

### Proposal Form for Reliance Traditional Group Assure Employee Benefits Plan

Please feel free to use additional pages for additional information. Please make sure that all the signatories signing the proposal form have also signed the additional page(s) with company seal.

#### 1. PRINCIPAL EMPLOYER'S DETAILS

Name: \_\_\_\_\_

Postal Address: Flat / Shop / House / Floor / Plot Number / Name: \_\_\_\_\_

Building / Society Name: \_\_\_\_\_

Street Name: \_\_\_\_\_

Landmark: \_\_\_\_\_

Additional Address Line: \_\_\_\_\_

Locality / Village / Taluka: \_\_\_\_\_

City / District: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Email \_\_\_\_\_

Telephone 1 (with STD code) | 0 \_\_\_\_\_

Telephone 2 (with STD code) | 0 \_\_\_\_\_

Fax (with STD code) | 0 \_\_\_\_\_

Nature of business \_\_\_\_\_ Number of employees \_\_\_\_\_

#### 2. GRATUITY SCHEME'S DETAILS

Trust (Policy Owner's) Name (as per the trust deed and rules): \_\_\_\_\_

\_\_\_\_\_

Scheme Name (as per the trust deed and rules): \_\_\_\_\_

\_\_\_\_\_

(Please fill in following details only if the trust has its office at a different location than principal employer's office)

Postal Address: Flat / Shop / House / Floor / Plot Number / Name: \_\_\_\_\_

Building / Society Name: \_\_\_\_\_

Street Name: \_\_\_\_\_

Landmark: \_\_\_\_\_

Additional Address Line: \_\_\_\_\_

Locality / Village / Taluka: \_\_\_\_\_

City / District: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Email \_\_\_\_\_

Telephone 1 (with STD code) | 0 \_\_\_\_\_

Telephone 2 (with STD code) | 0 \_\_\_\_\_

Fax (with STD code) | 0 \_\_\_\_\_

#### 3. TRUSTEES' DETAILS:

Trustee 1: Name \_\_\_\_\_

(Please fill in following details only if the trustee has his / her office at a different location than trust's office)

Postal Address: Flat / Shop / House / Floor / Plot Number / Name: \_\_\_\_\_

Building / Society Name: \_\_\_\_\_

Street Name: \_\_\_\_\_

Landmark: \_\_\_\_\_

Additional Address Line: \_\_\_\_\_

Locality / Village / Taluka: \_\_\_\_\_

City / District: \_\_\_\_\_

State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Email \_\_\_\_\_

Telephone 1 (with STD code) | 0 | \_\_\_\_\_  
Telephone 2 (with STD code) | 0 | \_\_\_\_\_  
Fax (with STD code) | 0 | \_\_\_\_\_

**Trustee 2: Name** | \_\_\_\_\_

(Please fill in following details only if the trustee has his / her office at a different location than trust's office)

**Postal Address: Flat / Shop / House / Floor / Plot Number / Name:** | \_\_\_\_\_

**Building / Society Name:** | \_\_\_\_\_

**Street Name:** | \_\_\_\_\_

**Landmark:** | \_\_\_\_\_

**Additional Address Line:** | \_\_\_\_\_

**Locality / Village / Taluka:** | \_\_\_\_\_

**City / District:** | \_\_\_\_\_

**State:** | \_\_\_\_\_ **Pin Code:** | \_\_\_\_\_

**Email** | \_\_\_\_\_

Telephone 1 (with STD code) | 0 | \_\_\_\_\_

Telephone 2 (with STD code) | 0 | \_\_\_\_\_

Fax (with STD code) | 0 | \_\_\_\_\_

#### 4. POLICY OWNER'S ADDRESS PROOF:

- Bank Certificate / Pass Book (showing entries for last 3 months) / Statement (for last 3 months)  Electricity / Telephone (Landline) Bill  
 Society / Establishment Maintenance Bill  Leave and Licence Agreement  Certificate of Enrollment  Trust Deed  
 Others (Please specify) | \_\_\_\_\_

#### 5. POLICY OWNER'S PAN CARD NUMBER:

PAN Card No. | \_\_\_\_\_

#### 6. DETAILS OF THE AUTHORISED SIGNATORIES (Please provide minimum two authorised signatories):

We authorise Reliance Life Insurance Company Limited to accept the following persons as 'authorised signatories' on behalf of the trustees for the following purposes:

1. Admit new members into the gratuity scheme and provide membership details as required by Reliance Life Insurance Company Limited.
2. To give Reliance Life Insurance Company Limited notice of members who cease employment and authority to pay benefits for these members in the event that a benefit is payable in accordance with the trust deed and rules; and
3. Provide any other information deemed necessary by Reliance Life Insurance Company Limited to assist in maintaining accurate member records and to calculate benefits.

