

**APPLICATION FOR GROUP CREDIT PROTECTION PLUS**

**Master Policy Holder Name:**

**Master Policy No.**  **Scheme name**

Bajaj Allianz Life Insurance Company Limited, Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006.

LIFE GOALS. **DONE.**



**Agent's Details (For office use only)**

Application No.   Rural Banks  MFI  Corporate Agents  Corporate Division  NBPSU  Co-operative Banks  
 Others   Broker  NBFC  Web Sales  BFL  Scheduled Commercial Bank  
 Bank Ref. Code  Not to be filled  STM/FSC/IC Name  Branch   
 Receipt No.  Not to be filled  STM/FSC/IC Code  Sector  Urban  Rural

**1. Personal Details To be Filled by Member**

Title Mr./Mrs./Ms./Dr.   
**Name** First  Middle  Last   
 Date of Birth         Sex  Male  Female  
 Nationality   
 Age  Place of Birth   
 Age Proof  Birth Certificate  SSC Certificate  Driving License  
 Passport  PAN  Other   
 Preferred Language   
 I am a New Customer  / Existing Customer

Annual Income   
 Occupation   
 Exact Designation   
 Door No.  Building Name   
 Plot No./ Street Name   
 Landmark/ Area   
 Place   
 City/District   
 State  Pin Code   
 Area Code  Country Code  Tel. No.   
 Tel.   
 Country Code  Mobile No.   
 Mobile   
 E-mail

CURRENT MAILING ADDRESS

**Nominee Details (Under Section 39 of Insurance Act 1938)**

Name & Surname	Nominee 1	Nominee 2	Nominee 3
Place of Birth			
Date of Birth			
Relationship to Member			
% Share of Nomination			

**Appointee details (If nominee is a minor)**

Name & Surname	Place of Birth	Date of Birth	Relationship to Member

If the Nominee is minor, an appointee who is a major shall sign the Application form below and shall identify the relationship with the Nominee. Relationship to the nominee

I accept the appointment herein made

Signature  Place

**Coverage Information**

Premium (in ₹)  Premium Paying Term   
 Date of deposit of Premium          
 Premium Type Single  Regular  Membership Term   
 Premium Frequency (In case of Regular)  Yearly  Half Yearly  
 Sum Assured   Quarterly  Monthly  
 1. Accelerated Critical Illness  Yes  No  
 2. Accidental Permanent Total Disability Benefit cover  Yes  No

**Collection Details**

GDC  Cheque/DD  Cash  ECS  Direct Debit

**Bank Details (Not to be filled)**

MICR Code   
 IFSC Code   
 A/C No.   
 A/C Type   
 Cheque/DD No.   
 Cheque/DD Date        
 IT Assesse  Yes  No Pan No.

**To be filled by Master Policy Holder**

MPH Branch Name  Not to be filled  Loan Account Number   
 Period of Loan / Remaining Loan Period  Years Loan Amount / Outstanding Balance (inclusive of premium if any) ₹   
 Rate of Interest  % Date of Loan Disbursement  Cover Type - Level  Reducing   
 Type of Loan:  Moratorium  Moratorium Period in years  (If ticked Yes) Premium Finance - Yes  No

**Simplified Medical Questionnaire (SMQ)**

**Proposed Insured**

Occupation: Salaried  business  Self-employed  Retired  Student  Housewife  Annual Income:   
 Nationality: Resident Indian  NRI  PIO  Foreign National

- a) Height (in cms) \_\_\_\_\_  
 b) Weight (in Kgs) \_\_\_\_\_  
 c) Has there been any variation in weight of more than 5 kg in the past 6 months (other than weight loss programme)? Yes  No   
 1) Do you have any form of physical deformity, disability, accident history, injury, fractures, congenital diseases, external or internal body defect which may or may not restrict your day today activities? Yes  No   
 2) Do you suffer from or have you suffered from or received consultation or investigation or treatment for or are you currently receiving treatment for or awaiting medical or surgical treatment for: Yes  No   
 a) High Blood Pressure, cholesterol, Chest pain/discomfort, Heart Attack, irregular or fast heart rate or any other disorder of heart or blood vessel, Stroke, Epilepsy, Paralysis in any form, or any other Cerebrovascular Disease; Yes  No

