Canara HSBC
LIFE INSURANCE

Master Proposal Form

CANARA HSBC LIFE INSURANCE GROUP TERM EDGE PLAN

(UIN: 136N070V02)

Instructions for filling the Proposal Form:

1) All questions in the form have to be answered.
2) Please tick √ wherever applicable.

Name of Agent/ Corporate Agent / Broker		Agent/ Corporate Agent/Broker code	
Relationship Manager's /Sales Person Name		Relationship Manager's Employee No/Sales Person Code	

Channel Name		Channel Code	

1. Details of Master Policyholder (Company/ Proposer):

a. Name	
b. Type of Organization (please specify)	
c. Nature/ Type of Business (please specify) (Specify if you are in money services/lottery/casino/gambling/Horse Racing/NGO/Trust/Charity/Real Estate/Jewelry/Scrap Dealer/ Precious stones dealer/ Promoting social, religious, humanitarian cause)	
d. Registered Office Address	<< Address>> << Pin code>>
e. Current Communication Address	Contact Person _____ Designation_____ Address_____ _____ Pincode_____
f. Telephone number & Fax Number	Tel.: Fax:
g. E-mail address	
h. PAN No of the Organization	
i. Goods and Services Tax Identification Number(GSTIN)	
j. Country of Tax residence	
k. If any of your shareholder /CEO/MD/CFO/Key Controller/ Authorized Signatory or any of your senior management team is a PEP (*PEPs are individual who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises/judicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity).*	
l. Date of registration /incorporation/ formation	
m. Identification Number or Reference, together with the name of the Issuing Authority (HSBC customer only)	
n. Country of Incorporation	
o. Country of Primary Place of Business Operations	
p. Country of Headquarters	
q. e-Insurance Account Number (eIA)	

r. Name of Insurance Repository to which eIA is linked	☐ CAMS ☐ CDSL ☐ KARVY ☐ NSDL
s. If you do not have an eIA account, would you like to create one?	☐ Yes ☐ NO If yes, please name the preferred Insurance Repository ☐ CAMS ☐ CDSL ☐ KARVY ☐ NSDL
t. Do you need a physical copy of your Policy Document?	☐ Yes ☐ No

2. Scheme Details:

2. a. Total number of members proposed to be covered under the Scheme_____

2. b. Proposed Date of commencement of policy: D D / M M / Y Y Y Y

(Subject to payment of premium for minimum number of members specified, submission of all required details, and fulfillment of other applicable terms and conditions)

2.c. Coverage Details:

2. c. i) Type of Coverage Option in the scheme: **Option 1-** Death Only ☐ **Option 2-** Death & Terminal Illness (TI) ☐

Option 3- Death, Terminal Illness (TI) & Critical Illness (CI) ☐

Life Cover (Sum Assured) details:

Basic Life Cover	Please select any one option √	Please provide amount of required life cover & wherever applicable mention the formula for determining life cover
Flat Cover for all member	☐	
Graded Cover (Basis Member's category, hierarchy, age, or pre-decided formulae etc.)	☐	
Group Term in lieu of EDLI	☐	
Others (please specify)	☐	

Critical Illness Cover (CI Sum Assured) details:

CI Cover	Please select any one option √	Please provide amount of required CI cover & wherever applicable mention the formula for determining CI cover
Flat Cover for all member	☐	
Graded Cover (Basis Member's category, hierarchy, age, or pre-decided formulae etc.)	☐	
Group Term in lieu of EDLI	☐	
Others (please specify)	☐	

2.d. Does the group have existing life policy with some other Insurer? ☐ Yes ☐ No

If yes, Please provide the following details:

S. No.	Name of Insurer	Date of commencement	No. of Members covered	Free Cover Limit

2.e. Details on entry ages

Minimum age of entry into the scheme as on date of commencement of the Master Policy:	
Maximum age of entry into the scheme as on date of commencement of the Master Policy:	

2.f. Nature of the proposed scheme: Compulsory ☐ Voluntary ☐

2.g. Premium Payable by Member ☐ Organization ☐ Both ☐

2.h. Death Claim (Mortality)/TI Claim/CI claim(Morbidity) experience details for last 5 years:

Year	No. of lives in the scheme	No. of deaths / TI occurrences / CI occurrences	Cause of Death / Causes of TI / Causes of CI	Total Claim Amount for Death / TI / CI
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

3. Payment details:

3.a. Mode of Premium Payment applicable :

Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly ☐

3.b. Method of Premium Payment:

Cheque ☐ Demand Draft ☐ RTGS ☐ Other ☐ (Please specify)_____

(To be drawn in favour of: "Canara HSBC Life Insurance Company Limited")

3.c. Cheque/DD/UTR Date:_____

3.d. Drawee Bank:_____

3.e. Bank Branch: _____

3.f. Amount_____

3.g. Cheque / DD/UTR Number_____

DECLARATION OF THE PROPOSED MASTER POLICYHOLDER:

I/ We, on behalf of the _____ (Organization name) hereby declare that I/We understand the product features and the importance of disclosure of all material information and have not withheld any fact or information which may affect the decision of the Company in underwriting the risk under the Proposal.

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 are duly authorized to make this Proposal, furnish any particulars and carry out all matters in connection with or incidental to the proposed Group Insurance policy with the Canara HSBC Life Insurance Company Limited (the "Company"). I/We further affirm that the Company shall not be liable in any manner whatsoever for relying upon this confirmation and issuing a Master Policy in my/our favour.

I/We hereby declare or authorize Company to send me any information relating to my/our proposals / policies through SMS on the phone number/e-mail address provided by me or through any other mode.

I / We on behalf of the_____(Organization name) hereby declare that I/we have understood the questions in the Proposal form and I/we have answered them truthfully, completely and correctly. I/We further declare that I/we have not withheld any fact or information which may affect the decision of the "Company" in underwriting the risk under the Proposal.

I / We understand and agree that the replies given and the statements made by me / us in the Proposal and in any supplementary questionnaire answered by me/ us together with the enclosed description, member data details and other particulars of each and every eligible member and any other written statements made by us or on our behalf and any proposals / questionnaires submitted by the eligible members for the purpose of the proposed insurances shall be the basis of the contract between me/us and the "Company".

I /We also hereby agree that in case of fraud and misrepresentation, the said contract shall be treated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

It is understood that insurance cover beyond agreed value of non medical limits will be subject to individual underwriting and that such individual members shall have to provide an undertaking with regard to insurability and/or undergo necessary medical examination including HIV tests, which shall form basis of cover provided to the individual members.

I/ We understand that the Company will not be on risk until it has accepted the Proposal, and communication of the acceptance has been given to me/us in writing. Risk beyond non medical limits will commence only after it is specifically accepted, premium received by the company and decision of acceptance communicated to me/us.

I/We undertake that prior to forwarding any Membership form and/or 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 share the Member data in the Company required format and also make available to the Company such records, documents, information etc. related to the same as may be required. 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 understand and agree that premium shall be due in advance for all lives to be covered under the Master Policy Contract that may be issued in my/our favour. I/We further undertake and assure that such premiums which are so collected from/deducted from the Account(s) of proposed members/members shall be duly remitted to the Company within the applicable time limits.

I/We declare that the premiums paid/ payable are not generated from the proceeds of any illegal means/criminal activities /offences and I/we shall abide by and conform to the Prevention of Money Laundering Act, 2002 or any other applicable laws.

I/ We confirm that the proposed members are made aware of the fact that the Company has collected and will retain with itself personal/ sensitive personal and financial information relating to our members for the purpose of assessing the risk on the life of the members for which such information is absolutely essential. I/ We seek authorization for the Company to share (within or outside India) personal/sensitive personal information (including information concerning the financial, physical or mental health together with leave records and employment details of the member/ life to be assured) from/ with (i) Governmental and/or Regulatory Authority, (ii) reinsurers/ group companies/ hospital or diagnostic centers/ other insurance companies/ third parties including any past or present employer for underwriting assessment, Insurance repositories, CERSAI, KYC or e-KYC authentication (if permitted), offline verification, claim investigation, claim settlement and policy servicing purpose including renewals.

I/We authorize the Company to seek information for internal assessment and/or claim settlement from any of the entities mentioned above including any past or present employer concerning the financial, with leave records and employment details of the Members.

I/We give my consent to receive/download the information from Central KYC Records Registry or other statutory authority through sms/email on the registered number/email address of the members/ life to be assured. I/We are responsible to inform the Company of any change in such details.

1. Authorized Signatory's Name			
Position / Designation		Place	Date
Signature & Company Stamp			
Name & Address of Witness			
Signature of Witness			

2. Authorized Signatory's Name			
Position / Designation		Place	Date
Signature & Company Stamp			
Name & Address of Witness			
Signature of Witness			
Number of Signatories required to give instructions on behalf of the proposer (If more than 2, please provide details in annexure 1)			

This is a non-linked, non-participating one year renewable group term life insurance plan. The Master Policy Document to be issued will be drafted with reference to both the proposal form and applicable terms and conditions.

As per 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 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 prospectuses or tables of the insurer.

Section 45 of Insurance Act, 1938 (as amended from time to time)

(1) 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, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that 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.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of a 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 of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, 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:

Provided that 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 to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) Nothing in this sections 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.

Application received date _____

Documents Required/Submitted	
The following documents to be attached along-with this proposal form (please tick as appropriate):	
1. Member details (in format as provided)	☐
2. Certified copy of Scheme Rules, if applicable	☐
3. Certified copy of Trust Deed, if applicable	☐
4. Certified copy of PAN Card	☐
5. 'Active At Work' declaration, if applicable	☐
6. Other documents, if any (please specify)	
a. _____	☐
b. _____	☐
c. _____	☐

ANNEXURE 1 – AUTHORIZED SIGNATORY DETAILS

Please provide the following details. Please add more if required.

Please Note: Email exchanges to and from the email-ids provided below will be treated as official communication

1. Authorized Signatory 1

Name _____

Designation _____ E-mail _____

Contact No. _____ Signature _____

2. Authorized Signatory 2

Name _____

Designation _____ E-mail _____

Contact No. _____ Signature _____

3. Authorized Signatory 3

Name _____

Designation _____ E-mail _____

Contact No. _____ Signature _____

4. Authorized Signatory 4

Name _____

Designation _____ E-mail _____

Contact No. _____ Signature _____

5. Authorized Signatory 5

Name _____

Designation _____ E-mail _____

Contact No. _____ Signature _____