



Birla Sun Life

Insurance

APPLICATION FORM FOR GROUP BENEFITS

As per Section 41 of Insurance Act 1938 "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 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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer."

Birla Sun Life Insurance Company Limited

Registered Office: 6th Floor, Vaman Centre, Makhwana Road, Off. Andheri-Kurla Road, Andheri (E), Mumbai - 400 059
Tel.: 56783333 Fax : 56783362

**This form plus the particulars, declarations and statements of eligible
Employees / Member and Employer / Organisation shall form
the basis of the Group Policy Contract.**

(Please enter all the information clearly. The applicant must initial any changes.)

A. CLIENT INFORMATION

1. Full Legal Name of the Organisation /Fund: _____

2. Name of the Fund (Gratuity/Superannuation) _____

3. Address of the

i) Head Office / Registered Office : _____

Telephone No. :

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E-Mail: _____

ii) Factory: _____

Telephone No. :

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E-Mail Address : _____

4. Primary Business Activity : _____

5. No. of years in business: _____

6. Type of Organisation : _____

- A Corporation C Private Limited Company E Public Limited Company
B Partnership D Sole Proprietorship F Others (specify)

(Please enclose a copy of the latest Annual Report / Balance Sheet)

7. Retirement age (If grade wise, please specify): _____

8. Individual Member data :
(Please enclose separately in prescribed format)

B. COVERAGE PROPOSED

- | | | |
|--------------------------|--|-------------------------------------|
| <input type="checkbox"/> | Group Gratuity (with Future Service Gratuity) | - (Refer Section 1) |
| <input type="checkbox"/> | Group Gratuity (without Future Service Gratuity) | - (Refer Section 2) |
| <input type="checkbox"/> | Group Superannuation | - (Refer Section 3) |
| <input type="checkbox"/> | Group Term Insurance | - (Refer Section 4) |
| <input type="checkbox"/> | Single Premium Group Term | - (Refer Section 4) |
| <input type="checkbox"/> | Group Protections Solutions Policy in lieu of EDLI | - (Refer Section 5) |
| <input type="checkbox"/> | Others (Please specify) _____ | |

C. MODE AND METHOD OF CONTRIBUTION

1. Please state the mode of premium and contribution: _____

(ANNUALLY / SEMI-ANNUALLY / QUARTERLY / MONTHLY)

2. Payment will be made by _____

3. Please give details of deposit amount paid with this application:
(Cheque to be made in favour of Birla Sun Life Insurance and should cover the total cost payable)

Amount _____

Cheque No. _____

Drawn on: _____

D. OTHER INFORMATION

Claim cheques to be sent to : _____
Name of the Group Policy Holder

E. DECLARATION

We Agree:

- * To furnish any information, data, medical examination reports, Declaration of Good Health in respect of each individual member to be covered under the Proposed Coverage to Birla Sun Life Insurance Company Limited required by them from time to time to effect or keep in force the applied coverage.
- * That this Application together with particulars, data, medical reports and individual declarations of members will form the basis of this Group Policy Contract that may arise.
- That any mis-statement or concealment of material information or untrue averment on the basis of which
- * assurances have been effected on the life of any member, shall render voidable the particular assurance or assurances in respect of which the mis-statement or concealment of material information or untrue averment by whomsoever has been made.
- That any changes to the proposed Policy by way of endorsement or otherwise will be binding on us and all the members and their beneficiaries.
- * That no death of an Employee eligible to be covered by the Policy has been notified to us until the date of payment of the deposit to Birla Sunlife Insurance and that in the event of such a claim having arisen but not notified to us between the Policy Effective Date and the date of Receipt of deposit by Birla Sunlife Insurance, we alone shall be
- * responsible for the payment of the claim to the beneficiary
- In case of Group Term Insurance, the Basic Sum Assured is not greater than 4 times the Annual CTC and the Total Coverage (Basic+ All Rider Coverage) is not greater than 6 times the Annual CTC. CTC means the total remuneration provided by a Company to its employees including the perquisites other than reimbursements.

