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.)
JOHAM
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 ☐

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2. Critical Illness Sum Assured _____
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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 _____

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2. Relationship _____

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.

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 _____

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