

**SBI Life - RiNn Raksha Membership Form**

Group, Non-Participating, Non-Linked, Pure Risk, Credit Life Insurance Product

**Instructions for filling the membership form for applying insurance on the life of borrower (member to be insured).**

- In case of co-borrower applicants, each co-borrower is required to fill a separate form and all forms should be attached together.
- This form is to be filled by the member himself/herself or their representative in **BLOCK LETTERS** in **BLACK INK**
- Please tick on the box ☒ wherever appropriate. If any part of the form is left blank, this form will not be considered for grant of insurance. Strokes of the pen, dots and the dashes will not be accepted as responses. Please leave a blank space between each part of the name.
- Please answer all questions. If any question is not applicable, Please mention the same as "Not Applicable or NA".
- Any cancellation and alteration must be authenticated by the member.
- INSURANCE IS A CONTRACT OF UTMOST GOOD FAITH WHICH REQUIRES YOU TO DISCLOSE ALL REQUIRED INFORMATION TRUTHFULLY. PLEASE ENSURE THAT THE INFORMATION FURNISHED IN THE MEMBERSHIP FORM IS TRUE TO THE BEST OF YOUR KNOWLEDGE. IN CASE SOMEONE ELSE (YOUR AGENT, BANK BRANCH ETC.) HAS COMPLETED THE MEMBERSHIP FORM ON YOUR BEHALF, PLEASE APPRECIATE THAT THE OWNERSHIP OF THE INFORMATION PROVIDED IS STILL ENTIRELY YOURS, HENCE ENSURE THE CORRECTNESS OF THE INFORMATION BEFORE YOUR SIGN THE MEMBERSHIP FORM.**  
**IF ANY INFORMATION (E.G AGE, HEALTH/MEDICAL) IS SUBSEQUENTLY FOUND UNTRUE AT THE TIME OF THE CLAIM, WE MAY DECLINE THE CLAIM.**
- SBI Life branches and its sales team are not unauthorized to collect cash from its customers.

**1. MASTER POLICY HOLDERS DETAILS:**

MPH Name:  Master Policy No.:

Bank Code:  Branch Code:  RACPC Code:

Branch Name:  Reference No.:

Code 1:  Code 2:  Code 3:

Code 4:  Code 5:  Code 6:

**2. MEMBERS DETAILS:**

☐ Mr. ☐ Ms. ☐ Mrs.

Name:

Date of Birth:  Gender: ☐ Male ☐ Female ☐ Third Gender

Father's Name/Proposer Name:

Date of Birth of Father/Proposer:  Relationship of the Proposer with the Member:

Address: C/o, W/o, D/o, S/o, Other (if any):

House No. & Bldg/:

Society Name:

Road/ Sector & Landmark:  Town/ Village:

Taluka/Sub Division/ Tehsil:  Post Office:  District:

State:  Country:  Pin:

Tel No.(Home):  Tel. No. (Office):

Mobile No.:  Email ID:

Age Proof: ☐ Birth Certificate ☐ School/College Certificate ☐ Driving Licence ☐ PAN Card ☐ Passport

(Please attach copy of Age Proof) ☐ Others (Please Specify)

PAN \*:  ☐ 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/-

Occupation: ☐ Salaried\* ☐ Business\*\* ☐ Profession\*\* ☐ Housewife ☐ Others (Pls. Specify)

\*Name of the Employer and designation:

\*\*Business organization's or company's

Name & Nature of Business or Profession:

Are you a State Bank Group Staff member? ☐ Yes ☐ No If YES, pl state PF number:

Are you a Non Resident Indian (NRI)? ☐ Yes ☐ No If YES, please state the country of Residence:

FOR SBI LIFE OFFICIAL PURPOSE ONLY

STAMP	STAMP	STAMP	STAMP
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Address :

In case of more than one nominee, please provide details in the requisite annexure.

4. APPOINTEE DETAILS: (If Nominee is a Minor) ☐ Mr. ☐ Ms. ☐ Mrs.

Relationship with Nominee: 

(Please sign in black Ink only)

Signature/Left Hand Thumb Impression

Signature of Appointee

**5. MEDICAL QUESTIONNAIRE:** - In case where insurance is proposed on Minor Life, the answers should relate to medical status of Minor Life to be Assured



**Important: Please read this section fully and give correct details.**

Height    (In cms)      Weight    (In kgs)

Tick	
Yes	No

- i. Have you consulted any doctor for surgical operation or have you hospitalized for any disorder other than minor cough, cold or flu during the last 5 years?
- ii. Have you ever had any illness/injury, major surgical operation or received any treatment for any medical conditions for a continuous period of more than 14 days? (Except for minor cough, cold, flu, appendicitis & typhoid)
- iii. Have you ever suffered from/been treated /hospitalized for a diagnosed to have
- a) Diabetes, raised blood sugar or high blood pressure
  - b) Chest pain, heart attack, heart disease or any other disorder of the circulatory system
  - c) Stroke, paralysis, disorder of the brain/nervous system, Deformity, Loss of organ or any congenital defect:
  - d) HIV infections, AIDS
  - e) Cancer, tumor, growth or cyst of any kind
  - f) Any genitourinary or kidney disorder, Hepatitis B/C or any other liver diseases
  - g) Any digestive disorder (ulcer, colitis etc), any disease of the gall bladder, spleen, any blood disorder of any other gland (e.g. Thyroid etc) or any musculoskeletal disorder
  - h) Asthma, Tuberculosis, Pneumonia, or any other disease of the lung
  - i) Mental, psychiatric or nervous disorder
- iv. Have you suffered from any other disease not mentioned above?
- V. Are you at present taking any medication, or on any special diet or on any treatment?
- Vi. Has a proposal for Life insurance, ever been declined, postponed, withdrawn or accepted at extra premium?
- Vii. Have you had or have been advised to undergo any of the following tests or investigation?  
(If "yes" Please which of the following and provide reasons for undergoing the tests)  
☐ Ultra Sonography ☐ CT Scan/MRI ☐ Biopsy ☐ Coronary/Angiography
- viii. a) Do you consume more than 10 Cigarettes/bidis per day or chew more than 5 pouches of tobacco per day?  
b) Do you consume more than 2 pegs of alcohol per day in any form?  
If "Yes" Please provide the type of alcohol and daily quantity consumed.  
Type: \_\_\_\_\_ Quantity per day: \_\_\_\_\_
- c) Do you use or have you used to any narcotics/any other drugs?
- ix) **FEMALE ENSURED ONLY:**
- a) Are you pregnant?  
If "Yes" please state how many months pregnant \_\_\_\_\_ months
  - b) Have you suffered from any gynecological problems or illness related to breasts and uterus or ovary?

