

### REQUEST FOR MAJOR REVIVAL OF POLICY

Details of Primary Life to be filled in Life Insured and Secondary Life to be filled in the Policyholders column where  
Primary Life & Secondary Life are 2 different individuals

**NOTE : All fields are mandatory to fill. Incomplete forms might lead to rejection**

Policy Number			
Name of the Insured			
Name of the Policyholder			
Policy holder's Mobile No		Email ID	
Date of Birth (life insured)		Age	
Proposer Residential Status (Please tick mark any one from the given options)	Resident Indian/ NRI/PIO/ Others (if any)	Life Insured's Residential Status	Resident Indian/NRI/PIO/Others (if any))
Proposer Education		Life Insured's Education	
Proposer Occupation		Life Insured's Occupation	
Proposer Height (cms)		Life Insured's Height (cms)	
Proposer Weight (kgs)		Life Insured's Weight (kgs)	
Proposer Annual income		Life Insured's Annual income	

Tick if you would like to receive your communication through electronic mode for all your policies

If the policy is rejected at revival stage Refund the premium to the bank account mentioned below. (Please attach an original copy of cancelled cheque with your name and bank details pre-printed on it)

Bank name-Branch	Account No	IFSC Code	MICR Code
Account Type	Savings	NRE*	Others (if any)

Please provide the following information:	Life Insured		Policy Holder	
	Yes	No	Yes	No
1) Personal Statement regarding the health of Life Insured/Policyholder				
a) Are you at present in GOOD health? If No, Please provide full details in the space below				
b) During the last year, has there been any increase/decrease in your weight?				
2) Has there been any change in your occupation, nature of job, avocation, or place of residence or Is the occupation of the life insured/policyholder associated with any specific hazards (which would render him/her susceptible to any injury or illness)? OR intends to take part in any hazardous hobbies/activities since the date of signing the original application?				
3) Are you a Politically Exposed Person or Do you have any history of conviction under any criminal proceedings in India or abroad?				
4) Have you ever consulted any doctor for any Ailment/Injury/Medication/Accident requiring Treatment for more than a week OR Have you ever availed leave on medical grounds in the last two years? OR have you Undergone or been advised to undergo any Treatment/Surgery or cardiological/pathological or radiological tests?				
If the answer to any of the above questions is YES, kindly give details below:				
5) Since the date of signing the original application, have you suffered from/are suffering from:				
a. Diabetes mellitus/High Blood Sugar/High or Low Blood Pressure/chest pain/myocardial infarction or any other disease or disorder of the heart or arteries?				
b. Disorders of the Eye, Ear, Nose, and Throat including defective sight or speech or hearing and discharge from ears OR Paralysis, epilepsy, fits, nervous breakdown or any other disease related to the brain/nervous system?				
c. Asthma, Bronchitis, Blood Spitting, Tuberculosis or other Respiratory disorders OR, Jaundice, anemia, piles, ulcers, hernia, hydrocele, goiter, or any other disease of stomach, liver, spleen, gall bladder, pancreas, arthritic, skeletal, or joint disorders?				
d. Cancer, leprosy, rheumatism, gout, enlarged glands, tumors OR Thyroid disorder? OR Any disease or disorder of the kidney, prostate, urinary system, or reproductive system?				
e. Is the life-insured or partner HIV positive or suffering from AIDS, hepatitis, gonorrhoea, syphilis, or any other venereal disease? Has the life-insured or partner ever been tested for HIV/hepatitis?				
f. Is the life insured pregnant now or has the life insured had any abortion or miscarriage or cesarean section after the date of the proposal? (For female lives only)				
g. Does the life insured have any physical defect/deformity illness/impairment/disability not mentioned above?				

6) Usage of the following (NOT APPLICABLE is not allowed as an answer)	Life Insured (Answer as 'Yes'/'No')		Policy Holder (Answer as Yes/'No')		Average usage per day (past/ present)		Reasons for giving up (if applicable)	
Alcohol								
Tobacco								
Any Narcotics								

7) Existing/Proposed Insurance Details		Life insured		Policy Holder	
A	Has any proposal on your life/application for reinstatement been postponed, declined or accepted with an extra premium or at modified terms by this company or any other insurance company?	Yes	No	Yes	No
B	Are there any existing policies, applications for the revival of lapsed Policies, or fresh proposals on your life, under consideration by this Company or any other Insurer? (If yes, please give details below)	Yes	No	Yes	No

Policy/Proposal no.	Sum Assured				Acceptance Terms (Standard/Rated up/ Deferred/Declined/ Under Consideration)	Inforce/Proposal/ Lapse (Mention year of lapse/ Revival applied for)
	On Death	ACCIDENTAL DEATH BENEFIT RIDER	PERMANENT DISABILITY BENEFIT RIDER	CRITICAL ILLNESS BENEFIT RIDER		

Space for providing details pertaining to the above questions. If required, please use an additional sheet of paper and attach	
Q No	Details for questions answered as Yes above or any other information as required

SECTION 41 OF THE INSURANCE ACT, No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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.

