

3. SPOUSE DETAILS (IF OPTED FOR)

Name of Spouse

Date of Birth Membership ID / Membership Form No.

4. PLAN DETAILS

	Sum Assured* (₹)	Basic Premium (₹)	Premium Payment frequency	Applicable Taxes (₹)	Gross Premium (inclusive of Applicable Tax) (₹)
Primary Member					
Spouse					

For SBI Life -Group Micro Shield – Sum Assured is available from ₹ 1,000 to ₹ 2,00,000/-

*Aggregate Sum Assured for all SBI Life Group Micro Insurance products will be capped to ₹ 2,00,000 per Group Member.

5. LOAN DETAILS

Basic Sum Assured is at least equal to the outstanding loan amount at the inception of policy and would remain the same throughout the policy term

Loan Account No. Loan Amount (₹)

Loan Category Loan Term Month

6. NOMINEE

Full Name	Relationship with the Life to be Assured	Age as on Last Birthday (years)	Percentage Share (%)

7. APPOINTEE DETAILS

(Applicable when Nominee is Minor)

Full Name	Relationship with the Life to be Assured	Age as on Last Birthday (years)

8. MEMBER'S CONSENT AND GOOD HEALTH DECLARATION

- I would like to become a member of **SBI Life – Group Micro Shield**, as opted herein, offered by SBI Life Insurance Company Ltd. ("SBI Life" or "the company") and I have fully understood and agreeable to all the terms and conditions of this scheme.
- I agree that insurance cover which may be granted to me in pursuance of this application shall remain in force only if all premiums, together with applicable taxes, are paid within due date or within grace period, if applicable.
- I agree that the Master policyholder shall act as the Group Administrator.
- I undertake to furnish any other personal details that the Proposer/Master Policyholder/SBI Life may require with regard to my life Insurance cover under the Group Life Insurance Plan and authorize the Proposer /Master policyholder to communicate any change in regards to my life insurance cover.
- I understand that the grant of the loan (if applicable) will be assessed independently of Life Insurance cover.
- I hereby understand and agree that no life insurance Cover will commence until the risk is accepted and requisite premium has been remitted to SBI Life /Master Policyholder and SBI Life conveys its written acceptance of this application for Life Insurance Cover. I further understand & agree that Life Insurance Cover provided to me shall be governed by the Master Policy contract issued in favor of the master policy holders.
- 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, they shall at any time be at liberty to divulge any such Knowledge or information to the company.

I hereby agree that this form including the details of loan and cover and option chosen by me as above, are correct and complete and the same shall form the basis of my admission into the master policy. I also understand that once the cover is accepted any alteration in this information shall not be permissible.

- I hereby authorize SBI Life to pay directly to the Master Policy holder such portion of the claim proceeds payable equal to the outstanding Loan Balance amount owed by me to the Master Policy holder on the date of occurrence of the insured event. The Balance claim amount, if any shall be payable to my nominee/beneficiary (as applicable).

Note: (1)Any payment against this cover shall be made only if the claim is found admissible by SBI Life. (2) In case there is no outstanding loan balance owed to the Master Policyholders, this authorization shall be deemed to be lapsed, ineffective, unenforceable and invalid from the date of settlement of my outstanding dues to Master Policyholders.

Premium Debit Declaration

- I, the undersigned, hereby give my unconditional consent to debit premiums for the resulting insurance cover through designated Bank Account** mentioned in this membership form.
- I hereby authorize the Master Policyholder / SBI Life Insurance Co. Ltd. to debit my Bank Account directly for collection of premium towards my above mentioned SBI Life Policy / application.
- I also declare that the particulars given above are correct and complete.
- I understand and accept that the debit will be effected as per the direct debit cycle of SBI Life. If the transaction is delayed or not effected at all for incomplete or incorrect information or for any other reason I shall not hold SBI Life Insurance Co. Ltd responsible. Further I agree to discharge the responsibility expected of me as a group member of this master policy with SBI Life and designated bank account mentioned in this Membership Form.

- (v) I understand that it is the responsibility of the applicant to ensure that there are sufficient clear funds in the designated bank account for effecting the transaction. In case of the rejection of the transaction by applicant’s bank or the closing/shifting of the accounts, or failure to debit account for whatever reasons premium amount shall be paid through normal payment modes together with interest and other late payment levies as applicable. If the due premium is not paid within Grace Period for any reason, whatsoever, the cover shall lapse.
- (vi) I also understand and agree that the company shall additionally levy or recover all the applicable taxes like GST, Cess, etc. from the premium which are necessitated by various enactments of Central and/or State Legislatures from time to time. If I wish to revoke the above authorization, I undertake to serve SBI Life Insurance Co. Ltd. an advance notice of 15 days in writing.

