Birla Sun Life Insurance Company Limited

Registered Office: Vaman Centre, 5th/6th Floor, Makhwana Road, Off Andheri Kurla Road, Marol, Andheri (East), Mumbai - 400059
Tel.: 5678 3333 Fax : 5678 3362

ANNUAL RENEWAL FORM

1) Group Policy Number _____

2) Group / Client Id _____

3) Name of the Policy Holder _____

4) Policy Renewal Date

Please enclose the details of the Members/Spouse to be covered from the Annual Renewal date in the following format

Member id	First Name	Middle Name	Surname	Sex	Category	Designation	Date of Birth (dd/mm/yyyy)	Date of joining (dd/mm/yyyy)	Mtly salary/	Coverage Amount

We certify that

1) The particulars in respect of all the members to be covered are correct as per our records.
2) The date of birth of members have been vertified by us.
3) None of the above members was absent on sick grounds on the Monthly Processing Date I.e Date of Commencement of coverage (applicable to Employer - Employee groups only ---details of any employee absent from work on sick grounds on Policy Renewal Date to be given seperately giving nature and duration of sickness)

We agree

That the Life Insurance Coverage on the life of above members will start only after acceptance of risk by Birla Sun Life Insurance.

Claims in respect of any members will be lodged seperately. A list of claims which have occurred / taken place during the last Policy Year is attached separately with relevant details.

Date : _____ For and on behalf of Policyholder

Place : _____ _____