

Member Form – IndiaFirst Life Group Micro I	nsurance Pla	in UIN: 143N053\	/01					
MPH Name	PH Name Transaction No.				Date of Transaction			
Account:		Loan T	ype please specify	/:				
Details of the Primary Life								
Primary Life Name: Mr / Ms / Mx FIRST		MIDDLE	LAST	Gender:		M M Y Y Y Y		
Occupation		Nature of	duties					
Address:								
Mobile	Email							
Insurance Details								
Base Sum Assured ₹	Base Prem	nium <sup>#</sup> ₹	Pay Mode	Pay Mode Policy Term (Months)				
	Pay Frequency Annual				-			
Life Cover   Life Cover + Accidental Total Permane		-				itical Illness		
PAN: Sum Assure	ed Type: 🕅 Re	educing Level	Rate of Interest					
(Form no. 60 if PAN is not available								
Nominee/ Appointee Details*								
Nominee Name	Percentage	DOB of Nominee	Relationship with	Appointee Name	Appointee DOB	Relationship with		
	Share		Life Assured	(if applicable)		Nominee		
Health Declaration for Member (Non disclosures	s or misrepres	entation of facts wi	ill highly impact cla	aim settlement)*				
Primary Life: Feet inches: Weight	in kg:							
I hereby declare that I am in good health and	d I am not si	uffering or have n	ot suffered from	any illness / sympton	ms/ medical cond	ition requiring		
medical treatment, medical investigation, surgery	y or hospitaliz	ation in past 3 year	s. I also hereby de	clare that age mention	ed in the proposal	form is correct.		
Declaration by the Member*								
l understand and agree that the maximum cover under the insi the Company to seek medical information from any doctor/ho and/or to their claims administrator or medical advisors. Furth on my proposal the risk will commence only on the date of acc duties as the Insurer. I also declare that all the information given	ospital in respect on ner l also confirm t ceptance of my pr	of any matter relating to that I have never particip oposal by the Company.	my physical or mental l ated nor intend to parti I authorize sharing wit	health and I authorize the doc cipate in any hazardous spor h the Company, my persona	ctor/ hospital to give suc ts or activity. I agree tha	ch information to the Compan t in case of any medical reques		
Primary Life Signature/Thumb impression*:	Date:	_						
Authorisation for Settlement of Claim amount	in favour of <b>N</b>	Aaster Policy Hold	er who is a Regula	ted Entity				
I authorise the Company to make the payment towards contingent event covered by the Policy, in case the policy is					claim proceeds paya	ble on the happening of th		
Primary Life Signature/Thumb impression*:	Date:	_						
Section 41 of Insurance Act 1938, as amended from time to insurance in respect of any kind of risk relating to lives or p person taking out or renewing or continuing a Policy accep making default in complying with the provisions of this sect Extract of Section 45 of the Insurance Act, 1938, as ame from the date of policy. A policy of life insurance may be c suppression of a fact material to the expectancy of the life of The insurer shall have to communicate in writing to the ir insurer shall nepudiate a life insurance policy on the ground that there was no deliberate intention to suppress the fac beneficiaries, in case the policyholder is not alive. In case of collected on the policy till the date of repudiation shall beg deemed to be called in question merely because the terms the section and the definition of 'date of policy', please refe	roperty in India, to any rebate, exu- tion shall be liabl <b>nded from time</b> alled into questi of the insured wa nsured or legal r d of fraud if the in t or that such m of repudiation of	any rebate of the whol cept such rebate as ma le for a penalty which m to time: No policy of on at anytime within t as incorrectly made in t epresentatives or nor nsured can prove that t isstatement or suppre the policy on the group	e or part of the comm y be allowed in accor auy extend to ten lakh life insurance shall be heree years from the d he proposal or other c innees or assignees of the misstatement or s ssion are within the k nd of misstatement.	ission payable or any rebat dance with the published p rupees. called into question on an ate of policy, on the ground locument on the basis of w the insured, the grounds a uppression of material fact nowledge of the insurer. In suppression of a material	e of the premium show rospectuses or tables y ground whatsoever a d of fraud or on the gro hich the policy was iss and materials on whic t was true to the best of c case of fraud, the onu fact and no on the gro	vn on the Policy, nor shall an of the insurer. 2) Any perso after the expiry of three year und that any statement of o ued or revived or rider issued h such decision is based. N of his knowledge and belief o is of disproving lies upon th unds of fraud the premium		
Declaration to be made by a 3rd Person where: in vernacular; Or c) The insured member has no	a) The insure	d member has affix						
The declaration should be attested by a person of stand I hereby declare that I have fully explained the above questi above after fully understanding the contents thereof. in my	ions and content					ffixed the thumb impressio		
Name of the Declarant :			•	Relat	tion with Member			
Address of the Declarant :								
IndiaFirst Life Insurance Company Ltd., 12th and 13th Floor, North [C] Wing, Tower 4, N Western Express Highway, Goregaon (East), M				55 8700 <b>Fax:</b> +91 22				
IRDAI Regd. No. 143   CIN: U66010MH2008P		_C183679.		mer.first@indiafirstlife.	com Website: w	ww.indiafirstlife.com		