

Registered & Corporate Office: Natraj, M.V. Road, & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. IRDAI Registration No 111  
Toll Free: 1800 267 9090 (between 9:00AM & 9:00 PM) | Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113

**This form will be customized as per Group scheme requirements.  
SBI Life - Group Micro Shield -SP**

**Group, non-linked, non-participating, pure risk premium micro life insurance Product  
Membership Form**

**INSTRUCTIONS FOR COMPLETING THE FORM**

1. This form is to be filled by the life to be insured himself/herself/Proposer in BLOCK LETTERS in black or blue ink. Strokes of the pen, dots and dashes will not be accepted as responses.
2. Please fill all sections of this form. If any part of the form is left blank, the same may subsequently be treated as a non-disclosure.
3. Any cancellation or alteration must be counter signed by the life to be insured/ Proposer.
4. Insurance is a contract of utmost good faith which requires the Master policy holder and the Group Member (life to be insured/ Proposer) to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed.
5. As the statements in this form constitute warranties, complete and accurate information must be given.
6. Nomination is compulsory. Please provide necessary details in the form.
7. The Life to be insured/ Proposer must read this document carefully and sign only after having fully understood its contents and their significance. In case any life to be insured/ Proposer cannot read English, he/she must seek assistance to get the same translated. In case this form contains the signature of the Life to be Insured/ Proposer in Vernacular language or Thumb Impression of the Life to be Insured, the "Additional Declaration" of this form must be duly completed, in order for this form to be valid. If this is not done, no cover can be provided by the Company, even if any money (ies) has been paid towards procuring such insurance.

**1. GROUP DETAILS (To be filled by the Group Administrator/ Master Policy Holder)**

Master Policy Holder Name

Master Policy Number  SHG/ NGO Name/ Institution Name

Code 1

Code 2  Code 3  Code 4

**2. GROUP MEMBER (Primary Member/ Life to be Insured) DETAILS**

Member ID   Mr.  Ms.  Mrs.

First Name

Last Name

Date of Birth  Gender:  Male  Female  Third Gender Occupation

Father's Name

Age Proof of Life to be Insured  Birth Certificate  School/College Certificate  PAN Card  Passport  Driving License  Others (If applicable) \_\_\_\_\_

PAN Card\*   I do not have a PAN Card and have submitted Form 60.

\*Please provide PAN Number or submit Form 60, if the annualized premium under this Proposal exceeds ₹ 50,000.

Mailing Address

City

State  Pin Code

Contact No.  Date of Joining Service/Group

**3. PROPOSER DETAILS (IN CASE OF MINOR LIVES)**

Proposer Name

Proposer Date of Birth  Relationship of Proposer with Member

**4. BANK ACCOUNT DETAILS OF THE PRIMARY MEMBER**

Account Number<sup>§</sup>  Account Type  Savings  Current

Bank Name  Branch Code

Branch Name  MICR Code

Name of Account Holder  IFS Code

<sup>§</sup>Valid Resident Indian Account

Please submit any one of the below listed documents for direct credit of any refunds / payouts if any, to this account

- Copy of Bank Statement  Copy of Bank Passbook  Pre-printed Cancelled Cheque

**Declaration for Direct Credit of Refunds/ Payouts**

I declare that the information given above is true and correct. I hereby authorize SBI Life to directly credit any payment/refund, if any, to the above mentioned account.

Note: Please ensure that the Bank details provided are correct and complete. Please note that SBI Life shall not be responsible if any payments to the Bank account number provided by you fail on the ground that the bank details provided are incorrect

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

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

**5. PLAN DETAILS**

Cover Option	Premium Payment Term	Plan Options	Policy Term	Premium Frequency
	Single	<<Level / Reducing>> Cover << Single / Joint>> Life	<< 1 to 120 months>>	
	<b>Sum Assured*(₹)</b>	<b>Basic Premium (₹)</b>	<b>Applicable Taxes (₹)</b>	<b>Gross Premium (inclusive of Applicable Tax) (₹)</b>

For SBI Life -Group Micro Shield-SP 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.

**6. LOAN DETAILS**

Sum Assured and Policy term should be atleast equal to Outstanding Loan amount and Loan term subject to maximum of ₹ 200,000 at the inception of policy

Loan Account No.	<input type="text"/>	Loan Interest Rate	<input type="text"/> %
Loan Category/Type	<input type="text"/>		

**7. JOINT LIFE DETAILS**

Is Joint Life covered under this plan?  Yes  No

Name of Joint Life / Member:  Mr.  Mrs.

Relationship with Primary Member

Member ID/ Membership Form No.

Date of Birth  DDMMYYYY Gender:  Male  Female  Third Gender Occupation

Father's Name of Joint Member

Age Proof of Joint Member  Birth Certificate  School/College Certificate  PAN Card  Passport

Driving License  Others (If applicable)

PAN Card\*   I do not have a PAN Card and have submitted Form 60.

\*Please provide PAN Number or submit Form 60, if the annualized premium under this Proposal exceeds ₹ 50,000.

**8. NOMINEE (Beneficiary in case of death of the Insured)**

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

**9. APPOINTEE DETAILS**

(Applicable when Nominee is Minor)

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

**10. MEMBER'S CONSENT AND GOOD HEALTH DECLARATION**

1. I would like to become a member of SBI Life – Group Micro Shield - SP, as opted herein, offered by SBI Life Insurance Company Ltd. (“SBI Life” or “the Company”) and I have fully understood and am agreeable to all the terms and conditions of this scheme.
2. I agree that insurance cover which may be granted to me in pursuance of this application shall remain in force for a term of <<XX months>> provided the premium, together with applicable taxes, is paid within due date or within grace period, if applicable.
3. I agree that the Master policyholder shall act as the Group Administrator.
4. 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.
5. I understand that the grant of the loan (if applicable) will be assessed independently of Life Insurance cover.
6. 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.
7. I understand that in the unfortunate event of death of the covered insured member, or first death of any one of the insured members covered (in case of Joint Life policy), during the term of the cover, the death benefit will get paid out in lump sum and the policy will be terminated. In case of simultaneous death of both members in a Joint life policy only one Sum Assured will be payable. In case of Joint Life, post payout of death benefit (on the first death or simultaneous death) the cover will terminate.
8. 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, 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.

**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.**

**11. ANY OTHER MATERIAL FACTS PERTAINING TO HEALTH OR OTHERWISE**

Primary Member: \_\_\_\_\_  
 Joint Member: \_\_\_\_\_

**12. ADDITIONAL DECLARATION WHEN THE MEMBERSHIP FORM IS FILLED BY A PERSON OTHER THAN THE GROUP MEMBER (OR PROPOSER) / GROUP MEMBER (OR PROPOSER) SIGNS IN A VERNACULAR LANGUAGE/ GROUP MEMBER (OR PROPOSER) 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 - SP 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)

Signature of the person making the Declaration

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:**

- 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.
- 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:**

- 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.
- 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.
- 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.

**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)

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

Signature/Left Thump Impression of the witness. Signature/Left hand Thump Impression of Primary Member or Proposer (In case member is a Minor)

Signature/Left hand Thump Impression of Joint Member

Name of Witness: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date:

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