*

Place : _____

(Signature on behalf of Applicant)
For and on behalf of the Company / Trustees for the Fund

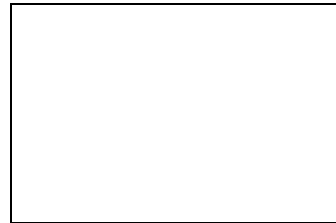
Date: _____

Name : _____

Designation : _____

Witness Signature : _____

Company Seal /
Trust Seal :



Name : _____

Address: _____

Section 1

GROUP GRATUITY (WITH FUTURE SERVICE GRATUITY)

1. Fund Size : _____

2. For Group Gratuity Cases with Initial Allocation (please tick)

Initial Allocation as a percentage of contribution : 1% 2% 3% 4% 5%
 (In case of multiple coverages, please give details separately)

3. Fund Option opted :

(For Main Contribution)

Money Market Fund (Not to exceed 20% of the fund at inception)	Percentage	_____	%
Floating Rate Fund	Percentage	_____	%
Secure Fund	Percentage	_____	%
Stable Fund	Percentage	_____	%
Growth Fund	Percentage	_____	%
Gilt Fund	Percentage	_____	%
Bond Fund	Percentage	_____	%
Fixed Interest Fund	Percentage	_____	%

4. Fund Option opted (if applicable) :

(For Initial Allocation)

Money Market Fund (Not to exceed 20% of the fund at inception)	Percentage	_____	%
Floating Rate Fund	Percentage	_____	%
Secure Fund	Percentage	_____	%
Stable Fund	Percentage	_____	%
Growth Fund	Percentage	_____	%
Gilt Fund	Percentage	_____	%
Bond Fund	Percentage	_____	%
Fixed Interest Fund	Percentage	_____	%

5. Statistical data for last 3 to 5 years : (Answer is mandatory)

Year	Total No. of Employees /	No. of Deaths	No of Withdrawals (Excluding Retirement)	Cause of Death

6. Details of Coverage already existing :

- a. Name of the insurer : _____
- b. No. of Members covered and Coverage details: _____
- c. Is there any other application for any Group Coverage under consideration with any other insurer or us ?
 If "YES" please give details. _____

7. Effective date of coverage :

(Note-Risk will commence only from the date of payment or date of receipt of last requirement whichever is later. Effective Date in the Provisional Quote is subject to change depending on date of receipt of payment / final requirements)

8. Coverage Amount (Category wise) :

9. Eligible Employees :

a. Total number of full time employees / Members:

b. Total number of part time employees/Members:

c. Eligibility conditions for employees / Members to become eligible for the coverage

d. Total number of eligible employees:

e. Number of Employees/Members to be covered:

f. Coverage for new employees / members joining the Company /Organisation to start from :

Monthly Processing Date of the Policy following the date of joining the Company/ Organisation

Annual Renewal Date

Others (specify)

Date of Joining

10. Benefits Requested :

(Refer Annexure "A")

NOTE: Employer-Employee Groups, please complete the 'Actively at Work' Declaration

ACTIVELY AT WORK DECLARATION

ILLNESS OR DISABILITY

(FOR EMPLOYER - EMPLOYEE GROUP ONLY)

List of any eligible employee currently not at work due to injury or illness. These employees are not eligible for coverage until they return to work and are separately assessed by us.

The applicant agrees to update this list prior to the effective date of the contract **(Answer is mandatory)**

Name	Reason for Absence	Last day at work	Expected Return

The Employees who are proposed to be covered by the Policy through this application have been Actively on Duty throughout the period between the Effective Date and the date of this application. In the event any of them had not been Actively on Duty as aforesaid and, for any reason we have not incorporated the details of such employees in this application, we agree and undertake to furnish Birla Sun Life Insurance with the details of such Employees within 15 days of this application and we understand and agree that the coverage of risk on their lives will be subject to underwriting by Birla Sun Life Insurance and further, the acceptance of risk by Birla Sun Life Insurance being communicated to us. If we fail/omit/neglect to furnish the details as aforesaid, Birla Sun Life Insurance will be entitled to assume and proceed on the basis that all the Employees proposed to be covered through this application had been Actively on Duty during the period between the Effective Date and the Date of this Application

The Employees who are proposed to be covered by the Policy through this application are all Actively on Duty on the date of this application. In the event of any change in the state of health of any of them, of which Birla Sun Life Insurance shall be the sole judge, between the date of this application and the Effective Date of the policy, we undertake to intimate Birla Sun Life Insurance of the same in writing within 15 days of the Effective Date of the Policy and we agree and understand that such individuals shall be deemed to have been covered by the Policy only after underwriting of the risk on their lives by Birla Sun Life Insurance and after the acceptance of risk on their lives has been communicated to us in writing by Birla Sun Life Insurance

ANNEXURE A

BENEFITS REQUESTED

1) Purpose of Coverage: _____

2) Coverage Amount Desired for:
(Please give the information category wise)

Category	No. of Members	Coverage Amount

Place : _____

Date: _____

(Signature on behalf of Applicant)
For and on behalf of the Company / Trustees for the Fund

Name : _____

Designation : _____

Company Seal /
Trust Seal :

Section 2

GROUP GRATUITY (WITHOUT FUTURE SERVICE GRATUITY)

