

Application Form

(Please fill the form in BLOCK letters)

Term of the Policy: 5 years only (Guaranteed Renewable)

IMPORTANT NOTICE: 1) Kindly disclose in this application ALL material facts that shall form the basis of our contract, otherwise the policy issued may be void or voidable. If you are in doubt whether a fact is material, please disclose it. 2) All information needs to be filled on the application form. If some details are not applicable, NA should be written on the application form. 3) Cash should be deposited with authorized Cashier of Tata AIG Life. 4) If either of the current or permanent address field is left blank then the address provided in either fields will be considered relevant to the incomplete field as well

Customer ID No.:	<input type="text"/>	FSO/Campaign Code:	<input type="text"/>
Policy No.:	<input type="text"/>	Agent/Specified Person/Broker/Employee Name:	<input type="text"/>
Office Code:	<input type="text"/>	Agent/Specified Person/Broker/Employee Code:	<input type="text"/>
Channel:	<input type="text"/>		

STEP 1A PERSONAL DETAILS OF PROPOSED INSURED

Name: F I R S T M I D D L E L A S T Gender: M F

Father's/Husband's Name: F I R S T M I D D L E L A S T

Address 1/Village:

Address 2/PO:

Address 3/PS: Landmark:

City: District: State:

PIN Code: Tel. (O): S T D Tel. (R): S T D

Fax No.: S T D Mobile: 0 E-mail:

Nationality: Date of Birth: D D M M Y Y Y Y Marital Status: Single Married Widowed Divorced

Maiden Name: F I R S T M I D D L E L A S T

Identity Type: Identity Number: P A S S P O R T N O .

Occupation: Exact Nature of Daily Duties:

Business Address:

Annual Income (Rs.) (Income including all other sources):

Are you Resident Indian/NRI/PIO/Others (Specify Nationality)

Employer Name:

Correspondence Address: Residential Business Which is your dominant hand? Left Right

STEP 1B PERSONAL DETAILS OF APPLICANT, IF OTHER THAN THE PROPOSED INSURED

Name: F I R S T M I D D L E L A S T Gender: M F

Address 1/Village:

Address 2/PO:

City: PIN Code: State:

Marital Status: Single Married Widowed Divorced

Identity Type: Identity Number: P A S S P O R T N O .

Employer Name: Relationship with Proposed Insured:

Business Address:

Annual Income (Rs.) (Income including all other sources): Industry:

Exact Nature of Daily Duties:

Are you Resident Indian/NRI/PIO/Others (Specify Nationality)

STEP 2A DETAILS OF NOMINEE

Name (underline Surname/Family Name & expand any initials in the following sequence: Surname/Family Name, First Name, Middle Name)	Relationship with Insured	Age	Identity type & number

STEP 2B DETAILS OF APPOINTEE (Applicable only in cases where the nominee is below 18 years.)

Name	Relationship with Insured	Age	Identity type & number	Signature of Appointee

STEP 3 INSURANCE APPLIED FOR HEALTH FIRST

Please provide details of the number of units you need and the mode of payment.

Number of Units: Units (Maximum number of Units - 10)

Premium Rs. + Service Tax^ Rs. = Total Payment Rs.

Life Insurance Premium Rs. Health Insurance Premium Rs.

^Service Tax is payable on life insurance premium as per applicable laws. Tata AIG Life Insurance Company Limited reserves the right to recover from the Policyholder, any levies and duties (including service tax), as imposed by the government, either by premium adjustment or other forms, as deemed appropriate. Kindly refer to the Sales Illustration for exact premium rates.

