

01499472



Member Consent Form for ICICI Pru Super Protect Credit (A Non-Linked Non-Participating Group Insurance Product)

Cover Type: Reducing Coverage option: Single life Benefit: Death +ADB+CI(Classic) Loan type: HOME LOAN

Member ID / Loan Account number: IL10560055

FOR OFFICE USE ONLY

Master Policy Name : India Infoline Home Finance Ltd.

LOB/Agent Code : 0 1 3 2 8 8 8 7 AFSM CODE : 01499472

II FL / NPW / 01 FC CAFOS CODE : C-124321

Please select relevant: Affordable housing loan Traditional Home loan

Master policy code: IIHFL2HL IIHFL3HL

S P Z H IL10560055

Annual Income: Less than INR 5 lakhs INR 5 to 10 lakhs INR 10 to 20 lakhs INR 20 lakhs and above

Applicant status : Primary borrower Co-borrower Share in Loan % : <50% >= 50%

Address: Plot No-322 Amizara Residency, Bamboli Vadod, Nr, milan Point Surat - 394210

Contact Number of member*: 2046422860 Email ID of member*: shyamp462@gmail.com

* The certificate of insurance for policy will be shared on the same via email/SMS. By submitting my details, I override my NDNC registration and authorize ICICI Prudential Life Insurance Company Ltd and its representatives to contact me through call/WhatsApp/email. I further consent to share my information on confidential basis with third parties for evaluating and processing this proposal. I further consent to share my information with third parties for any servicing and investigation for claims processing even after the policy is issued

Loan Disbursement date(LDD)*: 31/08/2023 (*This date will be collected from the MPH ^ based on actual date of disbursement and premium will be calculated from LDD)

Details	Salutation	Full Name	Age/DOB	Gender	Nationality	State/Pin Code	Relationship with Member	Occupation ²	Share % of nominee
Member 1	MR	SHYAMUPRISAD	27/4/90	M	Ind	394210	Self	Self	-
Nominee 1	MRS	Gopi Gohel	29/2/91	F		"	wife	-	100%
Nominee 2									
Appointee ¹									

¹If Nominee is less than 18 years, Appointee is mandatory. Appointee should be more than 18 years of age. ²Please mention: S=Salaried, P=Professional, ST= Student, H= Housewife, R=Retired, B=Business, A=Agriculture

Particulars of benefits applied for:

Benefit Particulars	Term of Cover (in yrs)	Amount (sum assured)*	Premium Amount (in INR) *
<input checked="" type="checkbox"/> Sum Assured (Death Benefit)	6	2509700	28612
<input type="checkbox"/> Accelerated Critical Illness Benefit (Classic)	6	11	16,058
<input type="checkbox"/> Accidental Death Benefit		-	-
Total Premium Amount (in INR incl GST)			44675

*Premium Amount is in INR inclusive of GST as applicable. *Maximum cover for non-financial eligible co-applicants (parent child/ spouse) will be restricted to INR 75 lacs

Outstanding loan amount: INR 21,52,000 Loan term: 29 (in yrs)

Residential status: Indian NRI/PIO/OCI (If NRI/PIO/OCI Specify country _____ and city of residence _____)

Personal Details of the Member

Please respond to the questions from Question 1 to Question 6 by placing a tick mark (✓) in the answer box that corresponds to your response and fill in the blank wherever applicable :

Height in Cms: 168 Weight in Kgs: 66 kg

Was there a change in weight of more than 5 kg in last one year? If yes, reason for the same : _____

Sr. No	Questions (PLEASE tick mark (✓) in the answer box INDIVIDUALLY FOR EACH QUESTION)	Member 1	
		Yes	No
1	Have you ever suffered from / been diagnosed with / been treated for any of the following? (Please tick the relevant) Heart disease, stroke, cancer/tumor, kidney disease, lung disease /asthma/tuberculosis, liver disease /hepatitis Diabetes, high blood pressure, high cholesterol HIV/AIDS infection / Sexually transmitted infections Congenital defect/ Genetic Disorders/physical deformity / Autoimmune, Genitourinary / Any disease or disorder of hearing, speech or vision excluding refractive errors Paralysis, Epilepsy, any mental / psychiatric disorder, any disorder of brain or nervous system Arthritis, disorder of muscles/ bones /joints, blood disorder, thyroid disorder, chronic digestive disorder, endocrine disorder Any other disorder not mentioned above If yes, please provide details for		✓
2	During the last 5 years, have you been advised to undergo any investigations or undergone any major surgery or been hospitalized or received any treatment for any medical condition (except for minor cough, cold or flu) for a continuous period of more than 7 days?		✓
3	Do you : - (a) consume more than 10 cigarettes, bidi's per day? (b) chew more than 5 pouches tobacco per day ? (c) consume more than 2 pegs of alcohol per day or consumption of narcotics or habit forming drugs without medical advice in any form? (Please tick YES if any one or more is relevant)		✓
4	Has any of your insurance application or reinstatement application ever been declined, postponed or accepted at extra premium or modified terms?		✓
5	(a) Is your occupation associated with any specific hazard? (b) Do you take part in activities or have hobbies that could be dangerous in any way? (Please tick YES if any one or more is relevant) • Occupation: Mines, Explosives, Radiation, Corrosive Chemicals etc • Hobbies: Aviation other than as a fare paying passenger, professional diving, mountaineering, deep sea diving, motor racing, bungee jumping etc.		✓
6	FEMALE INSURED ONLY: Are you currently pregnant? Have you suffered from any gynecological problems or illness related to breasts, uterus or ovary?		