1. Effective date of coverage : _____

2. Fund Size : _____

3. For Group Gratuity Cases with Initial Allocation (please tick)

Initial Allocation as a percentage of contribution : 1% 2% 3% 4% 5%
(In case of multiple coverages, please give details seperately)

4. Eligible Employees :

a. Total number of full time employees / Members: _____

b. Total number of part time employees/Members _____

c. Eligibility conditions for employees / Members to become eligible for the coverage _____

d. Total number of eligible employees _____

e. Number of Employees/Members to be covered _____

3. Fund Option opted :

(For Main Contribution)

Money Market Fund (Not to exceed 20% of the fund at inception)	Percentage	_____	%
Floating Rate Fund	Percentage	_____	%
Secure Fund	Percentage	_____	%
Stable Fund	Percentage	_____	%
Growth Fund	Percentage	_____	%
Gilt Fund	Percentage	_____	%
Bond Fund	Percentage	_____	%
Fixed Interest Fund	Percentage	_____	%

4. Fund Option opted (if applicable) :

(For Initial Allocation)

Money Market Fund (Not to exceed 20% of the fund at inception)	Percentage	_____	%
Floating Rate Fund	Percentage	_____	%
Secure Fund	Percentage	_____	%
Stable Fund	Percentage	_____	%
Growth Fund	Percentage	_____	%
Gilt Fund	Percentage	_____	%
Bond Fund	Percentage	_____	%
Fixed Interest Fund	Percentage	_____	%

Section 3

GROUP SUPERANNUATION

1. Effective date of coverage :

2. Fund Size :

3. Eligible Employees :

a. Total number of full time employees / Members:

b. Total number of part time employees/Members:

c. Eligibility conditions for employees / Members
to become eligible for the coverage :

d. Total number of eligible employees

e. Number of Employees/Members to be covered

4. Fund Option opted for :

(Please tick one of the Fund Option given below)

a. Secure Fund

b. Stable Fund

c. Growth Fund

d. Gilt Fund

e. Bond Fund

f. Fixed Interest Fund

Note: In case Fund options differ from member to member, please give individual member options separately. Please note that in case no option is given at the time of application, then the fund will be deployed in the most conservative fund. Fund Switch thereafter will be allowed as per our current administrative rules. Currently switches are allowed after 1 year

Section 4

GROUP TERM INSURANCE

1. Statistical data for last 3 to 5 years : (Answer is mandatory)

Year	Total No. of Employees /	No. of Deaths	No of Withdrawals (Excluding Retirement)	Cause of Death

2. Details of Coverage already existing :

- a. Name of the insurer : _____
- b. No. of Members covered and Coverage details: _____
- c. Is there any other application for any Group Coverage under condiseration with any other insurer or us ?
If "YES" please give details. _____

3. Effective date of coverage :

(Note-Risk will commence only from the date of payment or date of receipt of last requirement whichever is later Effective Date in the Provisional Quote is subject to change depending on date of receipt of payment/ final requirements)

4. Coverage Amount (Category wise) :

5. Eligible Employees :

- a. Total number of full time employees / Members: _____
- b. Total number of part time employees/Members _____
- c. Eligibility conditions for employees / Members to become eligible for the coverage : _____
- d. Total number of eligible employees : _____
- e. Number of Employees/Members to be covered : _____
- f. Coverage for new employees / members joining the Company/Organisation to start from : _____

- Monthly Processing Date of the Policy following the date of joining the Company/ Organisation
- Annual Renewal Date
- Others (specify)
- Date of Joining

6. Benefits Requested :

(Refer Annexure "A")

7. Nature of Group :
(Please tick relevant option)

- Employer-Employee
- Borrower-Lender
- Professional Group
- Social Group
- Others (Please Specify) _____

NOTE: Employer-Employee Groups, please complete the 'Actively at Work' Declaration

ACTIVELY AT WORK DECLARATION

ILLNESS OR DISABILITY

(FOR EMPLOYER - EMPLOYEE GROUP ONLY)

List of any eligible employee currently not at work due to injury or illness. These employees are not eligible for coverage until they return to work and are separately assessed by us.

