## Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



PROTECTING INVESTING FINANCING ADVISING

## **Certificate of Insurability for Minor Life (Age below 18 Years)**

Plea	y alterations/corrections made in the form ase ensure that no questions are left unar dly submit specimen signature form and a	nswered and the certificate is complete in	all respects.	Date: $\square$
	licy Number:	Date of Birth of Life Insu	red: D D M M Y Y Y Y	
1.	PEP - State whether the Proposer of If yes, please provide complete deta # PEP: "Individuals who are or have be for example Heads of State or govern	Mobile No.:  or Form 60/62  registration of 'Go Green' and will lead to a registration of 'Go Green' and 'Go Green'	discontinuance of physical statements.  The Politically Exposed Persons  The action at the properties of the statements of the physical statements.  The Politically Exposed Persons at the properties of the physical of the physical statements.  The Political of the physical statements of the physical of the physical of the physical statements.	untry or by an international organization, executives of state-owned corporations
	Help us know yo	u better! For which financial go	al did you choose your life ins	surance Policy?
	For Your Family & You  Childs Education Childs Marriage Family Protection & Risk Protection against Health Cover Outstanding Loans	For Efficient Fina Saving Wealth Creation Tax planning Business Continu	□ W □ R	For Your Aspirations /ealth Creation etirement Planning egacy Planning
2.	·			
	Date	Cash/Cheque/D.D. No.	Issuing Bank	Amount (in ₹)
3. 4.	,	Othersudies:		
4.	State the class in which currently standard Since the date of this application:  a) Other than normal care at birth, any medical treatment by diet, medical services?	udies: has the minor within the last 5 year medicine or by any other means or	s received any medical attention fro been patient in a hospital or avail	Yes No m the doctor or ed of any other
4.	State the class in which currently state the date of this application:  a) Other than normal care at birth any medical treatment by diet, medical services?  b) Has the minor ever been diagnoranemia, bleeding or blood dis	udies: has the minor within the last 5 year	s received any medical attention fro been patient in a hospital or avail matic fever, cholera, cancer, tumor, o order/infection, arthritis, deformity	Yes No m the doctor or ed of any other
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4.	State the class in which currently state the date of this application:  a) Other than normal care at birth, any medical treatment by diet, medical services?  b) Has the minor ever been diagnoranemia, bleeding or blood dis HIV/AIDS or AIDS related compor other liver or digestive disorced.  d) Does the minor have any health	has the minor within the last 5 year medicine or by any other means or sed or treated for heart disorder, rheu order, urinary bladder or kidney dis lex, any other illness, surgery or injury sed or treated for shortness of breat	s received any medical attention fro been patient in a hospital or avail matic fever, cholera, cancer, tumor, order/infection, arthritis, deformity ?? h, asthma, diabetes, sugar in urine, or mental disorder ? a physician has not been consulted	Yes No m the doctor or ed of any other
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4.	State the class in which currently state the date of this application:  a) Other than normal care at birth, any medical treatment by diet, medical services?  b) Has the minor ever been diagnoral anemia, bleeding or blood dis HIV/AIDS or AIDS related comported or other liver or digestive disorct d) Does the minor have any health has been received? For e.g. per Question No. Exact Diagnoral Exact Diagnoral Control of the process of the proc	has the minor within the last 5 years medicine or by any other means or sed or treated for heart disorder, rheu order, urinary bladder or kidney dis lex, any other illness, surgery or injury sed or treated for shortness of breat ler, fainting spells, epilepsy, nervous or symptoms or complaints for which a sistent fever, unexplained weight loss osis and details  Details of (Name, Qualific	s received any medical attention fro been patient in a hospital or avail matic fever, cholera, cancer, tumor, order/infection, arthritis, deformity ?? h, asthma, diabetes, sugar in urine, or mental disorder ? a physician has not been consulted s,loss of appetite, pain, swelling etc of treating Doctor/Surgeon cation, Contact No., Address) and	renlarged glands, or birth defects, colitis, hepatitis cornor treatment control or control or color or control or color

0	Mainte (ma)							
	Height (cm): Weight (kg):							
/.	Name and Address of regular attending Physician:							
8.	Has any of the Life Assured's parents/brothers/sisters suffered from or died of heart disease, stroke, high blood	pressure,	Yes	No				
	diabetes mellitus, cancer, kidney disease or paralysis or any other hereditary/familial disorders such as Huntington's	s disease,						
	polycystic disease of the kidneys or familial polyposis of the colon?  (If YES, give details)							
9.	Is the child in sound health?							
	(If NO, give details)		ш	ш				
10.	D. Since the date of application for this policy has any application for, or reinstatement of life or health insurance been postponed, modified or rated up by Aditya Birla Sun Life Insurance Company Limited (ABSLI) or any other insurance cor	,						
dec	the life insured/applicant declare that the above answers are full and true, and agree the application if approved, with eclaration which may be required by Aditya Birla Sun Life Insurance Company Limited (ABSLI) relates to the insurability change of the policy, shall be the basis of such reinstatement, delivery or change.		_	-				
I, a	agree:							
1.		That Aditya Birla Sun Life Insurance Company Limited (ABSLI) shall incur no liability by reason of this application or by reason of any cash paid o settlement made in connection therewith until this application has been approved by Aditya Birla Sun Life Insurance Company Limited (ABSLI) with						
2.	All material facts, being facts which might influence the assessment of this application, have been disclosed in this appli that failure to make such disclosure renders the contract voidable, and	cation, it bei	ng unde	erstood				
3.	That submission of this COI does not mean auto reinstatement of my policy and the same is subject to completion of all medical requirements if required raised by ABSLI. Upon approval by ABSLI, reinstatement of the policy shall be communicated to the communicate of the policy shall be communicated to the communicate of the policy shall be communicated to the communicate of the policy shall be communicated to the communicate of the policy shall be communicated to the communicate of the policy shall be communicated to the c			_				
4.	That basis my answers in this application, there may be change in the amount of premium payable and I accept and premium amount that may be chargeable to me by ABSLI. I further agree to pay the outstanding dues including interest may be applicable to reinstate the policy. I understand and agree that the total outstanding dues payable by me mentiquotation shall be valid till the validity period and may change thereafter as per the prevailing norms of the Company.	st and any o	ther cha	arge as				
pro	nereby agree and confirm that the above details provided by me are true and correct. I request you to update above informati rovide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Pr ny matter related to my above Policy.	-		-				
Sig	gned at on 20							
Sig	gnature of Policy Owner Relationship with Life Insured:							
Sig	gnature in the presence of Mr./Ms Signature Pf Witness							
Nar	ame of Insurance Advisor: Code of Insurance Advisor:							
Nar	ame of Agency Manager/Relationship Manager:							
Cod	ode of Agency Manager/Relationship Manager:							
VE	ERNACULAR DECLARATION:							
	We) verify that the contents of the document have been fully explained to me/us and I/we have fully understood them. I/v plies in the certificate of insurability have been recorded as per the information provided by me (us).	we further co	onfirm t	hat the				
tha fro	(full name of witness) (relation with the proposer/life to be insured) hat I have read out and explained the contents of this certificate of insurability and all other documents incidental to reins from Aditya Birla Sun Life Insurance Company Limited (ABSLI) to the Proposer and he/she/they have understood the san ave stated herein above is true and correct to the best of my knowledge and belief.	stating the in	surance	e policy				
_	gnature/Thumb Impression of the Proposer/Life insured gning in vernacular language	s		_ <del>_</del>				

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)
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Life Insurance

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