**Authorised Signatory 1:** Name | \_\_\_\_\_

Designation | \_\_\_\_\_ Email | \_\_\_\_\_

Telephone 1 (With STD code) | 0 | \_\_\_\_\_

Telephone 2 (With STD code) | 0 | \_\_\_\_\_

Fax (With STD code) | 0 | \_\_\_\_\_

Signature of the Authorised Signatory

Signature of Witness | \_\_\_\_\_ Name of Witness | \_\_\_\_\_

**Authorised Signatory 2:** Name | \_\_\_\_\_

Designation | \_\_\_\_\_ Email | \_\_\_\_\_

Telephone 1 (With STD code) | 0 | \_\_\_\_\_

Telephone 2 (With STD code) | 0 | \_\_\_\_\_

Fax (With STD code) | 0 | \_\_\_\_\_

Signature of the Authorised Signatory

Signature of Witness | \_\_\_\_\_ Name of Witness | \_\_\_\_\_

#### 7. BENEFIT DETAILS:

Normal Retirement Age: | \_\_\_\_ | Years State briefly the benefits required: | \_\_\_\_\_

**Death Benefit Structure:**  Flat Cover: ₹ | \_\_\_\_\_ **OR**  Salary Based (Please provide following details)

If salary based:  With Cap of ₹ | \_\_\_\_\_ **OR**  Without Cap (At actuals)

**Benefit on leaving service:** | \_\_\_\_\_

**Benefit on retirement:** | \_\_\_\_\_



- ii) that we will undertake to supply such information as may be reasonably required to determine the extent of the benefits and the contributions payable under this policy.
  - iii) that Reliance Life Insurance Company Limited reserves the right to vary charges at any time and three months notice of such change will be provided to us in writing.
  - iv) benefits will be as per trust deed and rules.
  - v) we declare that we have read the sales literature of the proposed plan and fully understood the terms and conditions of the plan along with the associated risk and benefits which we propose to take.
  - vi) we declare that the Company has disclosed and explained all the information related to this product to us and we declare that we have understood the same before signing this proposal form.
- In order to save environment and avoid cutting of trees for papers, we agree to receive communications from Reliance Life Insurance Company Limited through electronic mode.

#### 14. SIGNATURES OF THE TRUSTEES WITH TRUST SEAL:

Minimum 2 trustees should sign this proposal form. However, if more number of trustees wish to sign the proposal form, additional pages can be used to provide required details and signatures thereof.

**Trustee 1:**

**Trustee 2:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

Date: | D | D | M | M | Y | Y | Y | Y |

Date: | D | D | M | M | Y | Y | Y | Y |

Trust Seal:

#### FreeLook Period (15/30 day refund policy):

- The FreeLook period starts from the date you receive the policy document. It is 15 days in case of non Distance marketing policies and 30 days in case of Distance marketing policies.
- During this period you are required to go through documents sent to you in the welcome kit. If you are not satisfied with the same, please return the policy document to the Company along with a request for cancellation within the period mentioned above.
- We will cancel the Policy and return the premium after deducting the proportionate mortality cover charges, stamp duty, expenses borne by the Company on medical examination, if any.

In case fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the insurer in accordance with section 45 of the Insurance Act, 1938

#### OFFERING OR ACCEPTING REBATE IS PROHIBITED BY LAW

**Section 41 of the Insurance Act, 1938 states:** 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 insurance in respect of any kind of risk relating to lives or property 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.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be punishable with a fine which may extend to five hundred rupees.

#### POLICY IS NOT TO BE CALLED IN QUESTION ON GROUND OF MIS-STATEMENT AFTER 2 YEARS

**Section 45 of the Insurance Act, 1938 states:** No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Master Policyholder and that the Master Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.