

Kotak Corporate Benefit Plan - (UIN: 107L127V01)

(A Non-Participating, Unit Linked, Group Product)

Proposal Form

"In this policy, the investment risk in investment portfolio is borne by the policy holder."

FOR OFFICE USE ONLY

Proposal No.	<input type="text"/>	Date of Proposal	<input type="text"/>
Kotak Life Insurance Fund Code Number	<input type="text"/>	CRM Employee No	<input type="text"/>

INSTRUCTIONS FOR FILLING IN THE FORM

1. This form is to be filled in BLOCK LETTERS in black or blue ink.
2. Please tick (✓) the box wherever required.
3. Insurance is a contract of utmost good faith, which requires the Trust / Master Policyholder to disclose all material facts in respect of lives to be insured. In case of any doubt as to whether a fact is material or not the fact should be disclosed.
4. As the statements in this proposal constitute warranties, complete and accurate information must be given.
5. The trustees/authorised signatories must sign any cancellation or alteration.
6. This form must be signed in respect of the existing Trust/ Master Policyholder / Employer, by the authorised trustee (e.g. Managing Trustee) and in cases where the Gratuity/Superannuation Trust has to be set up, by the person authorised by the employer.
7. For existing trusts, please attach certified -copy of the trust deed and rules along with the proposal form. Additionally, please attach Resolution of Investments; Bank or Client certified list of signatories alongwith specimen signatures
8. Please submit Members data along with this form as prescribed (as per Annexure I) to Kotak Mahindra Life Insurance Company Ltd. to determine premiums.
9. Please strike out parts, which are not applicable and write 'N.A'.
10. Please give details if "Others" option has been selected

I. EMPLOYER DETAILS

FULL NAME OF THE EMPLOYER :

ADDRESS OF THE REGISTERED OFFICE OF THE EMPLOYER:

GSTIN

CONTACT DETAILS :

Name Mr/Ms

Designation

Telephone No. Fax No.

E-mail address *Please Attach Business Card Please specify the number of employees in the group

Nature of Business

Are there any employees in hazardous occupations (specify Yes/No)?

If yes, specify no. of employees involved in hazardous occupations and type of hazard. Please specify the occupational split

Management (%)	Office Staff (%)	Field Staff (%)	Labour (%)	Others (%)

Please specify if there are any medical benefits for employees (Compulsory medical examinations/questionnaire and/or medical reimbursements)? Proposed commencement date of the Plan

Is the Trust Existing or New : If Existing the below section i.e. II-A needs to be filled

I hereby give my consent to receive all communications / policy document at the registered email address provided by me in the proposal form.

Fund Allocation (%)	Group Balanced Fund (ULGF-003-27/06/03-BALFND-107)	Group Bond Fund (ULGF-004-15/04/04-BNDFND-107)	Group Floating Rate Fund (ULGF-005-07/12/04-FLTRFND-107)	Group Gilt Fund (ULGF-002-27/06/03-GLTFND-107)	Group Prudent Fund (ULGF-019-04/07/17-KGPFND-107)
	Group Money Market Fund (ULGF-001-27/06/03-MNMFND-107)	Group Short Term Bond Fund (ULGF-018-18/12/13-SHTRMBND-107)	Group Equity Fund (ULGF02009/05/22KGREQUFUND107)	Group Pension Bond Fund (ULGF02109/05/22KGRPNBOFND107)	Group Pension Liquid Plus Fund (ULGF02209/05/22KGRPNLPPFND107)
	Group Pension Equity Fund (ULGF02309/05/22KGRPNEQFND107)	Group Pension Balanced Fund (ULGF02409/05/22KGRPNBLFND107)	Group Pension Gilt Fund (ULGF02509/05/22KGRPNGLFND107)		

III. ADMINISTRATION AND EXPENSES DETAILS

Contribution payment method Cheque ECS (Please attach cancelled cheque)

Total Amount Payable		Amount (Rs.)																	
<input type="checkbox"/> Details Accumulated																			
<input type="checkbox"/> Balance Contribution																			
<input type="checkbox"/> Charges																			
<input type="checkbox"/> Others (specify)																			

Cheque Details

No. Bank Branch Drawn On:

Amount Cheque Date:

Bank Details

Bank Name: Branch:

Account No:

* Kindly note that bank details are a pre requisite for payment of claims through RTGS

IV. DECLARATION

Kotak Corporate Benefit Plan is a unit-linked, non-participating plan. The policy contract will be drafted with reference to both the proposal form and applicable terms and conditions.

I/We, the undersigned, declare for and on behalf of _____ (full name of the proposer) that:

1. Pursuant to the Tender no. Dated
- I / We are herewith submitting this proposal to Kotak Mahindra Life Insurance Company Ltd. [KLI] for a Kotak Corporate Benefit Plan Policy in our favour. In this regard I / we confirm having obtained consent of all/majority of members listed in the data provided with this Proposal Form.
 - I / We shall obtain such consent from all those eligible to participate in the policy that may be issued in our favour, pursuant to this Proposal Form.
 - The benefits, the basis on which the proposed Plan will operate, and the terms and conditions thereof, have been explained to me/us and I/we have fully understood and agreed to abide by them.
 - I / We understand and agree that cover under the Policy that may be issued in our favour shall not commence till all the necessary clarifications/documentations or other requirements raised by KLI are fulfilled. It is clarified that cover under the Policy shall commence from the date and in the manner indicated therein, subject to receipt of the prescribed premiums by KLI.
 - I / We have obtained all the approvals and completed all the necessary procedures stipulated as per our relevant internal guidelines/rules/byelaws/statutory provisions applicable to us and KLI shall not be liable in any manner whatsoever for relying upon this confirmation and issuing a policy in our favour.
 - I / We are duly authorised to sign the Proposal Form, furnish any particulars and carry out all matters in connection with or incidental to the said Group Insurance arrangement with KLI.
 - Prior to requesting KLI to admit any person as a member under the Proposed Plan I/we shall ensure that they meet the eligibility criteria as per the aforesaid Tender. I/We also agree to make available to KLI such records, documents etc. related to the same as may be required.
 - I / We understand and agree that the group insurance to be provided by KLI pursuant to this proposal, shall be governed by the Policy contract to be issued by KLI in our favour, and shall be further subject to any other relevant Statutes, Insurance Regulatory and Development Authority Rules/ Regulations/ Guidelines etc in force.