Benefits/Cover	1 unit
Health Insurance Benefits a) Daily Hospital Benefit b) Surgical Benefit c) Critical Illness Benefit d) Post Hospitalisation Benefit	Rs. 250 per day Rs. 12,500 Rs. 125,000 Rs. 125 per day (for maximum period of 3 days)
Life Insurance Benefit	Death Benefit Rs. 1,000
Lifetime Limit	Rs. 250,000

STEP 4 FREQUENCY AND PAYMENT MODE

Mode of Payment: Cash# Cheque* Demand Draft Credit Card Salary Deduction Standing Instruction (Please fill a separate form if this option is selected) Electronic Clearing System (Please fill a separate form if this option is selected)

Premium Frequency: Annual Semi-annual Quarterly Monthly

For the premium amounts corresponding to each term life cover, please refer to the attached premium table sheet. ^Service Tax is payable on life insurance premium as per applicable laws. Tata AIG Life Insurance Company Limited reserves the right to recover from the Policyholder, any levies and duties (including service tax), as imposed by the government, either by premium adjustment or other forms, as deemed appropriate. Kindly refer to the sales illustration for the exact premium rate

Cheque Name of Bank: Branch:

Cheque No.: 1. Date: 3. Date:

2. Date: 4. Date:

(1 cheque for annual, 2 cheques for semi-annual and 4 cheques for quarterly payment option.)

NB: The cheque, crossed A/c Payee, is payable to "Tata AIG Life Insurance Company Ltd." * Please do not issue blank cheques. Select Equity fund ____%. Cash payment should not exceed RS 49,999/-

Demand Draft No.: Date: Payable in favour of Tata AIG Life Insurance Company Ltd.

Credit Card** I wish to avail the facility of paying the Monthly/Quarterly/Semi-annual/Annual (Strike off whichever is not applicable) payment of Rs. _____ in respect of Policy Number _____ by way of automatic debit to my credit card account.

The details of my Credit Card are as follows: Card Type: Visa MasterCard

No.: Expiry Date: Date of Birth:

Issued By (Name of the issuing bank):

Initial Payment Renewal Payment (Attach change in premium payment option form) Initial and Renewal Payment

NOTE: Please attach photocopy of Credit Card Front side with this form. CVV No. should not be disclosed.

I understand and agree that: • The total payment in respect of my Life Insurance Policy with Tata AIG Life Insurance Company Limited (Company) will be charged to the credit card account nominated by me at the interval indicated by me in the Policy application form. • The record of charges in respect of my Life Insurance payment submitted by Tata AIG Life Insurance Company Limited to my credit card account will neither bear my signature nor the imprint of my credit card. • A copy of the Total Payment Notice will be sent to me as usual with the "Total Payment Amount due" showing the amount that will be debited to my credit card account. • These instructions are valid till I issue instructions to the contrary in writing to the bank with a copy to Tata AIG Life Insurance Company Limited. • I agree and accept that the total payment that will be debited towards the policy may vary as per the policy terms and conditions and service tax prescribed by the Government from time to time. • I agree and accept that no fresh authorisation will be required. • I agree to inform Tata AIG Life Insurance Company Limited in writing if the nominated credit card account is cancelled, substituted or not renewed. I, therefore, undertake to unconditionally honour and pay without contestation the total amount when I am billed for the same by the aforementioned bank. This understanding is a part of terms and conditions listed below.

Terms & Conditions: 1) The nominated credit card must be in the name of Applicant of the policy. 2) Photocopy of the front side of the credit card must be enclosed with the Direct Debit Authorisation. 3) In case the transaction is declined, the policyholder is liable to pay the outstanding by cash or cheque. 4) The company reserves the right to withdraw the said facility without assigning any reason whatsoever.

Name of Applicant:

Signature of Applicant:

** Only Visa/MasterCard accepted

(As appearing on credit card)

Please do not pay premium in cash more than Rs. 49,999.

