or have ever suffered or treated or have you been advised to undergo investigation for Diabetes?  Y  N
- xv. Are you suffering from, or did you suffer or undergo investigation in the past from or have you been advised to undergo investigation or treatment for:  
If answers to any of the above Questions is Yes, please give details below:  Y  N

a. Cancer/ Leukemia/ Lymphoma	<input type="checkbox"/> Y <input type="checkbox"/> N	h. Bone/ Joint/ Back Disease/ Arthritis, etc	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Kidney Disease (Stones, Blood in urine, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N	i. Mental Disorders (Depression, Anxiety, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Liver Disease (Jaundice/ Hepatitis, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N	j. Chronic Infections /Circulatory/Blood Disorder	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Heart Disease (Chest pain, Vascular disease, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N	k. Brain/ Nervous System Disease/ Stroke	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Digestive Disorder (Ulcer, Gastric bleeding, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N	l. Tumor/ Cysts/ Any other unusual growth/ Lumps	<input type="checkbox"/> Y <input type="checkbox"/> N
f. Lung/ Respiratory Disease (TB, Asthma, Pneumonia, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N	m. Eye Disease/ Ear Disorders	<input type="checkbox"/> Y <input type="checkbox"/> N
g. Goitre/ Thyroid/ Other Endocrine Diseases	<input type="checkbox"/> Y <input type="checkbox"/> N	n. Skin Disorders (Psoriasis, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N

Nature of Disease/Illness	Date of Diagnosis	Fully Recovered(Y/N)	Still on Treatment(Y/N). If Yes, Give Details of Treatment	Name and Address of Doctor/Hospital

Please submit attending doctor's reports, or hospital reports along with the discharge summary, as applicable

- xvi. Do you consume or have ever consumed Narcotic substances or addictive drugs in any form?  Y  N  
Name of Drug: \_\_\_\_\_ Since When: \_\_\_\_\_

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- xvii. Do you consume or have ever consumed Tobacco in any form (Cigarettes / Beedis / Gutka / Cigar, etc)?  Y  N  
 If Yes, please state No. of Cigarette/Beedis/Cigars: \_\_\_\_\_ per day Tobacco/Gutka: \_\_\_\_\_ gms per day  
 For how many years? \_\_\_\_\_
- xviii. Do you consume or have ever consumed Alcohol in any form or have you suffered from complications due to alcohol consumption?  Y  N  
 \_\_\_\_\_ ml per day Since When: \_\_\_\_\_

### 8. FOR FEMALE LIVES ONLY:

- i. Are you presently pregnant? Date of last delivery:         (DD/MM/YYYY)  Y  N
- ii. Have you ever had any abortion or miscarriage or undergone any caesarian operation(s)?  Y  N  
 (if so, enclose discharge summary and the gynaecological report)  
 Number of occasions: \_\_\_\_\_ Date and Cause: \_\_\_\_\_
- iii. Have you ever suffered / are you suffering from / undergone any investigation/received any medical advice / consulted a physician for any gynaecological problem related to uterus, cervix, ovary, breasts, etc or undergone surgical procedure like hysterectomy etc?  Y  N  
 If Yes, give details: \_\_\_\_\_
- iv. Have you undergone a Family Planning Operation?  Y  N
- v. Husband's Annual Income: ₹
- vi. Husband's Insurance Details:

Name of Insurance Co.	Policy No.	Yearly Premium (₹)	Sum Assured (₹)

### 9. DETAILS OF HOBBIES AND PASTIMES:

- Do you take part in any adventurous hobbies/activities that could be dangerous in any way, such as aviation (other than as a fare paying passenger), mountaineering, diving or any form of racing, etc.?  Y  N
- If yes, give details: \_\_\_\_\_

### 10. DECLARATION BY THE PROPOSER/ HUF KARTA/ LIFE TO BE ASSURED:

I hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true, accurate and complete in every manner and that

I have not withheld or omitted to give any information. Further, I have not provided any false information in reply to any question. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and SBI Life Insurance Co.Ltd. (Company) and that if there is any mis-statement or suppression of material information or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as per the provisions of section 45 of the Insurance Act 1938, as amended from time to time.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like Service Tax , Surcharges, Cess, etc. from the premium which are necessitated by various enactments of Central and/or State Legislatures , from time to time.

I undertake to undergo all medical tests as may be required by the Company for the grant of insurance

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Company.

I further agree that if after the date of submission of this proposal but before the acceptance of risk or issue of the policy document by the Company (i) if there are any adverse circumstances connected with the general health of myself, or (ii) if a proposal for assurance on my life made to any other insurance company has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, or, (iii) if there is any change in my occupation, I shall forthwith intimate the same to SBI Life Insurance Co. Ltd. in writing to reconsider the terms of acceptance of this proposal.

