

APPLICATION FOR INSURANCE CHANGES

(Kindly fill in Block Letters)

Policy Number		Date	
Name of Policy Owner			
Mobile No.		Tel No.	

<input type="checkbox"/> Tick here if applicable CHANGE OF NAME, GENDER, AND DATE OF BIRTH OF LIFE INSURED AND POLICY OWNER													
Policy Owner													
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date Of Birth <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y				
Life Insured													
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date Of Birth <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y				
Documents to be submitted	1. Age Proof <input type="checkbox"/> 2. Policy document <input type="checkbox"/> 3. For change of name: copy of marriage certificate, marriage card with declaration, official gazette notification, etc. <input type="checkbox"/>												

<input type="checkbox"/> Tick here if applicable CHANGE OF BASIC PLAN SUM ASSURED							
	<input type="checkbox"/> Increase in SA	<input type="checkbox"/> Decrease in SA					
Original Sum Assured			Term (Years) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
New Sum Assured			Term (Years) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Documents to be submitted	1. Health declaration form (in case of increase in SA) <input type="checkbox"/> 2. Policy document <input type="checkbox"/> 3. Medical Exam/s (if applicable, please check the medical grid) <input type="checkbox"/> 4. New sales illustration sheet <input type="checkbox"/> 5. Financial documents as per Underwriting guidelines (if applicable) <input type="checkbox"/>						

<input type="checkbox"/> Tick here if applicable ADDITION, DELETION, CHANGE OF RIDERS TERM AND SUM ASSURED (Please select the appropriate Options)																	
All riders change request can be done on or after completion of policy anniversary																	
<input type="checkbox"/> Accidental Death Benefit	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease														
	Sum Assured: Rs <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Term (Years) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
<input type="checkbox"/> Major Diseases Benefit	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease														
	Sum Assured: Rs <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Term (Years) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
<input type="checkbox"/> Accidental Death and Disablement Benefit	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease														
	Sum Assured: Rs <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Term (Years) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
<input type="checkbox"/> Hospital Cash Benefit	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease														
	Sum Assured: Rs <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Term (Years) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

Documents to be submitted	For addition of rider and/or increase in sum assured of rider: 1. Health declaration form <input type="checkbox"/> 2. Policy document <input type="checkbox"/> 3. Rider questionnaire and Date of birth proof (applicable for payor rider) <input type="checkbox"/> 4. New sales illustration sheet <input type="checkbox"/> 5. Enclosed cheque of relevant amount <input type="checkbox"/>
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DECLARATION & AUTHORIZATION

IDBI Federal Life Insurance Co Ltd

No request shall be deemed to be treated valid and effective unless received by IDBI Federal Life Insurance Co Ltd (hereinafter referred to as 'IDBI Federal') during the lifetime of the Insured and is finally accepted and recorded by IDBI Federal. The receipt of this form by the agent does not constitute receipt/acknowledgement by IDBI Federal.

Signature of Policy Owner (Assignee/Trustee)

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Customer

I/we hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and forms a part of the said policy.

I/we understand that (i) IDBI Federal may be unable to process this application if I/we fail to provide any further information requested by IDBI Federal and (ii) I/we have the right to obtain access to and to request correction of any personal information held by IDBI Federal concerning me/us.

Signature of Witness/Agent

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