

(Corrections or overwriting, if any, must bear the full signature of the applicant)

1.Particulars

Name of the Group Policyholder: _____ RM/SRM Name: _____ Source Code: _____ Branch official: _____

Is the applicant already covered under PNB MetLife: Complete Loan Protection Plan / Loan & Life Suraksha / Complete Care Plus ☐ Yes ☐ No If Yes, provide Policy Number : _____

1.1 Plan Option		1.2 Type of Policy: <u>Single life /Joint life</u>
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1.3 Type of Cover: _____ 1.4 Policy Term: _____ Months/Years 1.5 Single Pay ☐ Regular Pay ☐ 1.6 Sum Assured: Rs. _____

1.7 Premium Payment Frequency: _____ 1.8 Benefit Payout Option: _____

1.9 No of Months / years for Payout _____ (Only if Applicable) 1.10 Instalment Premium: Rs. _____

1.11 Benefit Amount Payable: Rs. _____ 1.12 Preference for Renewal Premium Payment Mode: _____ (For ACH/Auto Debit - Please fill in the relevant Standing Instruction Form)

2.Details of Applicant

Particulars of Primary Life Applicant (Mr./Mrs./Ms./Dr./Other)	Particulars of Joint Life Applicant (Mr./Mrs./Ms./Dr./Other) (If Applicable)
2.1 Full Name: _____	2.1 Full Name: _____
2.2 Father's Name: _____	2.2 Father's Name: _____
2.3a Date of Birth: (DD/MM/YYYY) 2.3b DOB Proof: _____	2.3a Date of Birth: (DD/MM/YYYY) 2.3b DOB Proof: _____
2.4 Gender: _____ 2.5 Nationality: _____	2.4 Gender: _____ 2.5 Nationality: _____
2.6 Country of Residence: (if not residing in India) _____	2.6 Country of Residence: (if not residing in India) _____
2.7 Gross Annual Income: <input type="checkbox"/> 2.8 PAN: <input type="checkbox"/>	2.7 Gross Annual Income: <input type="checkbox"/> 2.8 PAN: <input type="checkbox"/>
2.9 Occupation: <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Self Employed <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others _____	2.9 Occupation: <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Self Employed <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Others _____
2.10 Mobile: _____ Email: _____	2.10 Mobile: _____ Email: _____
2.11 Mailing Add: _____	2.11 Mailing Add: _____
_____ Grampanchayat _____	_____ Grampanchayat _____
_____ State: _____ Pin code: _____	_____ State _____ Pin Code _____
	2.12 Relationship with Primary Life Applicant _____

3.Additional Information

3.1 Nominee/Appointee Details: (Appointee details to be filled if nominee is a minor. The Appointee must not be Primary/Joint Life Applicant)

	Full Name	Date of Birth	Gender	Relationship	% Nominee Share**	Address (including Gram Panchayat)
Nominee		dd/mm/yyyy		With applicant		
Appointee		dd/mm/yyyy		With Nominee		

** In case of more than one nominee, please fill respective share of nomination in multiple nominee form.

	Name	Marital Status	Mobile Number	E-mail	PAN No.
Nominee					
Appointee					

	Name	Account Type	Account No.	MICR Code	IFSC Code
Nominee					
Appointee					

	Name	Bank Name	Branch Address
Nominee			
Appointee			

3.2 Details of Initial Deposit: (Cash/Cheque/ etc.) Instrument No: _____ Instrument Date: _____ Amount (In INR): _____ Bank & Branch _____
(***Please fill in the relevant Standing Instruction Form)

This is a sample member enrolment form and subject to modifications and variations on extent of data required and the health questions depending on the nature of the group. Also where the membership is compulsory in nature and the member data is exchanged electronically with the insurer and the group policyholder, this member enrolment form may not be used at all.

4. Health & Lifestyle Particulars

Primary Life Applicant

Joint Life Applicant (If Applicable)

Height _____ cms or _____ ft _____ Inches

Weight _____ Kgs.

Height _____ cms or _____ ft _____ Inches Weight _____ kgs.

Health Details of Life to be Assured:

Primary Life Applicant

Secondary/Joint Life Applicant

4.1 Do you currently smoke or used to smoke more than 10 cigarettes, bidis per day/5 pouches of gutkha or chewable tobacco per day?

☐ Yes ☐ No

☐ Yes ☐ No

4.2 Do you have history of immediate family members been diagnosed with or died from Heart Attack, Coronary artery disease, Cancer, Diabetes, stroke, before age 60yrs

☐ Yes ☐ No

☐ Yes ☐ No

4.3 Do you consume or used to consume any form of alcohol/liquor exceeding 90ml or 3 pegs of hard liquor or 2 glasses of beer/wine per day?
(If yes, please provide complete details with Lifestyle Questionnaire e.g. Smoking/Tobacco or Alcohol)

☐ Yes ☐ No

☐ Yes ☐ No

4.4 Do you consume Narcotic substances or Addictive drugs

☐ Yes ☐ No

☐ Yes ☐ No

4.5 Do you have existing insurance cover?

☐ Yes ☐ No

☐ Yes ☐ No

4.6 Have you ever been convicted of a criminal offence or do you have any criminal case or charges pending against you?

☐ Yes ☐ No

☐ Yes ☐ No

4.7 Have you ever suffered from or are currently suffering from or been advised to undergo Investigation/ Hospitalization/ Surgery /treatment /medication for the below ailments: a) chest pain, heart attack, heart valve disorder or any other heart disease, b) diabetes, hypertension, c) cancer, tumor, growth or cyst, d) stroke, paralysis, epilepsy, or disorder of brain/nervous system or any psychiatric or mental disorder, e) disorders of muscle, bones or joints, arthritis or rheumatic disorders any physical disabilities or congenital defect, f) Respiratory disorders or blood disorders (anaemia) or endocrine disorders, g) Disorders of digestive system, pancreas, stomach, intestine, gall bladder, liver or of the kidney, urinary tract, h) hepatitis B/C or HIV or other sexually transmitted disease, i) Any other illness or impairment not mentioned above