**DECLARATION BY THE LIFE INSURED AND POLICYHOLDER (if different from the Life insured)**

I/We declare that I/We have answered the questions in this Policy Revival Form after fully understanding the nature of the questions and the importance of disclosing all information while answering such questions. I/We further declare that the answers given by me/us to all the questions in this form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Mahindra Life Insurance Company Limited (hereinafter referred to as the "Company") of any change in the state of health of the life insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this form and before the acceptance of the risk by the company. I/We further declare that this Policy Revival Form shall also be the basis of the contract of insurance and if any untrue statement is contained in this form, the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company as per the provisions of Section 45 of the Insurance Act 1938, as amended from time-to-time. I/We hereby authorize the employer, doctor or hospital of the life insured to divulge to the Company any information required by them in connection with the policy contract. I/We understand that the contract shall be governed by the provisions of the Insurance Act, 1938, as amended from time to time, and that the policy shall not be revived until the Company's written acceptance of this application is received.

Life insured		Policyholder	
Date:	Place:	Date:	Place:
Signature / Left Thumb impression		Signature / Left Thumb impression	

\* If a person other than the Policy Holder fills the form, then the person filling this policy revival form on his / her behalf must sign the following declaration:

**DECLARATION BY THE PERSON FILLING IN THE FORM**  
(For forms filled in by a scribe or for forms signed in vernacular languages)

I \_\_\_\_\_, having known the Policy Holder for a period of \_\_\_\_\_ declare that I have explained the nature of the questions contained in this application to the Policy Holder. I have also explained that the answers to the questions form the basis of the contract of insurance between the Company and the Policy Holder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company as per the provisions of Section 45 of the Insurance Act 1938, as amended from time-to-time.

Address of scribe:

Date:

Relationship:

Place:

Signature of the Scribe

**Note:**

- 1) Maximum period of revival for your policy shall be as mentioned in your policy document.
- 2) Major revival formalities shall be applicable for policies in major lapse status, i.e. 6 months from the premium due date for policies in Lapse, AUTO COVER MODE, AUTO NON FORFEITURE MODE, and REDUCED PAID UP MODE status and 6 months from the discontinuance date for policies in Discontinuance mode
- 3) For revival premium received via Cash mode or Local Clearance Cheque / Demand Draft, the applicable NAV shall be the closing NAV of the same business day on which the Underwriting decision is received before the cut-off time of 3 pm.
- 4) For revival premium received via Cash mode or Local Clearance Cheque / Demand Draft, the applicable NAV shall be the closing NAV of the next business day on which the Underwriting decision is received after the cut-off time of 3 pm.
- 5) For revival premium received via Outstation clearance cheque / Demand Draft, the applicable NAV shall be the closing NAV on which the underwriting decision is received or the premium amount is realized, whichever is later, as per the cut-off time of 3 pm.
- 6) For the revival of policies in discontinuance mode, the discontinuance charges deducted from the fund will be added back to the fund value.
- 7) Post review of the Major revival form, the life insured(s) may have to undergo medical tests/ physical examination (at his/her own cost).
- 8) NAV will be allocated on the day on which the underwriting decision is taken or the premium amount is realized, whichever is later.
- 9) This policy shall be revived only post fresh underwriting of the case and fulfillment of all requirements as may be called for by the Company. The policy shall be revived only after acceptance of the risk by the Underwriters of the Company and due communication of the same to the policyholder after clearance of the cheque. Till then the policy shall not be re-instated.
- 10) Kindly note that the amount paid by you towards the revival of your policy shall lie unadjusted in your policy suspense account and your insurance cover shall not be reinstated unless the requirements are fulfilled. Further, if the required documents are not received within 45 days from the receipt of the Major Revival Form, the amount lying in your policy suspense account shall be refunded back to you without reinstating your policy. Please note, the unadjusted premium shall not carry any interest.
- 11) In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenships); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?  
I/We confirm that I/we shall report any future changes in my/our tax status to the Company within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Company may presume that there is no change in my/our tax residency status and consider my/our earlier submitted declarations, if any, as valid. I understand that for any queries about my/our tax residency, I/we have to consult my/our own tax consultant.

Kotak Mahindra Life Insurance Company Ltd. IRDAI Regn no:107, CIN: U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai - 400 051  
For any correspondence kindly contact us at: 901 (A-wing) & 902 (B-Wing), 9th floor, Intellion Square (Building No. 4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai-400 097.  
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