STEP 5 HEALTH DETAILS

1. Have you been advised that in future you require or may require hospital admission or surgical operation or procedure? Yes No
2. Do you currently have any medical condition or symptoms, or are you taking any medication or intending to consult or, during the last 5 years, have consulted a doctor for any diagnostic test or any condition other than cold, influenza or employment-related examinations?
3. Have you EVER HAD any of the following?:
- a. Diabetes, stroke, chest pain, heart attack, heart disease, raised cholesterol, high or low blood pressure?
 - b. Cancer (including skin cancer or ulcerated moles), tumour, leukaemia, lumps or growths of any kind?
 - c. Any disease or disorder of the nervous system, respiratory system, digestive system, kidney disorder, hepatitis (including hepatitis B carrier), blood or blood vessels?
 - d. Any disease or disorder related to HIV infection or AIDS?
 - e. Any physical disability or mental impairment not mentioned above?
4. Have either of your natural parents or any siblings died or suffered from cancer (including leukaemia) before the age of 60?
5. Have you ever been declined, deferred or accepted at special terms under a life, accident, medical or other health-related insurance?

PLEASE COMPLETE STEPS 6 AND 7 IF THE SUM ASSURED IS ABOVE 4 UNITS FOR AGES 18 TO 45 YEARS OR 2 UNITS FOR AGES 46 TO 55 YEARS OR 1 UNIT FOR AGES 56 TO 60 YEARS, OTHERWISE GO TO STEP 8.

STEP 6 CURRENT/PREVIOUS INSURANCE DETAILS

Name of Company	Sum Assured				Issue Date
	Life	Critical Illness	Accident	Hospital	
1. Are you now a member of any military force, engaged or are considering engaging in any hazardous sports or events (e.g. motor racing, climbing, scuba diving, etc.) or flying in any aerial device other than as a fare paying passenger on a regularly scheduled airline or travel overseas other than for vacation or holiday?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you EVER had an application for life, accident, medical or health related insurance refused, postponed or offered with restricted benefits or with an increased premium, or made any claim under any such policy of insurance?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer to any of the questions above (1 - 2) is 'Yes', please provide details:					

STEP 7 HEALTH DETAILS OF PROPOSED INSURED

3. a) Height	cm/feet
b) Weight	kg/lb
c) Has there been any change in your weight in the past 12 months? If 'Yes', please state amount of change and cause, if known.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount of change: Cause:
4. Have you EVER HAD any of the following:	Yes No
a) Fits, recurrent headache, paralysis, faints or any other disease or disorder of the brain, spinal cord or nerves?	<input type="checkbox"/> <input type="checkbox"/>
b) Depression, anxiety, schizophrenia or any other mental or nervous disorder?	<input type="checkbox"/> <input type="checkbox"/>
c) Thyroid disorder?	<input type="checkbox"/> <input type="checkbox"/>
d) Ear discharge, impaired sight, hearing or speech or any other disorder of ear, eye, nose or throat?	<input type="checkbox"/> <input type="checkbox"/>
e) Asthma, pneumonia, tuberculosis, emphysema, coughing up blood, persistent cough, or any other disorder of the chest or lungs?	<input type="checkbox"/> <input type="checkbox"/>
f) Palpitations, heart attack, or any other disorder of the heart or blood vessels?	<input type="checkbox"/> <input type="checkbox"/>
g) Liver disorder, gall bladder disorder, ulcer, bleeding from the stomach or bowel, hemorrhoids or any other disorder of the digestive tract?	<input type="checkbox"/> <input type="checkbox"/>
h) Bladder disorder, urine abnormality or genital organ disorder?	<input type="checkbox"/> <input type="checkbox"/>
i) Hemophilia or leukaemia?	<input type="checkbox"/> <input type="checkbox"/>
j) Back or neck complaint, arthritis, gout?	<input type="checkbox"/> <input type="checkbox"/>
k) Any illness that has caused you to be absent from work for a continuous period of 7 days or more?	<input type="checkbox"/> <input type="checkbox"/>
5. Have you or your spouse received medical advice, testing or treatment in connection with sexually transmitted disease or HIV infection or suffered from prolonged weight loss, diarrhoea, enlarged glands or unusual skin lesion or been advised to abstain from donating blood?	<input type="checkbox"/> <input type="checkbox"/>
6. Have you consulted a doctor or any other medical facility for investigation or diagnostic tests (such as X-ray, ultrasound, CT scan, biopsy, ECG, blood or urine, etc.) in the last 5 years?	<input type="checkbox"/> <input type="checkbox"/>