- b) Diabetes, sugar in urine, thyroid disease or any other Endocrinal Disease, or Kidney, prostate or genitourinary disease like blood or albumin in urine, sexually transmitted or venereal diseases, etc.; Yes  No
- c) Any form of hepatitis, jaundice or liver Disease or disorders of eye/ear/nose/throat (excluding common cold) Yes  No
- d) Any lung or respiratory disease (e.g. Asthma, bronchitis, Tuberculosis, COPD, persistent cough, etc.). Yes  No
- e) Anaemia or any Blood Disorders, gastric or duodenal ulcers, colitis, chronic diarrhoea or other Gastro-Intestinal Diseases, or any other disorder of the bones, spine or muscle like rheumatism, arthritis, gout, etc.; Yes  No
- f) Any Cancer or Cancerous growth, tumours, chemotherapy or radiotherapy of any kind; Yes  No
- g) Anxiety, depression or other Mental or Psychiatric condition, any Genetic Disease or chronic headache, multiple sclerosis, any disease related to central nervous system (disease related to brain, spinal cord) or any autoimmune disorder; Yes  No
- h) HIV / AIDS or AIDS related complications. Yes  No
- i) Do you have any habits e.g. smoking/ tobacco chewing, alcohol, narcotics etc. or were you advised to abstain from the same due to medical reasons?(if yes, please fill up below details) Yes  No

If yes Consumed as,     Frequency / Day,     Duration (in Years):

Alcohol: Yes  No  Quantity    Frequency:      Narcotics:  Yes  No

- j) Have you ever undergone or have been advised to undergo any major surgical procedure or medical treatment for any conditions/illness/disorder not listed above or any complaints or symptoms for which a physician has not been consulted? Yes  No
- k) In the last five years, have you been continuously hospitalized for more than 7 days (other than fractures) or undergone any investigations (including basic radiological and blood tests) other than normal Health Check-ups and Insurance Medicals, or have had adverse result for any blood tests, X-Rays, ECG, Stress Test, Biopsies, CT Scan, MRI, Ultra-sonography or 2D / 3D Echo etc. Yes  No
- 3) Does any member of your immediate family e.g. parents, brothers, sisters, suffered from high blood pressure, diabetes, heart disease, stroke, cancer, kidney failure, or any other chronic or hereditary conditions before the age of 60 yrs. Yes  No
- 4) a. Do you have existing/proposed insurance cover from Bajaj Life Insurance or other life insurance companies? Yes  No
- b. Did any of your proposal and / or policy for life, health, accident or critical illness or any other riders, including simultaneous / renewals / revivals therefore, declined, deferred, withdrawn or accepted at extra premium or reduced cover or offered any special terms by any insurance company. Yes  No
- c. Have you ever received or do you now receive any benefits under health/disability/critical insurance cover? Yes  No
- 5) Do you engage or intend to engage in any business, sport or occupation or any hobby of a hazardous nature (e.g. occupation - chemical factory, mines, explosives; aviation other than fare paying passengers, diving, mountaineering, any form of motor racing, etc.) Yes  No
- 6) For females lives only:
- a) Are you pregnant? If "Yes", please state the expected date of delivery: \_\_\_\_\_ Yes  No
- b) Have you ever had any disorder of female organs or any abnormality of complications during pregnancy like eclampsia, gestational diabetes, recurrent miscarriage, etc?. If Yes Give details. Yes  No

Please provide complete details if any of the above question is answered in affirmation: \_\_\_\_\_

### Covid-19 Questions

Currently or in the last 3 months have you or your family members been tested positive for Covid 19 / Have been self isolated with symptoms on medical advice /  Yes  No advised to undergo, repeat or awaiting Covid 19 test/ Do you currently or in the past 1 month have symptoms like persistent cough, breathlessness, fever, raised temperature or flu like symptoms / Been in contact with an individual suspected or quarantined or confirmed to have COVID-19 or Sars cov-2/ or does your or immediate family members occupation require you/them to come in close contact with COVID-19 patients or with coronavirus contaminated material?"