{If answer to any of the questions (i) to (ix) are "Yes" please give full particulars below with details and also attach necessary documents such as medical history, diagnosis, when it happened, treatment taken, names of medications, tests done, results or tests}

You may use additional sheets incase the space provided is not sufficient. Do not forget to sign on each additional sheet.

**Section 41 of the Insurance Act, 1938; as amended from time to time.** 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

Extract of Section 45 of the Insurance Act 1938, 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.

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.

\_\_\_\_\_

Date :

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

\_\_\_\_\_

Signature/ Left Hand Thumb impression of Member  
or Proposer(in case Member is a Minor)

Name :

Address :

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**10. DECLARATION CUM AUTHORIZATION:**

- I would like to become a member of SBI Life –RiNn Raksha Group Insurance Plan for Borrowers of Master Policyholders. I hereby declare and certify that all the terms and conditions of the life insurance cover has been thoroughly explained to me and I have fully understood the same.
- I have understood the terms and conditions of the plan and agree to abide the same and join the plan for SBI Life Insurance cover for the duration of the loan as per the prevailing EMI Schedule.
- I undertake to furnish any other personal details that the Prosper/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 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, shall at any time be at liberty to divulge any such Knowledge or information to the company.
- I agree that 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 my/our occupation, financial condition, health condition, or (ii) if a proposal for assurance on my life or on the life to be assured 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, I shall forthwith intimate the same to the Company, in writing to reconsider the terms of acceptance of this proposal. Any omission on my/our part to do so shall render the contract of assurance invalid. The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance.

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

I hereby authorize Master Policyholder to share my data with SBI Life for activities related to issuance and servicing of policy and investigation/settlement of claim and other incidental matters thereto.

☐ I authorize and provide my consent to SBI Life to share my personal data with third parties/reinsurers/appointed representatives/vendors associated with the Company for various purposes and outsourced activities exclusively related to evaluation of proposal, issuance and servicing of policy, investigation/settlement of claim, fraud prevention and monitoring.

☐ To ensure repayment of the loan availed, I am assigning the insurance cover issued/being issued to me in favour of the Master Policyholder to the extent of the loan outstanding from me to the Master Policyholder. I further authorize SBI Life to pay to the Master Policyholder such portion of the claim proceeds equal to the extent of my loan outstanding and to pay the balance proceeds (if any) to my nominee(s)/legal heir(s) (as applicable).

Note:(1) The claim should be found admissible by SBI Life (2) In case there is no outstanding loan balance owned 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.

Signature/ Left Hand Thumb impression of Member  
or Proposer(in case Member is a Minor)

Date:

**11.ADDITIONAL DECLARATION WHEN THE MEMBERSHIP FORM IS FILED BY PERSON OTHER THAN THE MEMBER/MEMBER SIGNS IN A VERNACULAR LANGUAGE /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 Group Insurance Plan from SBI Life to the Member and that he/she had understood the same I hereby declare that I have fully explained to the member that the statement contained in this form shall be the basis for the Life Insurance Cover and that if any untrue statement is contain herein, no benefit shall be payable by the SBI Life. I hereby declare that explained the Contents of this form to the member in \_\_\_\_\_ language, that I have truly and correctly recorded the details and statements given by the member and that the Member has affixed his/her signature /Thumb impression on the membership Form in my presence after fully understanding the content thereof.

Signature of Person making Declaration

Signature/ Left Hand Thumb impression of Member  
or Proposer(in case Member is a Minor)

Name : \_\_\_\_\_

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

Date:

**CHECKLIST:**

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

- Loan Details like loan amount, term, moratorium details are correctly filled as per the loan sanction letter. ☐
- The age proof (other than Bank Certificate) has been self attested. ☐
- A detail of the Joint Borrower is provided, if more than one person has applied for insurance under same loan account number. ☐
- If premium is paid by "Self", Copy of cancelled Cheque/Authorization letter from the bank (in case Cheque does not contain account holder name). ☐
- If premium is paid by "Additional loan from Bank", provide the loan plus account number. ☐
- Complete details of nominee & appointee (in case nominee is minor) are provided. ☐
- The Common Health Questionnaire has been completely answered, dated and signed. ☐
- If Premium is paid by bank loan plus account is provided. ☐
- Loan Enquiry sheet has been attached with the membership form ☐
- Necessary Questionnaires/Addendums are enclosed in case of NRI proposals. ☐

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)