STEP 7 HEALTH DETAILS OF PROPOSED INSURED

		Yes	No
7.	Have you had any other illness, injury, operation or abnormality not mentioned under any question above which is recurrent or has symptoms persisting for more than 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have any symptoms or condition for which you intend to attend a doctor in the future?	<input type="checkbox"/>	<input type="checkbox"/>
9. Female Insured/Applicant only			
a)	Are you now pregnant? If 'Yes', please state expected delivery date. Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Have you ever suffered from any complication during a previous pregnancy or delivery?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Have you suffered from irregular menses?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder or depression, tuberculosis, polycyclic kidney or other heredity disease before the age of 65? If 'yes' provide details there of. (Type of cancer applicable): _____	<input type="checkbox"/>	<input type="checkbox"/>
If answer to any of the questions above in STEP 7 (Questions 4 to 9) is 'Yes', please give full details (Diagnosis, Dates, Investigations, Results, Treatment & Current Condition), noting the question number.			
Question No.			
10.	Name and Address of your physician (Western medical practitioner). Please provide registration number, date, reason & result of last consultation.	Insured's Doctor	

STEP 8 DECLARATION AND AUTHORISATION

You have to disclose in this application ALL material facts which shall form the basis of our contract, otherwise the policy issued may be void or voidable. If you are in doubt whether a fact is material, please disclose it.

Declaration & Authorisation: I/We hereby declare and agree that (a) I/We have read the application or the same was interpreted to me/us, and the answers entered in the application are mine/ours; (b) I/We hereby certify, on behalf of myself/ourselves and behalf of any person who may have or claim any interest in the said Policy, that each of the above answers is full, complete and true and I/We understand that Tata AIG Life Insurance Co. Ltd. (hereafter called "the Company") believing them to be such, will rely and act on them, otherwise the proposed application may be void; (c) such application shall not be considered as effected by reason of any money paid, or settlement made in payment of or on account of any premium, until this application is received by the Company during the life time of the Insured and is finally approved by an authorized officer of the Company; (d) if my/our application be accepted by the Company, the Incontestability and Suicide Provision thereof shall have effect from the approval date of my/our application.

Furthermore, I hereby irrevocably authorize (a) any organization, institution, or individual that has any record of knowledge of my/the Insured's health and medical history or any treatment or advice that has been or may hereafter be consulted or other personal information to disclose to the Company such information. This authorization shall bind my/the insured's successors and assigns and remain valid notwithstanding my/the Insured's death or incapacity in so far as legally possible; and (b) the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my/the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites. A photocopy of this authorization shall be valid as the original. I also agree and undertake that a) if there is any material change in my circumstances, including but not limited to, changes in my health, employment, financial circumstances, arrest or being charged with a criminal offence, non-standard acceptance or rejection of a life insurance application, prior to the acceptance of the company of this application for insurance, I will immediately notify the company of such change in writing, and b) the company will take into account any such change in circumstances in deciding whether to reject or accept this application, and c) failure to notify the company in this manner shall, at the company's discretion, render this policy void and all moneys which shall have been paid in respect thereof shall stand forfeited to the company.

I/We hereby undertake that if after the date of submission of the proposal form but before the issue of the Policy document if i) there is any change in my occupation or any circumstances adversely affecting my financial position or there is any change in my health condition; or ii) an application for insurance on my life made to any other insurance company or an application for revival has been rejected, or accepted at an increased premium or on terms other than as proposed by me, I shall forthwith intimate the same to the Company in writing. Any omission on my part to do so shall render the Policy invalid and the Company can rescind the Policy and repudiate claims (if any) made under the Policy and all money which shall have been paid in respect of the Policy by me shall stand forfeited to the Company.