☐ Yes ☐ No

☐ Yes ☐ No

4.8 Do you engage in any hazardous or dangerous occupation or hobbies (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.) (If yes, please provide Occupation/Lifestyle Questionnaire)

☐ Yes ☐ No

☐ Yes ☐ No

4.9 Only in case of Female Lives:

Are you pregnant and have you ever suffered/suffering from or have undergone any investigation or treatment or received medical advice or consulted a physician for any gynecological complications such as miscarriage, disorder of cervix, uterus, ovary(is), breast(s), breast lump/cyst, fibrocystic disease etc.

☐ Yes ☐ No

☐ Yes ☐ No

Incase if you have answered "Yes" to any of the above questions, please provide us complete details including dates, duration and treatment, names and address of physicians.
Your enrolment would be subject to review by an underwritten

5. Terms & Conditions

Self declaration by the Employee/Member: I/We am/are aware that the Group Policyholder (GPH) has availed the **PNB MetLife Group Protection Plan** from PNB MetLife and I/We are proposed members of this group of borrowers. I/We have read this Proposal or got read/ explained the Proposal, and furnished the information, after fully understanding the contents thereof. I hereby declare that, the statements, and / or particulars given by me herein, which forms the basis of insurance cover, are true and complete in all respects, and I/We have not withheld any information whatsoever. I/We understand that the information provided by me/us form the basis of the Certificate of Insurance and that the policy is subject to the Board approved underwriting policy of PNB MetLife. I/We provide consent to seek any of my/our details, including medical information, from GPH or any authority or organization or entity for underwriting or claim processing. I/We authorize the Company to share information pertaining to my/our proposal including my/our medical records for the sole purpose of underwriting this proposal and/or claims settlement and with any Governmental and/or Regulatory authority. I/We further consent, and authorize PNB MetLife to use, process and disclose any of my personal and sensitive personal information collected or available with them (whether contained in this application or obtained otherwise) with any individual / organization / institution as authorised by the Authority or entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors, data analysts, Artificial Intelligence oriented softwares/firms and industry associations / federations, for the purpose of processing/underwriting this proposal and providing subsequent policy related services as permitted under the Authority's regulation/circulars, as applicable including for processing the claims arising out of the insurance contract. I/we also understand that PNB MetLife has a mechanism for the redressal of my/our grievances, if any, in in respect of the usage and storage of my/our personal information and the same is provided in detail in the Privacy Policy available on the website of PNB MetLife. I/We can raise my/our concerns to the Chief Information Security Officer of PNB MetLife and/or Data Protection Board in accordance with the Privacy Policy and Digital Personal Data Protection Act, 2023. I further agree and accept that commencement of risk will not take effect until a full receipt of the premium chargeable and Certificate of Insurance is issued by PNB MetLife. I/We further agree that after submission of this application and before issuance of this policy, if (1) there are any adverse circumstances connected with the general health of myself, or (2) An application for insurance on my life made to any other insurance company or an application for revival has been withdrawn or dropped or accepted at an increased premium or (3) There is any change in my occupation or financial position; I/We shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this application. Any omission on my/our part to do so shall render the contract based on this Proposal invalid and the Certificate of Insurance shall be cancelled immediately and the premium/premiums paid by me/us shall be treated in accordance with section 45 of the Insurance Act, as amended from time to time. I/We hereby understand that the Company will send/issue me/us the insurance policy in electronic form in accordance with the Company's Board approved policy on 'Issuance of Insurance policies in Electronic Form' and as per the extant regulatory framework.

Signature / Thumb impression of the applicant

Signature / Thumb impression of the second applicant

Name of witness

Signature / Thumb impression of the witness

Signature / Thumb impression of the applicant

Signature / Thumb impression of the second applicant

Name of witness

Signature / Thumb impression of the witness

Date: _____

Place: _____

6. Declaration in case of Illiterate / Suffering from a disability due to which writing is restricted / Vernacular proposed holder (Cannot be signed by sales or nominee)

I / We hereby declare that I / We have fully explained the above questions to the applicant and I / We have truthfully recorded the answers given by the applicant.

Declarant name: _____ Address _____

Signature of declarant

Signature / Thumb impression of the applicant

Section 45 of the 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. For the purposes of this sub- section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b. The active concealment of a fact by the insured having knowledge or belief of the fact. c. Any other act fitted to deceive; and d. Any such act or omission as the law specifically declares to be fraudulent. Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

STATUTORY WARNING as per Section 41 of the Insurance Act, 1938 as amended from time to time: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life 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.

7. Group Policy Holder Section (to be filled by Authorized person of the Group)

We have verified the age and the income details provided by the applicant(s) herein against records available with us. All necessary information as required by PNB MetLife India Insurance Company Limited ("PNB MetLife") is collected and presented herewith.

Authorized Signatory of the Group:

Signature:

Name:

Designation:

Please affix company seal

Date: _____

Place: _____

Signature of Witness:

Signature:

Name:

Designation:

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