**** where the member is not the Bank Account Holder, the authorized signatory needs to sign the form in the space provided below.**

Good Health Declaration

1. **I declare that** I am presently in sound mental and physical health.
2. **I also declare that** I do not suffer from any physical defect/deformity, and perform my routine activities independently.
3. I have never suffered from nor am I currently suffering from diabetes, hypertension (high blood-pressure), epilepsy, or tuberculosis or any chronic disease or genetic disorders. I have not been tested positive for Hepatitis B, Hepatitis C, or HIV and have not been treated or hospitalized in connection with alcohol, narcotic drugs or tobacco consumption. During the last 3 years, I have not been hospitalized for any ailment or diseases.
4. I also declare that I have not taken any treatment nor am I currently receiving any treatment nor have I been advised to undergo medical tests or follow any prescribed line of treatment, for critical illness# in the past or in the present.

#A Critical Illness is defined as any one of the following: 1-have suffered or be suffering from cancer, 2- be advised or be taking treatment for any heart disease, 3-have undergone any major surgery requiring full anesthesia during the last 12 months. 4. have undergone major organ transplantation, 5-have been advised medically to undergo chest/heart surgery or surgery requiring full anesthesia within the following six months from the date of declaration, 6-have kidney and/or liver failure, 7-have suffered or be suffering from stroke, paralysis, or any mental illness,8-have suffered or be suffering from any chronic, irreversible disease of the lungs or brain or liver, 9.-have suffered or be suffering from AIDS or venereal diseases.

5. For females only,. At present, I am not pregnant.
6. **I hereby understand and agree** that no insurance cover will commence until the risk is accepted and requisite premium has been remitted to SBI Life and SBI Life conveys its written acceptance of this application for insurance cover. I further understand and agree that insurance cover provided to me shall be governed by the Master Policy Contract issued in favor of the Group Master Policyholder.
7. 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 or any other person or persons having interest of any kind whatsoever in the insurance cover provided 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.
8. **I hereby understand and agree** that the total benefits payable under this product shall not exceed the maximum applicable for this product irrespective of the number of Memberships forms signed. **I hereby declare and agree** that the foregoing declaration has been given after fully understanding the same and is true and complete to the best of my knowledge and that I have not withheld any information that may influence my admission into the Group Insurance Scheme of SBI Life Insurance Co. Ltd. I hereby agree that this form including the declaration shall form the basis of my admission into the Group Insurance Scheme and if any untrue statement be contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Scheme. I also agree that the Company shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for assurance or withheld or concealed in the above statements. **I/We understand and agree in case of non-disclosure of a material fact, 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**

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

Signature/ Left Hand Thumb Impression of Member

(Please sign in black Ink only Signature)

Name and Signature of the Authorised Signatory
of the Bank Account to be debited

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

Signature Of Spouse(If Opted)

Date:

Witness Name & Address : _____

Place: _____

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

Date:

Signature Of Witness

9. ANY OTHER MATERIAL FACTS PERTAINING TO HEALTH OR OTHERWISE

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

Date:

Signature/ Thumb impression of Member

**10. ADDITIONAL DECLARATION WHEN THE MEMBERSHIP FORM IS FILLED BY A PERSON OTHER THAN THE GROUP MEMBER/
GROUP MEMBER SIGNS IN A VERNACULAR LANGUAGE/ GROUP MEMBER IS ILLITERATE**

I hereby declare that I have read out and explained the contents of membership form and all other documents incidental to availing the SBI Life - Group Micro Shield from SBI Life Insurance Company Ltd. to the Group Member and that he/ she declared that he/ she had understood the same completely.

I hereby declare that I have fully explained to the Group Member the answers to the questions that form the basis for the Group Insurance cover and I also explained to the Group Member 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 and the Group Member has completely understood the importance of giving complete and accurate information to every question in the membership form and the importance of each declaration in the membership form.

I hereby declare that I have explained the contents of this form to the Group Member in _____ Language.

I also declare that I have truly and correctly recorded the answers given by the Group Member and that the Member has affixed his/ her signature/ thumb impression on the membership form in my presence, after fully understanding the contents thereof.

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

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

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

Signature of the person making the Declaration

Signature of Witness

Signature/ Thumb impression of Member

Name & Address of the person making the declaration

Date:

Place: _____

Prohibition of Rebates: Section 41 of the Insurance Act, 1938, as amended from time to time, states:

a) 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.

b) 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.

Non Disclosure: Extract of Section 45 of Insurance Act, 1938; as amended from time to time, states:

a) No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of 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 legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based.

b) 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 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.

c) 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.

d) 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.

I hereby agree that this form including this declaration for the basis for the issuance of the proposed insurance plan; all information has been provided with full understanding and knowledge and the information is complete and true to the best of my knowledge.

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

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

Signature/Left Thump Impression of the witness.

Signature/Left hand Thump Impression of Member

Name: _____

Address: _____

Date:

Place: _____