Any omission on my part to do so shall render the contract of assurance invalid. In the event that this proposal is not converted in to a policy, I agree that the Company has the right to recover from me, any medical expenses incurred by the Company. I understand and agree that SBI Life will not be responsible for any delay in premium payment irrespective of any mode for remittance opted.

I understand that the contract will be governed by the provisions of the Indian Insurance Act 1938, as amended from time to time and other applicable Statutes and prevailing laws in India and that the risk cover will not commence until a written acceptance of this proposal is issued by the Company and that the risk cover and other benefits under the policy shall be subject to the terms and conditions contained in the contract of assurance. I also agree that the amount held in proposal/policy deposit shall not earn any interest. I further state that the product features and the terms and conditions of the policy have been thoroughly explained to me and that I consent to the same.

"I further request SBI LIFE to send me any information relating to my proposals/ policies through SMS/ Email /Phone/ Letter and I hereby give my consent to receive such information through SMS/ Email/ Phone/ Letter, notwithstanding any Regulations/ Statutory provisions to the contrary. This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR)."

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"I hereby understand and agree that no physical policy document will be issued to me if I have requested for issuing insurance policy in electronic format to my eInsurance Account. I also agree to receive all policy related communications through electronic means i.e.email, sms, calls etc."

Please Note \_\_\_\_\_ **Product Name** \_\_\_\_\_ is a Regular Premium Policy and I am aware that I would need to pay premium for \_\_\_\_\_ years (Premium Payment Term)

(Please sign in black Ink only)  
Signature/ Left Hand Thumb Impression

Signature/Left Thumb impression of the Proposer/Life to be Assured In case Proposer and Life to be Assured are one and the same person

Signature of the Witness : \_\_\_\_\_

Name and Address of Witness : \_\_\_\_\_

Place: \_\_\_\_\_ Date:  (DD/MM/YYYY)

(Please sign in black Ink only)  
Signature/ Left Hand Thumb Impression

Signature/Left Thumb impression of the Proposer/Life to be Assured In case Proposer and Life to be Assured are one and the same person

Affix a recent self signed photograph of Spouse Life Assured.

## 11. DECLARATION TO BE GIVEN IF PERSON / ORGANISATION PAYING THE PREMIUM IS DIFFERENT FROM THE PROPOSER:

Please submit KYC documents of the person/organization paying the premium

Date:  (DDMMYYYY)

I Mr/Mrs/Ms \_\_\_\_\_ husband/wife/father/mother/partner/ employer of \_\_\_\_\_ Name of Proposer/Life to be assured

have given the cheque/DD towards the consideration amount under this policy and have also submitted the income proof.

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

(Please sign in black Ink only)  
Signature/ Left Hand Thumb Impression

Signature/ Left Hand Thumb impression of the Person/ Organisation Paying the Premium

## 12. DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE:

I hereby declare that I have read out and explained the contents of this proposal form and all other documents incidental to availing the insurance policy from SBI Life Insurance Company Ltd. to the Proposer and that he/she said that he/she has understood the same and that he/she agrees to abide by all the terms and conditions of the same.

I hereby declare that I have fully explained to the Proposer the answers to the questions that form the basis of the contract of insurance and that if any untrue statement is contained herein, the company shall have the right to vary the benefits that may be payable, and further, if there has been non-disclosure of a material fact that the policy may be treated as void and all the premiums paid under the policy may be forfeited by the company.

I hereby declare that I have explained the contents of this form to the Proposer in \_\_\_\_\_ Language, that I have truly and correctly recorded the answers given by the Proposer and that the Proposer has affixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof.

Signature of the Person making the Declaration: \_\_\_\_\_

Name and Address: \_\_\_\_\_

Place: \_\_\_\_\_ Date:  (DD/MM/YYYY)

I hereby state that the contents of the form and documents have been fully explained to me in the language I understand and that I have fully understood the significance of the proposed contract.

Signature/Left thumb impression of the proposer

### Section 41 of the 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 prospectus 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.

### Extract of Section 45, as amended from time to time

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. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or 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. 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. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement 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 or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid. 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. For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

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## CONFIDENTIAL REPORT OF SALES REPRESENTATIVE

(To be completed by the Sales Representative after receiving the completed Proposal Form)

