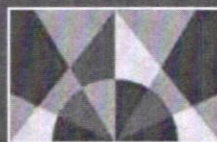


18PP2

Aditya Birla Health Insurance Co. Ltd.



ADITYA BIRLA CAPITAL

Group Activ Secure - Enrollment Form

For Internal Use Only

Partner Channel: ABFL (LAP)

ABFLBranch: _____ State: _____

ABHI Sales Person: _____ Loan Account No. (LAN) _____

ABFL RM Name: _____ ABFL RM Code: _____

Please Note:

1. To be filled and signed by Applicant
2. This Application shall form the basis of cover

Customer Information (to be filled in capital)

1. Customer ID _____

2. Applicant's Full Name (Mr./Mrs./Ms.) _____

3. Applicant's Address _____

City _____ Pin Code _____ State _____

Phone No. +91 - _____

Email Address _____

4. Date of Birth _____

5. Pan No. _____

6. Occupation ☐ Salaried ☐ Self-Employed

1. Customer ID _____

2. Co-Applicant's Full Name (Mr./Mrs./Ms.) _____

3. Co-Applicant's Address _____

City _____ Pin Code _____ State _____

Phone No. +91 - _____

Email Address _____

4. Date of Birth _____

5. Pan No. _____

6. Occupation ☐ Salaried ☐ Self-Employed

Loan Details

1. Disbursal Date _____

2. Loan Amount _____

3. Loan Tenure _____ Years

Insurance Details

1. Personal Accident Sum Assured _____

2. Critical Illness Sum Assured _____

3. No. of critical Illness- 15 ☐ 25 ☐

1. Personal Accident Sum Assured _____

2. Critical Illness Sum Assured _____

3. No. of critical Illness- 15 ☐ 25 ☐

Premium / Cheque Details

1. Total premium amount _____ 2. Cheque amount _____ 3. Cheque no. _____

4. Cheque date _____ 5. Bank name/Location _____

Nominee Details (To be filled in capital)

1. Nominee Name _____

2. Relationship _____

1. Nominee Name _____

2. Relationship _____

COVERAGE DESCRIPTION - GROUP PERSONAL ACCIDENT

Sum insured	As per Loan amount maximum upto 3 cr
Insured	Primary member
Age band	18 years- 65 years
Coveages	AD+PTD+PPD
Loss of Job	3 months salary (for salaried individuals only)
Education benefit	SI as per loan amount maximum upto 5L, upto 2 dependent children
Accidental hospital cash	SI 2000 Per day, deductible 1 day, Per hospitalisation limit- 10 days, Per policy limit-30 days
Road ambulance cover (accident only)	INR 1000 per event

GENERAL CONDITION

GPA Sum Insured maximum 8 times of the annual income

Policy is valid for Indian Citizens

Policy is applicable only for lives who are associated with the Client

Rest condition & exclusions as per ABHI Group Activ Secure policy wording

Any one Accident (AOA) limit shall be limited to maximum of INR __1_ crore

Decline Profession- Firemen, Law enforcement agencies (including police, Para-military, military forces), Demolition Workers, Junk or Salvage Workers(breakers yard) including scrap metal yards & Loggers, lumber mill workers (tree fellers, people climbing trees as part of their occupation)

COVERAGE DESCRIPTION - GROUP CRITICAL ILLNESS

Sum insured	As per Loan amount maximum upto 3 cr
Insured	Primary member
Age band	18 years- 65 years
GCI - Basic cover	List of 25 CI
Initial Waiting period	90 days
Survival period	0 days
Loan Protection	3 EMI's due in respect of loan in case of diagnosis of a covered Critical Illness , maximum up to Rs 1 Lac per EMI

GENERAL CONDITION

CI Sum Insured maximum 8 times of the annual income for age up to 50 years and 5 times for age above 50 years

Policy is valid for Indian Citizens

Policy is applicable only for lives who are associated with the Client

Proposal form and Good health declaration to be collected and policy will be issued subject to clean declaration. GHD given below

Rest condition & exclusions as per ABHI Group Activ Secure policy wording

Decline Profession- Firemen, Law enforcement agencies (including police, Para-military, military forces), Demolition Workers, Junk or Salvage Workers (breakers yard) including scrap metal yards & Loggers, lumber mill workers (tree fellers, people climbing trees as part of their occupation)

DISCLAIMER - WHEREEVER APPLICABLE

1. No Individual can be covered more than once in a policy
2. Any change in demography/Sum Insured will warrant a revision in Quote/ Rates
3. Data for lives - Member data to reach by pre-decided mutually agreed timeline or 30 days. In case of addition to master policy, member will be added for a period of 12 months from the date of joining the group or intimation whichever is later, provided premium received in time or sufficient balance available in CD account
4. No change of Sum insured allowed after commencement of the policy
5. No addition of new slabs for Sum Insured allowed after commencement of the policy
6. Midterm addition of dependents will not be allowed
7. The cover shall cease automatically for any member leaving the organization insured under our policy

8. Note: Quote validity is subject to accuracy of information provided by broker on behalf of clients
9. Customer can hold only one policy. In case customer has more than one policy, our total liability will be capped at sum insured of one policy
10. Enrolment data to be shared with ABHICL twice in a month. Cover will incept from T+1 day. T=Day of receipt of premium / Date of member data received (whichever is later) at ABHICL office
11. Quote is valid for 30 days only
12. SI must not exceed Loan amount in case of loan linked policy

GHD

Are you / any proposed member suffering from or have been diagnosed with advised taken treatment or observation is suggested or undergone any investigation or consulted a doctor or undergone or advised surgery for any one or more from the following?

