

SBI Life – CapAssure Gold (111N091V03) Proposal Form
Non-Linked, Non-Participating, Group Savings Insurance Product

I. For Office Use Only:

Branch Location:	Date of Proposal:
Source of Lead: <input type="checkbox"/> Agency <input type="checkbox"/> Broking <input type="checkbox"/> Corporate Agency(SBG) <input type="checkbox"/> Corporate Agency(CS) <input type="checkbox"/> Corporate Agency(Alternate Channel) <input type="checkbox"/> Direct	
Name of the Source:	Code:
Client ID:	Proposal No:
Industry Type:	Category: Central PSU / State PSU / Non PSU
Key Account Manager Name:	Region:
Key Account Manager Employee ID:	
CIF/RM Name:	CIF Code/RM PF Index No:

Instructions for filling the Proposal Form:

- 1) All questions in the form have to be answered.
- 2) Please tick (✓) wherever applicable.
- 3) The authorised signatories must authenticate any cancellation or alteration or overwriting etc. by signing alongside.
- 4) Insurance is a contract of utmost good faith, which requires the group administrator to disclose all material facts in respect of lives to be insured. Even in case of doubt as to whether a fact is material or not, the fact should be disclosed.

I. Proposer Details:

a. Name of Proposed Master Policyholder:			
b. Registered / Head Office Address & Pin Code:			
c. Mailing Address:			
d. Telephone No.:			
e. Fax No.:			
f. E-mail Address:			
g. Details of Authorised Signatories:	Authorised Signatory 1	Authorised Signatory 2	Authorised Signatory 3
i. Name:			
ii. Designation:			
iii. Telephone No.:			
iv. Fax No.:			
v. Email Address:			
vi. Specimen Signature:			
vii. Minimum number of authorised signatures required to give instructions:			

II. The Trust Details (Wherever Applicable):

a. Full Name of the Trust:	
b. Name of the Trustees:	
c. Telephone No.:	
d. Fax No.:	
e. Email Address:	
f. Date of Formation of the Trust:	

g. Total Existing Fund Size (in INR):	
h. If Trust does not exist, name of the Proposed Trust:	
I. PAN No: [][][][][][][][][][][][][][][] <input type="checkbox"/> I/We do not have a PAN Card and have submitted Form 60 Note: Please provide PAN number or submit Form 60 if the annualised premium under this proposal exceeds ₹ .50,000/-	

III. The Group:

a. Type of Group:	Employer - Employee Group:
b. Please specify the total number of members to be covered in the Group (Member data in excel to be attached):	
c. Normal Retirement Age of the Members:	

IV. The Scheme Details (Select Any One):

a) Type of Scheme*:	<input type="checkbox"/> Gratuity <input type="checkbox"/> Leave Encashment <input type="checkbox"/> Superannuation <input type="checkbox"/> Post Retirement Medical Benefit Schemes (PRMBS) <input type="checkbox"/> Other Savings Schemes
b) Nature of Scheme:	<input type="checkbox"/> Defined Benefit Scheme <input type="checkbox"/> Defined Contribution Scheme <input type="checkbox"/> Defined Contribution with Defined Benefit Underpin <input type="checkbox"/> Defined Benefit with Defined Contribution Underpin

*Please attach the copy of scheme rules / benefits details

V. Payment Details:

a) Premium payable by (Please specify the premium payable option):	<input type="checkbox"/> Master Policyholder (MPH) <input type="checkbox"/> Member <input type="checkbox"/> Both MPH and Member
b) Aggregate Payment Amount (Please submit funding report):	Total Premium (in INR):

VI. Bank Account Details of Master Policyholder:

a. Bank Account No.:	
b. Bank:	
c. Branch:	
d. Cheque / DD / UTR Date:	
e. IFSC Code / RTGS Code:	
f. Amount in INR:	

Please attach the cancelled cheque copy with name printed or attested copy of cheque

*Scheme rules to be enclosed

VII. Benefit Structure:

Gratuity Benefit Scheme*:

i. <input type="checkbox"/> Gratuity Act <input type="checkbox"/> Bank Rule <input type="checkbox"/> CCS Rule <input type="checkbox"/> Any Other Scheme Rule, Please Specify_____
ii. <input type="checkbox"/> With Ceiling of INR_____
iii. Other Details if Any:

Leave Encashment Scheme*:

i. Types of Leaves Eligible for Encashment: <input type="checkbox"/> PL <input type="checkbox"/> CL <input type="checkbox"/> SL <input type="checkbox"/> HPSL <input type="checkbox"/> Others, Provide Specify_____
ii. Maximum No. of days available for Encashment: _____ days (If Category wise to be provided, please specify in detail)
iii. No. of days to be considered in a month for benefit calculation: <input type="checkbox"/> 30 Days per Month <input type="checkbox"/> Any other (Pls. Specify): _____per month
iv. Other Details:

Superannuation Scheme*:

i. <input type="checkbox"/> Bank Rule <input type="checkbox"/> CCS Rule <input type="checkbox"/> Any other, please specify, _____
ii. Defined Contribution <input type="checkbox"/> Specify, _____ % of _____ Salary per month/ annum
iii. Other Details :

Post Retirement Medical Benefit Scheme (PRMBS) :
Scheme Details :
Other Savings Scheme :
Scheme Details :

VIII. Declaration of the Proposer:

I / We, the undersigned, declare for and on behalf of _____
(Full name of the proposer) that:

- In agreement to the Funding Report, if any, Ref. No. _____ dated _____, I / we am / are herewith submitting this proposal to SBI Life Insurance Company Limited. (herein after referred to as 'the Company' or 'SBI Life') for issuance of a Master Policy in our favour. I / We confirm that SBI Life – CapAssure Gold Plan, the benefits there under, the terms and conditions thereof etc. have been explained to me / us and I / we have fully understood and agreed to abide by them.
- I / We have obtained all the approvals and completed all the necessary procedures stipulated as per the relevant internal guidelines / rules / bye-laws / statutory provisions etc., applicable to us, and that accordingly, I / we am / are duly authorized severally or jointly to sign the proposal form, furnish any particulars and carry out all matters in connection with or incidental to the aforesaid group plan with the Company. I / We further affirm that the Company shall not be liable in any manner whatsoever, of the consequences of relying upon this confirmation and issuing a Master Policy in our favour.
- I / We further declare that statements / submissions made by me / us in this proposal form (including any addendum(s) thereto, census data and benefits details), all declarations, affidavits and other statements and / or any information sought by the Company from us and relied upon by the Company shall form a basis of the issuance of the Master Policy in our favour.
- I / We understand and agree that the Company may defer the issuance of the Master Policy to be issued in our favour till the Company duly receives, to its complete satisfaction, all the necessary clarifications / documentation or other requirements sought by Company.
- I / We undertake that prior to forwarding Member data to the Company for admitting any person as a member under the proposed master policy contract, I / we shall ensure that he / she meets the applicable eligibility criteria as stated herein. I / We also agree to make available to Company such records, documents, information etc. related to the same as may be required.
- I / We agree and undertake to furnish all the required details about members to be covered and benefits to be paid to those members in the Company's format as per Annexure I and any other information in any form (preferably in soft copy). I / We further agree and undertake to furnish all the requisite documents in respect of claims within the stipulated time period and in the manner laid down in the Master Policy document.
- I / We agree and undertake to furnish the individual members data & change in benefit structure of the scheme rules, if any, in the Company's format and any other information in any form (preferably in soft copy) at each renewal date.
- I / We agree and undertake to furnish funding valuation report as per the accounting standards governing the measurement of long term employee benefits as and when required.
- I / We understand and agree that if any untrue statement is contained in the proposal form (including any addendum/s thereto) / or any of the documents, statements information etc. provided to the Company in connection therewith or if there has been a non disclosure of 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. After the provisions of section 45 of the Insurance Act 1938 as amended from time to time. We will not pay any life cover benefits and we shall return the policy account value and mortality charges already deducted.

IX. Trustee/Authorized Signatories:

Sr. No.	Name of Trustee / Authorised Signatory	Signature of Trustee / Authorised Signatory
1		
2		
3		
Date:		Place:
Stamp:		

Sr. No.	Name of Witness	Signature of Witness (s)
1		
2		
Date:		

X. Declaration to be given if the Proposed Master Policyholder has signed in vernacular language or if he 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 declared that he/she has understood the same completely.

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 I also explained to the Proposer 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 Proposer has completely understood the importance of giving complete and accurate information to every question in the proposal form and the importance of each declaration in the proposal form.

I hereby declare that I have explained the contents of this form to the Proposer in _____ Language.
I also declare 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 of the Declarant:	
Address:	
Place:	Date:

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

Signature /thumb impression of the proposer: _____

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

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:
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.

II. Non – Disclosure: Extract of Section 45 of Insurance Act, 1938, as amended from time to time

a)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.

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 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.

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.

Annexure I					
Employee ID	Name	Date of Birth	Date of Joining	Salary	Retirement Age