Enrolment form No._____
URN No. ICICI/PD/000005/2025

# Enrollment Form - Income Protect

**GUIDELINES FOR COMPLETION OF THE FORM (To be filled by the Proposer/Group Administrator)**

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of utmost good faith requiring the proposer to disclose all material facts in response to the questions in the proposal form. This obligation continues until the policy is expired and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy expires, then you must inform us of the same in writing without delay.
3. The Policy shall become void at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact, particularly in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the proposer or anyone acting on his behalf.
4. Kindly contact Our offices or Agents for any doubts or clarifications on the proposal form.
5. Note: Our liability does not commence until the premium is duly received and proposal has been accepted by Us.

Place: _____

Date D D M M Y Y Y Y

Applicant's Signature

## CUSTOMER INFORMATION - PART A

The application form is to be filled in CAPITAL LETTERS by the Proposer/Group Administrator. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly the question is not applicable.

**PROPOSER// CUSTOMER INFORMATION** Please fill all the particulars in CAPITAL letters only

Name of the Proposer/Group Policy Holder (organization/institute/association (Please leave a space after each part of name)

Mr.//Ms./Dr. F I R S T M I D D L E L A S T

Address of Proposer/ Group Policy Holder

Landmark:

City: Pin Code:

Nature of Group: Non Employer-Employee

Please state nature of group:

Family member/ Close relatives/Associates of PEPs: Yes ☐ No ☐

If Yes, (Explain Nature of relationship and position hold of PEP)

**Politically Exposed Person (PEP)

*Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.*

| Sr. No. | Full Name | Date of Birth | Nationality | Address | % Share Holding | Pan | **Politically Exposed Person(PED) Declaration |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Mobile Number*: E-mail ID:

Type of business: PAN Card No.:

GST Number: (It Applicable) Aadhaar No.:

Status (please tick any one):

☐ Private Limited Co. ☐ Unincorporated Association or Body of Individuals ☐ Partnership/LLP Trust/ Foundation

☐ Government ☐ NGO/NPO (If yes, obtain DARPAN Portal Registration number) ☐ Others (please specify)

Nature of Business

*Documents submitted: _____

*For identity proof, please refer the list of documents at Annexure A

Auto Renewal: ☐ Yes ☐ No

## NOMINEE/APPOINTEE SECTION

| | 1st Nominee | 2nd Nominee | 3rd Nominee | 4th Nominee | 5th Nominee |
|---|---|---|---|---|---|
| Name of Nominee | | | | | |
| Relation with Insured | | | | | |
| Date of Birth | | | | | |
| Percentage of Nomination | | | | | |
| Gender | | | | | |
| Name of Bank | | | | | |
| Account Number | | | | | |
| MICR | | | | | |
| IFSC | | | | | |
| Mailing Address | | | | | |
| Permanent Address | | | | | |
| Mobile Number | | | | | |
| Email ID | | | | | |
| In case of minor Nominee, kindly provide details of authorised Appointee | | | | | |
| Name of Appointee | | | | | |
| Name of Bank | | | | | |
| Account Number | | | | | |
| MICR | | | | | |
| IFSC | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| Permanent Address | | | | | |
| | | | | | |
| Mobile Number | | | | | |
| Email ID | | | | | |

## AGENT DETAILS- PART B

Agent/ Intermediaries Name: ☐☐☐

## RISk DETAILS- PART C

Policy Period: From D D M M Y Y Y Y To D D M M Y Y Y Y Policy tenure: ☐☐ Year(s)

Type: ☐ New ☐ Renewal (In case of renewal, please mention previous policy no.) ☐☐☐☐☐☐☐☐☐☐☐☐

Expected number of persons to be insured in the group: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**Tentative Age Mix and SI mix of prospective group:**

**Risk Category:** Please specify percentage distribution of group members under different risk categories
**Category I** - Doctors, Lawyers, and persons engaged in clerical and administrative or similar job profiles _____%
**Category II** - Builders, Contractors, on site engineers, workers, Mechanics, Driver & manual laborers or similar job profile _____%
**Category III** - Persons working in mines, explosive units, electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo or similar job profile ____%

| Age (in years) | Percentage distribution |
|---|---|
| 18-25 | |
| 26-40 | |
| 41-50 | |
| 51-65 | |

| SI Mix | Percentage distribution |
|---|---|
| <=3L | |
| 3-10L | |
| >10L | |

Whether opted for Reducing Sum Insured Clause: ☐☐☐☐☐☐☐☐☐☐☐☐

Whether opted for Periodical Claim Payment Clause: ☐☐☐☐☐☐☐☐☐☐☐☐

## SCOPE OF COVER: PART D

The Policy offers coverage against multiple risks such Involuntary Loss of job, critical illness, Personal accident and home cover as opted by the proposer. For complete details on coverage, please refer to the Policy wordings.