Please provide complete details if above question is answered Yes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you or your immediate family members travelled overseas in the last 45 days OR plan to travel outside India during the next 6 months?  Yes  No

Please provide complete details in the declaration given below, if above question is answered Yes:

Country	City	Date Arrived/Arrival	Date Departed OR intended duration

### Declaration

(Please do not sign on blank proposal form)

I hereby declare that the information provided in the above questionnaire is true to the best of my knowledge. I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance (s) and that failure to disclose any material fact know to me may invalidate my insurance (s).

I/We fully understand that any personal information collected or held by the Bajaj Allianz Life Insurance Company Limited ("Company") (whether contained in this application or otherwise obtained) may be held, used and disclosed by the Company to reinsurance companies, claims investigation agencies, credit/claim/fraud bureaus or service providers or repositories and relevant industry associations/federations for the purpose of underwriting or claims processing or for any analysis.

"I/We am/are aware that the policy shall be governed by the Terms & Conditions of the policy issued by BAJAJ ALLIANZ LIFE INSURANCE CO. LTD. Pursuant to the proposal for insurance made by us. I/We have independently verified the information before making my/our decision.

I/We am/are aware that the GCPP policy taken by me/us, is issued and underwritten by BAJAJ ALLIANZ LIFE INSURANCE CO. LTD., and that all claims will be settled BAJAJ ALLIANZ LIFE INSURANCE CO. LTD., as per the terms and conditions of the policy.

I/We hereby confirm that I/We have agreed to subscribe to the policy purely on a voluntary basis after taking my/our independent professional advise and that \_\_\_\_\_ shall not be liable for any liability for loss or damage of whatsoever nature, which may be attributable to payment of claims under the policy of Insurance."

The above declaration and other details are true to best of my knowledge. I have been explained the rules of the scheme and have understood them.

Date:       Signature of Primary member: \_\_\_\_\_ Place \_\_\_\_\_

Witness signature \_\_\_\_\_ Place \_\_\_\_\_ Date:

**Vernacular Declaration / Specimen Signature**

(Please do not sign on blank proposal form)

If the signature herein is in vernacular then the proposed insured/proposer should declare below in his/her own handwriting ( in the same language in which the Application is signed) that the replies were after and properly understanding the question and declarations mentioned above. The contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract

Signature or Thumb Impression of Life Assured	Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y				
Signature of the witness	Name & Address of the witness	Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

I hereby declare that the contents of the Application form including the declarations have been explained to the proposer and replies have been recorded as per the information provided by the Counter Member and all the answers have been read out and fully understood by and confirmed by the Counter Member

Signature of person filling up the Application form	Name & Address of person filling up the Application form	Master Policy Holder Signature and Seal																	
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

I have understood the content of the proposal form as explained to me in \_\_\_\_\_ language by the person, Mr./Ms \_\_\_\_\_, filling in the proposal form and after the same, I am affixing my signature/thumb –impression.

Vernacular Declaration in Regional Language \_\_\_\_\_ Signature/thumb impression of the Life Assured \_\_\_\_\_

**Declaration for Settlement of Claim Amount in Favour of Master Policy Holder who is a Regulated Entity.**

In the event of any eventuality giving rise to a claim under the group insurance scheme, the claim proceeds should be utilized to liquidate the outstanding loan availed by me. I authorize MPH to receive the outstanding loan amount of the claim proceeds, from Bajaj Allianz Life Insurance Company Limited, which is authorized to make payment directly to and in the name of the MPH to the extent of outstanding loan amount left, if any, may be paid by BALIC to me or my nominee/beneficiary, as the case may be. Bajaj Allianz Life Insurance Company Limited shall be discharged to the extent of amount paid to the MPH towards outstanding loan amount. It shall be solely my responsibility to bring to the notice of BALIC, in the event I intend to make a change in my declaration as made herein above. This declaration is applicable when the MPH is a regulated entity or as specified by IRDAI from time to time. In the event refund of insurance premium, if any on account of my cover being cancelled either by way "Free Look cancellation or cancellation from inception" and / or in the event of any eventuality giving rights to claim under the group insurance scheme, I hereby authorize Bajaj Allianz Life Insurance Co Ltd (The Company) to refund the insurance premium to Master Policyholder from whom I had availed loan.

Signature of the Life Assured	MPH Seal	29-01-2021
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