The applicant agrees to update this list prior to the effective date of the contract (Answer is mandatory)

Name	Reason for Absence	Last day at work	Expected Return

The Employees who are proposed to be covered by the Policy through this application have been Actively on Duty throughout the period between the Effective Date and the date of this application. In the event any of them had not been Actively on Duty as aforesaid and, for any reason we have not incorporated the details of such employees in this application, we agree and undertake to furnish Birla Sun Life Insurance with the details of such Employees within 15 days of this application and we understand and agree that the coverage of risk on their lives will be subject to underwriting by Birla Sun Life Insurance and further, the acceptance of risk by Birla Sun Life Insurance being communicated to us. If we fail/omit/neglect to furnish the details as aforesaid, Birla Sun Life Insurance will be entitled to assume and proceed on the basis that all the Employees proposed to be covered through this application had been Actively on Duty during the period between the Effective Date and the Date of this Application

The Employees who are proposed to be covered by the Policy through this application are all Actively on Duty on the date of this application. In the event of any change in the state of health of any of them, of which Birla Sun Life Insurance shall be the sole judge, between the date of this application and the Effective Date of the policy, we undertake to intimate Birla Sun Life Insurance of the same in writing within 15 days of the Effective Date of the Policy and we agree and understand that such individuals shall be deemed to have been covered by the Policy only after underwriting of the risk on their lives by Birla Sun Life Insurance and after the acceptance of risk on their lives has been communicated to us in writing by Birla Sun Life Insurance

ANNEXURE A

BENEFITS REQUESTED

1) Purpose of Coverage: _____

2) Coverage Amount Desired for:
(Please give the information category wise)

Category	No. of Members	Coverage Amount

3) Which of these riders would you like to opt for
(Please fill the relevant amount for the options you would like to exercise)

RIDER COVERAGE	COVERAGE AMOUNT

4) Which of these options would you like to exercise for your organisation:

A. Option to convert into individual policy on exit from the group : _____
(YES / NO)

B. Option to cover spouse _____
(YES / NO)

Place : _____

Date: _____

(Signature on behalf of Applicant)
For and on behalf of the Company / Trustees for the Fund

Name : _____

Designation : _____

Company Seal / Trust Seal :

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Section 5

GROUP PROTECTION SOLUTIONS POLICY IN LIEU OF EDLI

1. Statistical data for last 3 to 5 years : (Answer is mandatory)

Year	Total No. of Employees /	No. of Deaths	No of Withdrawals (Excluding Retirement)	Cause of Death

2. Details of Coverage already existing :

- a. Name of the insurer : _____
- b. No. of Members covered and Coverage details: _____
- c. Is there any other application for any Group Coverage under condisation with any other insurer or us ?
If "YES" please give details. _____

3. Effective date of coverage :

(Note-Risk will commence only from the date of payment or date of receipt of last requirement whichever is later Effective Date in the Provisional Quote is subject to change depending on date of receipt of payment/ final requirements)

4. Coverage Amount (Category wise) : _____

5. Eligible Employees :

- a. Total number of full time employees / Members: _____
- b. Total number of part time employees/Members _____
- c. Eligibility conditions for employees / Members to become eligible for the coverage : _____
- d. Total number of eligible employees _____
- e. Number of Employees/Members to be covered _____
- f. Coverage for new employees / members joining the Company / Organisation to start from : _____

- Monthly Processing Date of the Policy following the date of joining the Company/ Organisation
- Annual Renewal Date
- Others (specify)
- Date of Joining

6. Benefits Requested :

(Refer Annexure "A")

ANNEXURE A

BENEFITS REQUESTED

1) Purpose of Coverage: _____

2) Coverage Amount Desired for:
(Please give the information category wise)

Category	No. of Members	Coverage Amount

Place : _____

Date: _____

(Signature on behalf of Applicant)
For and on behalf of the Company / Trustees for the Fund

Name : _____

Designation : _____

Company Seal /
Trust Seal :

ADDENDUM "A" (FOR EDLI)

We undertake:

- 1 To ensure that all employees of this company who are members of the PF scheme will be covered under this group insurance policy.
- 2 To ensure that the beneficiary under this policy is the same as the nominee under the PF Scheme for all the lives covered under this policy.
- 3 To ensure that if we do not renew this policy with Birla Sun Life Insurance during the grace period, we will revert to the EDLI scheme or obtain similar cover with another insurer under advise/with approval of the PF authorities.
- 4 To keep an amount in deposit with Birla Sun Life Insurance to provide for insurance cover of new Employees
- 5 To ensure that in the event the deposit is not sufficient, or the data of new members is not sent to Birla Sunlife Insurance, we will pay the claim to the beneficiary in case the death of any employee occurs in this period
- 6 That no death of an Employee eligible to be covered by the Policy has been notified to us until the date of payment of the deposit to Birla Sun Life Insurance and that in the event of such a claim having arisen but not notified to us between the Policy Effective Date and the date of receipt of the deposit by Birla Sun Life Insurance, we alone shall be responsible for the payment of the claim to the beneficiary

This will form part of the policy contract.

Place:

Date:

Signature on behalf of the company:
Name/Stamp of the company: