

Track your policy with ease. Log on to www.insurance.birlasunlife.com, generate your own Username/Password to manage your policy efficiently.

Guaranteed Insurability Health Benefit- Response Form

Policy No:

Client ID:

I undersigned Mr/Mrs _____

shall like to exercise Guaranteed Insurability Health Benefit for my above mentioned health insurance policy.

Date:

Signature of Policy Owner: _____

In case you wish to pay the renewal premiums through ECS or Direct Debit, we request you to provide us with a fresh ECS Mandate form and a Pre Printed Cancelled Cheque along with this form.

If you are paying your premiums by quarterly or monthly mode we request you to provide us with a fresh ECS Mandate form and a Pre Printed Cancelled Cheque or Credit Card Authorization form along with front side photocopy of the Credit Card along with this form.

Please collect stamped, signed and filled up acknowledgment slip, which you can refer to for all your communications in regard to this request.

Birla Sun Life Insurance Company Limited

Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapart Marg, Elphinstone Road, Mumbai - 400013.

Write to us: G Corp Tech Park, 6th Floor, Kasar Wadavali, Ghodbunder Road, Thane - 400601. Contact Us: 1800-270-7000 (Toll Free), Tel. No. 6723 9100.

Email: customerservice@birlasunlife.com | www.insurance.birlasunlife.com | Corporate Identity Number: U99999MH2000PLC128110.

Insurance is the subject matter of the solicitation.

Acknowledgment slip

Received with thanks a request for Guaranteed Insurability Health Benefit form on

Signature of BSLI Staff _____

Name of BSLI Staff _____

Inward Reg Sr NO: _____

Stamp/ Seal of Branch

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Insurance is the subject matter of the solicitation. **Note:** Please produce this acknowledgement slip for any communication with regard to this request in future.