Proposal No.		Name of the Life to be Assured	
Bank Name (For CIF Only)	Branch Name Address (For CIF Only)	Address	Tel. No./ Fax No.
Bank Code (For CIF Only)	Branch Code (For CIF Only)		
Name of the Sales Representative		Sales Representative Code No.	
1. Have you fully explained the terms and conditions of the Proposed Insurance plan to the Proposer ?		<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Have you discussed the replies to all questions in the proposal form with the Proposer ?		<input type="checkbox"/> Y	<input type="checkbox"/> N
3. How long has the Proposer been a customer of the branch or known to you ?		Years	<input type="text"/> <input type="text"/>
4. Financial status of the Proposer: a. Gross Annual Income    b. Source of Income		₹	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(Salary/ Business/ Other Sources please specify) _____			
c. Are you personally satisfied with the financial standing of the Proposer ?		<input type="checkbox"/> Y	<input type="checkbox"/> N
5. a. What is the general state of health of the Life to be Assured ? _____			
b. Does he/ she have any physical deformity or mental retardation ?		<input type="checkbox"/> Y	<input type="checkbox"/> N
c. Has he/ she undergone hospitalization or any surgery: If yes, give full particulars _____		<input type="checkbox"/> Y	<input type="checkbox"/> N
6. Are you aware of any other factors not indicated in the proposal form that are likely to add to the risk ? If yes, give full particulars _____		<input type="checkbox"/> Y	<input type="checkbox"/> N
7. Does the Proposer seem to be overweight/ underweight in relation to his/her height ?		<input type="checkbox"/> Y	<input type="checkbox"/> N
8. Identification Mark: _____			
9. Have you verified the authenticity and correctness of name and address mentioned in all the documents and as stated in the proposal form ?		<input type="checkbox"/> Y	<input type="checkbox"/> N
10. Whether the Proposer/ Life to be Assured is an NRI/PIO?		<input type="checkbox"/> Y	<input type="checkbox"/> N
11. Whether the Proposer/ Life to be Assured is a Politically Exposed Person (PEP) or family member/ close relative of any PEP? If yes/ give details: _____		<input type="checkbox"/> Y	<input type="checkbox"/> N

I do hereby confirm that the above proposal is canvassed by me and that I am satisfied with the identity of the party. I also declare that the foregoing statements are true and correct to the best of my belief and knowledge. I hereby confirm that I have followed and completed all the Know Your Customer (KYC) norms as prescribed in the Anti Money Laundering Policy of SBI Life and in the IRDAI Anti Money Laundering Guidelines. I also certify that I have taken all possible precautions to ensure compliance with the Anti Money Laundering Guidelines and the Anti Money Laundering Policy of the Company and have verified to the best of my knowledge that the prospect is not an anonymous, fictitious and / or a benami person. Further, I certify that I have not accepted any premium or deposit towards procuring insurance in cash.

Date:         (DD/MM/YYYY)

(Please sign in black ink only)

Signature of Sales Representative

### Moral Hazard Report

(To be completed, based on the independent assessment, for Proposals with Sum Assured 5 lacs and above.)

- I have discussed the Proposal with the Sales Representative.
- I have scrutinized the Proposal Form, the Sales Representative Report and on the basis of my independent enquiries, I recommend the Proposal for acceptance.

Name of the UM/BDM/Supervisory Sales Representative: \_\_\_\_\_

Date:         (DD/MM/YYYY)

(Please sign in black ink only)

Signature of the UM/BDM/Supervisory Sales Representative

### CHECK LIST

Dear Customer,

Please go through the following check list to ensure that the proposal form is appropriately and completely filled in. This will help in speedy processing of your proposal for insurance policy. Also ensure that any corrections/erasures/overwriting are countersigned.

Please tick a box  against the proof attached/details provided

- |   |                          |
|---|--------------------------|
| 1. The Age proof attached to proposal form is self attested.  | <input type="checkbox"/> |
| 2. The identity proof attached to proposal form is self attested.   | <input type="checkbox"/> |
| 3. The address proof attached to proposal form is self attested.  | <input type="checkbox"/> |
| 4. A self attested copy of PAN Card / PAN Exemption Form is submitted if annualized premium under the proposed policy is above ₹ 50000. | <input type="checkbox"/> |
| 5. Complete details of the Nominee are provided in the proposal form.   | <input type="checkbox"/> |
| 6. Complete Appointee details are provided in case the nominee is minor.  | <input type="checkbox"/> |
| 7. Your Bank Account details along with a cancelled cheque are given in the Bank Account details section of the proposal form.          | <input type="checkbox"/> |
| 8. Your telephone or mobile number is given in the proposal form.   | <input type="checkbox"/> |
| 9. Your Photograph is affixed at the appropriate place and signed across.   | <input type="checkbox"/> |
| 10. Necessary Questionnaires/Addendums are enclosed in case of NRI or HUF proposals.  | <input type="checkbox"/> |

Also note that you may be required to undergo medical examination, if required, as per the underwriting guidelines of the company. The details of medical tests to be conducted, if required, shall be communicated to you by SBI Life Branch.

The insurance cover shall commence only after the risk assessment and acceptance by the company and realization of the instrument(s).