



## Certificate of Insurability For Major Child of Principal Insured - Health Policy (Age above 18 years)

Any alterations/corrections made in the form need to be signed by the policy owner. Please use a separate request form for each policy.

Application By:

BR CD:  Zone:  Policy No.:  Agent ID:

Mobile No.:  Email ID:

PAN (Mandatory):  or  Form 60/61

\*Annual contribution would mean total Annual premium across all policies held by you as a customer + sum of all Top ups made in a financial year + any other payments made by you as a customer in the financial year

### 1. Name in full of all lives covered under the policy.

a) Principal Insured:

Principal Insured is a PEP# (Politically Exposed Person):  Yes  No

b) Spouse: \_\_\_\_\_ Spouse of Principal Insured is a PEP# (Politically Exposed Person):  Yes  No

#PEP: \*PEP Definition Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important politically party officials OR Family members /close associates who are related or have business relationships with PEP's"

### 2) Since the date of your proposal for the above mentioned policy:

- a) Have you suffered form any disability or been diagnosed with any illness or taken treatment or medication for any condition for a continuous period of more than 14 days except for minor for cold, cough or flu?
- b) Have you ever been tested or advised any tests or peration or been given medical advice on any illness or disease?
- c) Have you ever been hospitalized for any tests or treatments or undergone any major or minor surgery or organ transplant?
- d) Are you currently suffering from any infectious or contagious sickness & / or and sickness of viral nature including AIDS (Acquired imuno-deficiency syndrome)?
- e) Have you ever changed the country of residence or occupation or been involved in any hazardous occupational or sporting activities

|    | Child 1 Name             |                          | Child 2 Name             |                          | Child 3 Name             |                          |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|    | Yes                      | No                       | Yes                      | No                       | Yes                      | No                       |
| a) | <input type="checkbox"/> |
| b) | <input type="checkbox"/> |
| c) | <input type="checkbox"/> |
| d) | <input type="checkbox"/> |
| e) | <input type="checkbox"/> |
|    | <input type="checkbox"/> |

### 3) Are you a PEP# (Politically Exposed Person)

#PEP: "Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important politically party officials OR Family members /close associates who are related or have business relationships with PEP's"

If yes, please provide complete details of your role, function along with date of assuming this role and function\_\_\_\_\_

### 4) FOR FEMALE LIVES ONLY a) Are you Pregnant?

If yes, please mentioned number of weeks \_\_\_\_\_

**IF your answer to any of the above questions if YES, kindly provide us the complete details of the same**

### (A) DECLARATION:

That submission of this COI does not mean auto reinstatement of my policy and the same is subject to completion of all the requirements including medical requirements if required raised by ABSLI. Upon approval by ABSLI, reinstatement of the policy shall be communicated separately to me.

That basis my answers in this application, there may be change in the amount of premium payable and I accept and agree to pay the revised premium amount that may be chargeable to me by ABSLI. I further agree to pay the outstanding dues including interest and any other charge as may be applicable to reinstate the policy. I understand and agree that the total outstanding dues payable by me mentioned in the reinstatement quotation shall be valid till the validity period and may change thereafter as per the prevailing norms of the Company.

**(B) AUTHORISATION: To be signed by all major lives covered (UNDER THIS POLICY)**

I/We hereby authorize any physician, hospital, clinic, insurance company or any other organization, institution or person, that has any records or knowledge of me / my family or my/our health, to give to Aditya Birla Sun Life Insurance Company Limited (ABSLI). Any and all information about me/us with reference to my/our health and medical history and any hospitalization, advice diagnosis, treatment, disease or ailment.. I/We further authorize the Employers (past & present) of the lives assured to furnish to Aditya Birla Sun Life Insurance Company Limited (ABSLI), the details of the leave availed by any of the lives covered during the last three years of his/their service, together with copies of the leave applications and medical certificates, if any submitted by the lives covered in support of such applications and details of reimbursement of medical expenses. I/We also consent to a personal investigation. 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. A photographic copy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Signature of Principal Insured                      Signature of Child 1                      Signature of Child 2                      Signature of Child 3

Full name of witness: \_\_\_\_\_

Date:  Place: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

**Note:** For all major Children fill separate form

FOR/10/17-18/919

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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