COMP/DOC/Jun/2022/166/0585

Covid 19 – Questions

1. In the last 01 month have you or your family members been tested positive for COVID-19 or have been self-isolated due to COVID-19 (excluding mandatory government orders to remain at home) or in the last 1 month, did you have persistent cough, fever, raised temperature or been in contact with an individual suspected or confirmed to have COVID-19? Yes No
2. Did you suffer from any complications of lung (respiratory), kidney, liver, or heart problems related to the COVID-19 infection or Long COVID? (If Yes, please provide details) Yes No
3. Have you been admitted to a hospital (or to any other kind of medical or public health institution/unit) while you had a COVID-19 infection or while you were suspected to have a possible COVID-19 infection or have any pending or recommended follow-up appointments or tests related to your COVID-19 diagnosis? **IF YES, Please fill in additional details mentioned as part of annexure 1** Yes No

I am aware that **India Infoline Home Finance Ltd.** is the holder of the life insurance Master Policy issued by ICICI Prudential Life Insurance Company Ltd Group Insurance product and I am a member of this group. I hereby authorize ICICI Prudential Life Insurance Company Ltd that in case of difference between the premium received from the applicant and the actual premium required for sought benefits, the sum assured amount /tenure may get adjusted and the policy shall be issued accordingly.

Do you wish to continue your cover till the coverage term even after you foreclose your loan or transfer your loan to another financial institution or you voluntarily surrender the group membership? Yes No

Date & Place : 31 08 2023 / Surul

Signature of Member

Split Payment Authorization

I hereby provide my consent to allow ICICI Prudential Life Insurance Company Limited to initiate split payment of the claim amount, on the happening of any contingent event, to the extent of the outstanding loans, in the name of **India Infoline Home Finance Ltd.** In this regard, the remaining proceeds of the claims due may accordingly be addressed in the name of the nominee. The above declaration and other details as furnished by me, are true to the best of my knowledge.

Date & Place : 31 08 2023 / Surul

Signature of Member

Vernacular Declaration

(If signed in Vernacular language/If you have affixed a Thumb impression above/ the member consent form is filled by person other than the member(s)) Applicable where the Member is illiterate or is suffering from disability due to which writing is restricted or where the Member has signed in vernacular language. (Note: The below must be witnessed by someone other than the advisor /employee of the Company)

I, (full name of the Declarant) _____ hereby declare that I have explained the contents of the member consent form to the Member in _____ language and that I have read out the answers to the questions explained by me to the Member and that the Member has/ have put his/ her thumb impression after fully understanding the contents thereof.

Date & Place : _____ / _____

Signature of the Declarant: _____

I/We certify that the contents of the member consent form have been clearly explained to me/us and I/we have fully understood them. I/ We further certify that the replies in the member consent form have been recorded as per the information provided by me/us.

Date & Place : _____ / _____

Signature/ thumb impression of Member signing in vernacular language: _____

Payout Mode (Choose one mode only)

Mode selected would be used by the company to make payout(s). Payout would be in accordance and subject to the terms and conditions of the policy. Cheque would be used if none of the below Electronic Payout Option is chosen.

1. Mode of deposit ECS Direct Credit (Select Banks only) NEFT 2. Account Type Current Savings
3. Bank Name _____ 4. Bank Branch _____
5. Account Number _____ 6. MICR Code _____

7. IFSC Code

Note: 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with/ without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/ incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the Company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

Signature of Member

Particulars of Premium Deposit

1. Mode of first premium deposit Cash Cheque/DD NEFT Credit Card Please mention if any Other: _____
2. Amount (in INR) : _____ 3. Funding : By Self Funded by Institution Please mention name: **IFHL**
4. Cheque/DD number : _____ 5. Account Number : _____

Signature of Member

Annexure 1

Please share details of exact admission period and location(s) in reference to COVID 19 question 3:

- Date of admission/examination: _____
- Date of discharge: _____
- Date of complete recovery: _____
- Were you admitted in an intensive care unit (ICU)? Yes No
- Did you require a machine to help you breathe (mechanical or artificial ventilator support)? Yes No

Signature of Member

ICICI Pru Super Protect Credit SPZH V1

IIFL Home Finance Company

Applicant Details

Gender	Male		
DOB	27	April	1990
Date of Birth	4/27/1990		
Age	33		
From State	Gujarat		
To State	Gujarat		

Loan Amount and Insurance Details

Outstanding Loan Amount (Rs.)	2,509,700
Outstanding Loan Tenure	24
Benefit Option	Death Benefit + CI
Sum Assured	2,509,700
Death/ADB Coverage Term	6
CI Coverage Term	6
Loan share	>50%
Borrower type	Primary
Annual income	500,000

Premium Calculation

	Death Benefit	ADB	CI
Sum Assured	2,509,700	0	2,509,700
Coverage Term	6	6	6
Premium (excl of taxes)	24,251	0	13,608
GST	4,366	0	2,450
Premium (incl of taxes)	28,617	0	16,058
Total Premium (incl of taxes)	44,675		
Medicals Triggered	Within NML		