

CERTIFICATE OF INSURABILITY FOR MINOR LIFE (AGE BELOW 18 YEARS)

Any alterations/corrections made in the form need to be duly signed by the policy owner.
Please ensure that no questions are left unanswered and the certificate is complete in all respects.
Kindly submit specimen signature form and a valid photo id proof along with this form incase the same were not submitted along with the application form.

POLICY NO.: _____ **Date of Birth of Life Insured (DD/MM/YYYY)** _____

1. Name in Full of the Life Insured: _____

Name in Full of the Policy Owner: _____

Telephone (O) No. _____ Mobile No. _____

Telephone (R) No. _____ E Mail _____

PEP - State whether the Proposer or the Life to be Insured or Nominee are Politically Exposed Person

YES **NO**

If Yes, please provide details _____

PEP : "Individuals who are or have been entrusted with prominent public functions, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important political party officials. Business relationships with family members or close associates of PEPs involving reputation risk is similar to those with PEPs themselves"

2. Amount paid towards Reinstatement:

Date	Cash/Cheque/D.D No.	Issuing Bank	Amount in Rs.

3. Nationality Indian NRI Others _____

4. State the class in which studying _____

5. Since the date of this application:

- a) Other than normal care at birth, has the minor within the last 5 years received any medical attention from the doctor or any medical treatment by diet, medicine or by any other means or been patient in a hospital or availed of any other medical services ? YES NO
- b) Has the minor ever been diagnosed or treated for heart disorder, rheumatic fever, cholera, cancer, tumor, enlarged glands, anemia, bleeding or blood disorder, urinary bladder or kidney disorder/infection, arthritis, deformity, birth defects, HIV/AIDS or AIDS related complex, any other illness, surgery or injury? YES NO
- c) Has the minor ever been diagnosed or treated for shortness of breath, asthma, diabetes, sugar in urine, colitis, hepatitis or other liver or digestive disorder, fainting spells, epilepsy, nervous or mental disorder ? YES NO
- d) Does the minor have any health symptoms or complaints for which a physician has not been consulted or no treatment has been received ? For e.g. persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.? YES NO

Question No.	Exact Diagnosis and details of current symptoms	Details of treating Doctor/Surgeon (Name, Qualification, Contact No.) and List of medications being consumed currently	Details and date of hospitalization and surgery done

6. Height (cm) : _____ Weight (kg) : _____

Name and Address of regular attending Physician: _____

7. Has any of the Life Assured's parents/brothers/sisters suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or paralysis or any other hereditary/familial disorders such as Huntington's disease, polycystic disease of the kidneys or familial polyposis of the colon? (If YES, give details) _____ YES NO

8. Is the child in sound health ? (If No, give details) _____ YES NO

9. Since the date of application for this policy has any application for, or reinstatement of life or health insurance been declined, postponed, modified or rated up by Birla Sun Life Insurance or any other insurance company? YES NO

I, the policy owner/applicant declare that to the best of my knowledge and belief the above answers are full and true, and agree that, in this application if approved, with the answers gives in any declaration which may be required by Birla Sun Life Insurance Company Limited and which relates to the insurability of the life insured or to the change of the policy, shall be the basis of such reinstatement, delivery or change.

I, agree:

1. That Birla Sun Life Insurance Company Limited shall incur no liability by reason of this application or by reason of any cash paid or settlement made in connection therewith until this application has been approved by Birla Sun Life Insurance Company Limited with no change having taken place in the insurability of the insured subsequent to the date of this application.
2. All material facts, being facts which might influence the assessment of this application, have been disclosed in this application, it being understood that failure to make such disclosure renders the contract voidable, and
3. That if on the basis of this application the policy is changed so as to result in an increase in the amount of risk, death by suicide within a period of years from the date of this application equal to the period specified in the suicide provisions of the policy, is a risk not assumed under the changed policy in respect of any increase in the amount at risk; but in the event of such death Birla Sun Life Insurance Company Limited will become liable to make payment of the amount which would become payable had the policy not been changed, together with the increase in the premium paid as a result of the change.

I hereby provide my consent to receive a call with regards to my request as given herein.

Signed at _____ on _____ 20 _____

Signature of Policy Owner _____

Signature in the presence of Mr./Ms. _____

Signature of Witness _____

Name of Insurance Advisor: _____

Code of Insurance Advisor: _____

Name of Agency Manager / : _____
Relationship Manager

Code of Agency Manager / : _____
Relationship Manager

VERNACULAR DECLARATION:

I (We) verify that the contents of the document have been fully explained to me/us and I/we have fully understood them. I/we further confirm that the replies in the certificate of insurability have been recorded as per the information provided by me (us).

I (full name of witness) _____ (relation with the proposer/life to be insured) _____ do hereby state that I have read out and explained the contents of this certificate of insurability and all other documents incidental to reinstating the insurance policy from Birla Sun Life Insurance Company Ltd. to the Proposer and he/she/they have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Signature/Thumb Impression of the Proposer/Life insured signing in vernacular language

Name & Signature of Witness

To update your contact details please complete the Policy Service Request Form