I agree and understand that the information provided by me and disclosure made by me hereinabove shall be the basis of assessment, assumption and acceptance of risk by the Company. If any statement made by me to the Company or to any other person or any information provided by me to the Company are inaccurate or false or are found to be inaccurate or false, or if there has been any non disclosure, withholding or suppression of any fact pertaining to my financial position or health condition (physical or mental) or if any information provided or disclosure made by me at the time of proposal are in variance with my financial position or health condition (physical or mental) as at the time of proposal, the Company shall have the right to treat the Policy contract as void since inception.

INSURANCE ACT 1938, Section 45: No policy of life insurance effected before the commencement of this act shall after expiry of two years from the date of commencement of the Insurance Act and no policy of life insurance effected after the coming into force of this act, shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal (application) for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making, that the statement was false or that it suppressed facts, which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal (application).

Cancellation right and refund of premium: I understand that I have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by me and received directly by the Company within fifteen (15) days from the date of receipt of the policy by me.

Commencement of cover: I understand that the cover applied for under this application will commence after consideration of my application and receipt of the required premium by the Company.

STEP 8 DECLARATION AND AUTHORISATION (Contd.)

INSURANCE ACT 1938, Section 41 - Prohibition of Rebates. 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

U S TAX DECLARATION

"By purchasing this policy and signing below, I represent I am not a U.S. person for purposes of US federal income tax and that I am not acting for, or on behalf of, a US person." A false statement or misrepresentation of tax status by a US person could lead to penalties under US law. If your tax status changes and you become a US citizen or resident, you must notify us within 30 days (US citizens must strike out this clause and initial the change at the left hand side).

Insurance is the subject matter of the solicitation. Please refer to the product brochure for detailed Terms & Conditions before concluding the sale.

I hereby declare and agree that I have heard and fully understood the contents of the application form as explained to me by the Advisor/Employee and have fully understood the significance of the proposed contract. The information/answers filled in the application form are exact replication of the information/answers provided by me to him/her and no addition/deletion/alteration has been done by the Advisor/Employee to the information so provided.

Policy effective date:

D	D	M	M	Y	Y	Y	Y
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*Policy effective date can be the application date or any date after application date, however if the policy is approved prior to opted date, the approval date will be considered as Effective date;

Signature of Proposed Insured:

Date:

D	D	M	M	Y	Y
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(Date of signing this application form)

Agent/ Specified Person/
Broker/ Employee Signature:

Signature of Applicant:

Place:

Corporate Stamp:
(In case of Specified Person/Broker)

IN CASE THE PROPOSED INSURED IS ILLITERATE OR SIGNING IN VERNACULAR:

The thumb impression or signature of the Proposed Insured/Applicant should be attested by the agent or a person of standing whose identity can easily be established and this declaration should be made by him.

I _____ (name) with _____ (identity type) _____ (identity number) hereby declare that I have explained the contents of the application form to the Proposed Insured/Applicant in _____ language and that I have read out to the Proposed Insured/Applicant the answers to the questions dictated by the Proposed Insured/Applicant and that the Proposed Insured/Applicant has affixed his thumb impression on the application form after fully understanding the contents thereof.

Signature of Witness: _____

Please affix thumb impression here

FOR OFFICE USE ONLY

Policy No.:

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Agent/Specified Person/Broker/Employee Code:

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Office Code:

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This product is underwritten by Tata AIG Life Insurance Company Ltd.

This product is underwritten by Tata AIG Life Insurance Company Limited. Please refer to the product brochure for detailed terms and conditions before concluding a sale. Insurance is the subject matter of the solicitation. Riders are not mandatory and are available for a nominal extra cost. Acceptance of premium does not constitute risk commencement. Risk commencement start after the acceptance of risk by the company ULIP products are different from traditional Life Insurance products and are subject to risk factors. Premium paid in ULIP are subject to Investment risks associated with capital Markets & the NAV of the units may go up or down based on the performance of the fund and factors influencing capital markets & the insured is responsible for his decision. Tata AIG Life Insurance Company Limited is only the name of insurance company & Tata AIG Life InvestAssure Care is only the name of the ULIP contract and does not in any way indicate the quality of the contracts, its future prospects or returns. Past performance is not indicative of future results.