

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Guaranteed Insurability Health Benefit - Response Form

Any alterations/corrections made in the form need to be duly signed by the policy owner. Tick (✓) the relevant box Kindly fill in BLOCK LETTERS ONLY

Policy No.: e-Insurance Account Number: Client ID: _____

Name of the Policyholder:

Email ID:

PAN:

Kindly note, this email id will be used for registration of 'Go Green' and will lead to discontinuance of physical statements.
In case you do not wish to opt for e-statements under 'Go Green', please tick the check box.

1. Are you holding citizenship of any other country? Yes No If yes, please provide country name/s: _____
2. Are you a tax resident of any other country? Yes No If yes, please provide unique Tax Identification Number/s: _____

Note: If the response to any of the above questions is yes, please submit a detailed NRI questionnaire available with our branch office.

I undersigned Mr./Mrs. _____ shall like to exercise Guaranteed Insurability Health Benefit for my above mentioned health insurance policy.
I hereby agree & undertake to abide by all the terms and conditions of the Policy Document.
I hereby agree and confirm that the above details provided by me are true and correct. I request you to update above information in your records.
I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy.

Date: Place: _____ Signature of Policy Owner: _____

Note:

1. In case you wish to pay the renewal premiums through NACH or Direct Debit, we request you to provide us with a fresh NACH Mandate form and copy of a pre printed Cancelled Cheque along with this form.
2. If you are paying your premiums by quarterly or monthly mode, we request you to provide us with a fresh NACH Mandate form and copy of a pre printed Cancelled Cheque or Credit Card Authorization form along with front side photocopy of the Credit Card along with this form.

Please collect stamped, signed and filled up acknowledgment slip, which you can refer to for all your communications in regard to this request.

Acknowledgement slip

Received a request for _____ against Policy number:
Policy Owner: _____ Reference No.: _____
Branch: _____ Received By: _____

Stamp/Seal of the branch

FOR/9/17-18/795

Aditya Birla Sun Life Insurance Company Limited
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