## TABLE OF BENEFITS: PART E

| Section and Benefits | Nature of covers | Tick, for availing coverage | SI opted (Depending on nature of group and its requirement) |
|---|---|---|---|
| **SECTION A** | | | |
| Benefit 1: Loss of Income on account of loss of employment | Base | ☐ | |
| **SECTION B** | | | |
| Benefit 2: Critical Illness | Base | ☐ | |
| Benefit 3: Major Surgical Procedures | Base | ☐ | |
| Modification of waiting period for section B | Optional Cover | ☐ 0 Days<br>☐ 30 Days<br>☐ 45 Days<br>☐ 60 Days | |
| **SECTION C** | | | |
| Benefit 4: Accidental Death Benefit | Base | | |
| Benefit 5: Permanent Total Disablement (PTD) Benefit | Base | | |
| Benefit 6: Permanent Partial Disablement (PPD) Benefit | Base | | |
| Benefit 7: Temporary Total Disablement (TTD) Benefit | Base | | Payout Amount:<br>Max. Payout Period: weeks |
| Benefit 8: Mysterious Disappearance Benefit<br>Can only be opted if at/east one of the above Base Benefits under Section C is | Extension | | |

| SECTION D | | | |
|---|---|---|---|
| Benefit 9: Hospital Daily Cash Benefit<br>The Section cannot be taken independently and can only be opted along with section A or B or C. | Extension | | Payout Amount : _<br>Payout Period: ☐ 7 days ☐ 15 days ☐ 30 days ☐ 60 days ☐ 90 days<br>* Per day payout for each day of ICU admission will be twice of Per day payout for each day of non ICU admission |

## PREMIUM DETAILS: PART F

(Applicable for non-contributory policy)

Premium Amount: ₹ ☐☐☐☐☐☐☐☐☐☐ DD /Cheque Amount: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DD/Cheque No. / In case of NEFT please specify NEFT details: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Issuing Bank Name: ☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DD/Cheque Date: D D M M Y Y Y Y

Premium Payment Frequency: ☐ Lump Sum ☐ Annual ☐ Half yearly ☐ Quarterly

## CLAIM EXPERIENCE/PREVIOUS POLICY DETAILS - PART G

Please share details of previous polices and claims(If any) in the past under Universal Protection with Us or any policy with similar covers with Us or any other insurer in the past. **If yes, please provide details as below:**

| Policy Period (From and To) | Name and address of insurer | Policy number | Premium paid | Total claim amount (₹) | Claim Details |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Note: Please attach a separate sheet if space available is not sufficient for filling in complete details.**

Any additional information material to assumption of risk _____

_____

_____

## DECLARATION- PART H

1. I hereby declare on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and /or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of all these persons.
2. I understand that the information provided by me forms the basis of the insurance policy. This issuance of this policy is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured after the proposal has been submitted but before communication of the risk acceptance by the Company
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which anytime has attended on the person to be insured/proposer or any health or any other information from any past or present employer concerning anything which affects the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement
5. I authorize the Company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claim settlement and with any Government and/or regulatory authority
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
7. I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
8. I/We understand that the Company has right to call for documents to establish source of funds

9. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and not later than 30 days.
10. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

Important Note:

The beneficial owner shall be determined as follows:

a) Where the client is a company, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more judicial person, has the controlling ownership interest (more than 10 percent of shares or capital or profits of the company) or who exercises the control through other means

Where the client is a partnership firm, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more judicial person, has the controlling ownership interest (more than 10 percent of shares or capital or profits of the company) or who exercises the control through other means

Explanation: For the purpose of this clause, Control shall include the right to control the management or policy decision.

b) Where the client is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more judicial person, has ownership or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals

c) Where the client is trust, the identification of beneficial owner(s) shall include identification of owner of thetrust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural personexercising ultimate effective control over the trust through a chain of control or ownership

d) Where no natural person is identified under (a), (b) or (c) above, the beneficial owner is the relevant naturalperson who holds the position of senior managing official.

Additional Declaration:

11. I have been provided with the detailed terms of the policy. I have read, understood and aware of the detailof the policy
12. I declare the content of this proposal form and other documents have been fully explained to me and I havefully understood the significance of the proposed contract
13. I hereby give consent for receiving proposal form and policy copy in electronic format only. The provisionof physical copy of the proposal form would be as per the relevant IRDAI guidelines
14. I hereby confirm that I have insurable interest in the policy and the premium is not borne by any third partyentity or person
15. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof aswell as the identity/address proof of the insured through the central KYC registry or UIDAI or throughany other modes for the purpose of undertaking KYC
16. I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shallshare the same with Company as and when required.

Date D D M M Y Y Y Y Place _____ Applicant Signature _____

## Statutory Warning
## Prohibition of Rebates

**(Under section 41 of Insurance Act, 1938; Amendment Act 2015)**

- The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous ofporting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all themembers of the family, if any, at least 30 days before, but not earlier than 60 days from the due date forrenewal.
- The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits availablein the previous policy, subject to the underwriting policy of the Company
- The Company shall decide and communicate on the proposal upon receipt of information from Existinginsurer within prescribed timelines.
- This benefit is not applicable for enhanced sum insured.

## TAX BENEFIT

Tax Benefits would be applicable only to covers under Sections B and D, if availed, as per the provisions of Section 80D of the Income Tax Act, 1961 and amendments made thereto.

Note: Policy terms & conditions and Premium rates are subject to change with prior approval from IRDAI. Tax benefits are subject to changes in tax laws. Please consult your financial/tax advisor for more details.

## STATUTORY WARNING PROHIBITION OF REBATES

**Section 41 of Insurance Act, 1938**
**(Amendment Act 2015)**

1) 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:

   [Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.]

## INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Name: _____

Code: _____ Contact No.: _____

Email ID of the branch: _____

Branch/Office: _____