- a. High Blood Pressure, Heart Attack or any other Heart Disease, abnormal lipid levels;
- b. Stroke, Paralysis in any form, or any other Cerebrovascular Disease;
- c. Diabetes or thyroid/parathyroid or any other Endocrinal Disease, Any Kidney Disease;
- d. Acute / Chronic Liver (Failure/ Disease), Cirrhosis of Liver, Alcoholic liver disease; any pancreatic disease
- e. Any Lung Disease (e.g. Chronic Obstructive Pulmonary Diseases, Parenchymal lung Disease, Pulmonary Embolism etc.).
- f. Blood Disorders, Gastro-Intestinal Diseases, Ulcer or any other disorder of the bones, spine or muscle;
- g. Any Cancer or Cancerous growth;
- h. Any Mental or Psychiatric condition, any Genetic Disease, autoimmune or any disease related to central nervous system (disease related to brain); Congenital conditions;
- i. HIV / AIDS or AIDS related complications,
- j. Any h/o sudden loss of weight in last 1 yr.

If answer is yes- Proposal gets declined

Yes ☐ No ☐

Declaration & Warranty by the Applicant

- I. I have read and understood the brochure, prospectus, sales literature & policy wordings and confirm to abide by the same.
- II. I agree that this application is part of Group Policy issued to Master Policyholder for covering their secured/unsecured loan customer and renewal thereafter.
- III. I agree that the cover shall be voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the application form/personal statement, declaration and connected documents or any material information has been withheld by me or anyone acting on my our behalf to obtain any benefit under this cover.
- IV. I understand that the information provided by me will form the basis of the insurance cover and is subject to the Board approved underwriting policy of the insurance company and will come into force only after full receipt of premium chargeable.
- V. I further consent and authorize Aditya Birla Health Insurance Co. Limited and/or any of their authorized representatives to seek medical information from any hospital / Medical Practitioner / Insurer / any of the related entity that I have attended or may attend in future concerning and disease / illness / injury.
- VI. I understand and agree that the cover tenure will be less or equivalent to loan tenure. Subject to same, cover is valid only till I am we are Loan Customer
- VII. I / We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and / or claim settlement and with any governmental and/or regulatory authority.
- VIII. I understand and agree that the insurance coverage shall commence not earlier than the date of disbursal of loan as referred overleaf or after full premium is received by Aditya Birla Health Insurance (hereinafter referred to as the "Company") whichever is later subject to underwriting approval by the company. Receipt of application form by the company shall not be construed as an acceptance of my application. The company in its sole discretion reserves the right to accept or reject any application without any assigning any reason thereof.
- IX. I understand and agree that no benefit under the policy shall be payable for any critical illness or surgical procedure which results due to any pre-existing disease or illness or symptoms or which is diagnosed within 90 days of cover period.
- X. I hereby declare that I would submit 2 medical examinations, before the nominated doctor of the company, or undergo diagnostic or other medical test, as suggested by the company for its underwriting or claim.
- XI. I also confirm and declare that I am the applicant of the loan whose details have been mentioned in the application form.
- XII. I have read and understood that the cover is available for loan tenure or the full prepayment of the loan whichever is earlier but not beyond the end date of the period of insurance.

- XIII. I understand and agree to the following: - a. in case of more than one applicant under the same loan Account No. then the sum insured in aggregate for all the loan applicant(s) shall not exceed the loan sanctioned amount and the sum insured shall be equal for all applicants.
- b. The company's total liability for an individual in aggregate shall not exceed 1 crore, subject to sum insured irrespective of the number of covers under which he or she is covered. c. Sum insured cannot exceed loan sanction amount. d. If sum insured is not given, disbursed amount will be considered as sum insured.
- XIV. In case of any claim made under the Cover, No premium shall be refunded on cancellation of the Cover.
- XVI. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- XVII. I/We consent to receive information from the company through physical, electronic or telecommunication means from time to time.

For MODI PROPERTIES PVT. LTD.

[Signature]
Authorised Signatory

Applicant's Signature

Date _____

Place _____

Co-Applicant's Signature

Date _____

Place _____

Applicant's Declaration:

"I _____, s/o D/o W/o _____
holding loan from _____ with LAN (Loan Account No) _____ have obtained
_____ cover/sum assured from Aditya Birla Health Insurance Co. Limited and am fully aware of the coverage and
the terms and conditions. In the event of claims as per the terms and conditions of the cover i hereby express my freewill and consent to
remit the claim amount to the financier and i do not have any objection for the same and balance if any to be paid to myself / Legal heirs as
per the terms and condition of the cover.

Date _____

Place _____

For MODI PROPERTIES PVT. LTD.
[Signature]
Applicant's Signature

Co-Applicant's Declaration:

"I _____, S/o D/o W/o _____
_____ holding loan account from _____
With the loan account number _____ with _____ x
I have obtained _____ cover from Aditya Birla Health Insurance Company Limited and I am
fully aware of the coverage and terms and conditions.
In the event of claims as per the terms and conditions of the cover, I hereby express my free will and consent to remit the claim amount to
the financier and I do not have any objection for the same and balance if any to be paid to myself / Legal heirs as per the terms and
conditions of the

cover.

Date _____

Place _____

Co-Applicant's Signature