

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

Policy Number:		Primary Life Insured for Joint Life policy:		
Client ID:	Life Insured:	Policy holder's Mobile No:		
	Policy holder:	Policy holder's Landline No:		
Email ID:				
<input type="checkbox"/> Do your bit for a greener world by switching to e-communication. Kindly 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)				
Name of the policy holder as per bank account				
Bank Name & Address		Account No		
		IFSC Code		
		MICR Code		
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> NRE* <input type="checkbox"/> Others (if any)				
*Refund to an NRE account shall be made only if premiums were received from an NRE account.				
1) Name of:				
	Mr/Ms/Title	Surname	First name	Middle name
Life Insured				
Policyholder (if different from life insured)				
Nationality	Life Insured:		Policy Holder:	
	<input type="checkbox"/> Indian <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Others _____		<input type="checkbox"/> Indian <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Others _____	
2) Occupation Details – Life Insured / Policy holder (please tick whichever is applicable):-				
a) Life Insured:	<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Salaried/Employed <input type="checkbox"/> Others _____			
b) Policy holder:	<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Salaried/Employed <input type="checkbox"/> Others _____			
c) If Housewife/Student/Retired, please specify source of income				
3) Education Details – Life Insured / Policy holder (please tick whichever is applicable):-				
a) Life Insured:	<input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Diploma <input type="checkbox"/> HSC <input type="checkbox"/> SSC <input type="checkbox"/> Non-Matric <input type="checkbox"/> Illiterate <input type="checkbox"/> Others _____			
b) Policy holder:	<input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Diploma <input type="checkbox"/> HSC <input type="checkbox"/> SSC <input type="checkbox"/> Non-Matric <input type="checkbox"/> Illiterate <input type="checkbox"/> Others _____			
4) Name & Address of the Present Employer/Business:		Life Insured:	Policy holder (if diff. from Life insured)	
a) Designation:				
b) Nature of work:				
c) Annual Income:				

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5) To be answered compulsorily	Life insured		Policy Holder (if different from Life insured)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) Is the occupation of the life insured/policy holder associated with any specific hazards (which would render him/her susceptible to any injury or illness)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Has there been any change in your occupation, nature of job, avocation or place of residence since the date of signing the original application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Is the life insured/policy holder engaged in or intends to take part in any hazardous hobbies/activities (which would increase the risk of any injury or illness)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Do you have any history of conviction under any criminal proceedings in India or abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Are you a Politically Exposed Person (these are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt., Senior Politicians, Senior Govt. Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials and immediate family members of above persons)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above questions is YES, kindly give details below:

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6) Personal Statement regarding health of Life Insured / Policyholder		Life insured	Policy Holder
a	Height (cms)		
b	Weight (kgs)		
c	Any history of weight loss or weight gain in last 1 year ? If yes give details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7) Since the date of signing the original application, have you:		Life insured	Policy Holder
a	Consulted a Medical Practitioner for any ailment /injury requiring treatment for more than 7 days or remained absent from your place of work for more than 7 days, on health grounds or claimed against your health insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Undergone any cardiological / pathological or radiological tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8) Since the date of signing the original application, have you suffered from / are suffering from:			
a	High or low blood pressure, rheumatic fever, chest pain, myocardial infarction or any other disease or disorder of the heart or arteries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Jaundice, anaemia, piles, ulcers, hernia, hydrocele, goiter, diabetes mellitus or any other disease of the stomach, liver, spleen, gall bladder or pancreas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Asthma, bronchitis, pleurisy, tuberculosis or any other disease or disorder of lungs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Paralysis, epilepsy, fits or any kind of nervous breakdown or any other disease related to the brain or the nervous system or arthritic, skeletal or joint disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Any disease or disorder of ear, nose, eyes or throat, including defective sight or hearing or discharge from ears?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Cancer, leprosy, rheumatism, gout, enlarged glands or tumors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	Any disease or disorder of kidney, prostate, urinary system or reproductive system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	Does the life insured have any physical defect / deformity illness / impairment / disability not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j	Has the life insured ever had any accident requiring hospitalization or undergone any treatment or operation for any ailment not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k	Is the life insured pregnant now or has the life insured had any abortion or miscarriage or caesarean section after the date of the proposal? (For female lives only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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If the answer to any of the above questions contained in 7 and 8 above is YES, kindly give details below:

Sr. No.	Nature of ailment /disease /condition etc	Date of Diagnosis	Fully recovered / still under treatment	Name, Address and Telephone Number of the treating doctor

9) Existing/Proposed Insurance Details		Life insured	Policy Holder
a	Has any proposal on your life/ application for reinstatement been postponed, declined or accepted with extra premium or at modified terms by this company or any other insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Are there any existing policies, applications for revival of lapsed Policy or fresh proposals on your life, under consideration of this Company or any other Insurer? (If yes, please give details below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	ADB	PDB	CIB		

10) Additional details

Usage of the following	Life Insured (Answer as 'Yes'/'No')		Policy Holder (Answer as 'Yes'/'No')		Average usage per day (past/ present)		Reasons for giving up (if applicable)	
	Current	Past	Current	Past	Life Insured	Policy Holder	Life Insured	Policy Holder
Alcohol								
Tobacco								
Any Narcotics								

SECTION 41 OF THE INSURANCE ACT, 1938 (4 OF 1938): 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an 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. (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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 Life Insurance 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 Kotak Life Insurance.

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 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. I/We hereby authorise 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.

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Life insured		Policy holder	
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 on 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 a 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:**
- Maximum period of revival for your policy shall be as per below, as applicable:
 - 5 years from the date of lapsation of the policy for policies issued before 1st July 2006
 - 2 years from the date of lapsation of the policy for policies issued on or after 1st July 2006 for Non-Unit Linked Plans
 - 2 years from Paid To Date or 3 years from Risk Commencement Date, whichever is later, from the date of lapsation of the policy for policies issued on or after 1st July 2006 for Unit Linked Plans prior to IRDA Discontinued Linked Insurance Policies Regulations, 2010
 - 2 years from Discontinuance date or 5 years from Risk Commencement Date, whichever is earlier, for Unit Linked Plans launched in accordance to IRDA Discontinued Linked Insurance Policies Regulations, 2010
 - 2 years from Discontinuance date or 5 years from Risk Commencement Date, whichever is later, for Unit Linked Plans launched in accordance to Linked Insurance Products, 2013 Guidelines.
 - 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, ACM, ANM, RPU status and 6 months from the discontinuance date for policies in Discontinuance mode
 - 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 3pm.
 - 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 3pm.
 - For revival premium received via Outstation clearance cheque / Demand Draft, the applicable NAV shall be the closing NAV on which underwriting decision is received or the premium amount is realized, whichever is later, as per cut-of time of 3pm.
 - For revival of policies in discontinuance mode, the discontinuance charges deducted from the fund will be added back to the fund value.
 - Post review of the Major revival form, client may have to undergo medical tests/ physical examination (at his/her own cost).
 - NAV will be allocated of the day on which underwriting decision is taken or the premium amount is realized, whichever is later.
 - 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 Underwriters of the Company and due communication of the same to the policy holder after clearance of the cheque. Till then the policy shall not be re-instated.
 - Kindly note that the amount paid by you towards 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.
 - In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit a 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 citizenship); (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 Kotak Life Insurance within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Kotak Life Insurance 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.

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Annexure

Guidelines to fill the Major Revival Form

A) Mandatory Fields:

1) Contact number:

- Mobile / residence

2) Occupation, Avocation & Residence

- Designation
- Nature of work
- Annual income
- If associated with occupational hazards – relevant Kotak Life Insurance Occupation Questionnaire to be provided if engaged in or intending to take part in hazardous hobbies/activities – Please specify

3) Education:

- Provision of a Income Tax Return \geq 2 lacs or professional qualification certificate may help in the granting of higher non medical limits

4) Personal Details

- If the life insured is minor - Height/weight to be correctly filled
- Policy holder height/weight – if WOP Rider applied for or if the plan is Long Life Secure Plus or Headstart Future Protect Joint Life or Wealth Insurance Plus

5) Medical questions

- To be answered in Yes or No Format and wherever Yes – relevant details to be provided
- Policy holder column to be filled – If WOP Rider applied for or if the plan Long Life Secure Plus or Headstart Future Protect Joint Life or Wealth Insurance Plan

6) Existing/Applied policies with Kotak Life Insurance or other Insurers: Give details as follows

- Policy no
- Plan details – Sum Assured of base plan and rider if any
- Acceptance Terms –[standard or rated up or declined or deferred or not completed]
- Status – [In force / Lapsed/applied for revival etc.]

7) Habits: (Tobacco/ Alcohol/ Narcotics): If usage of any of the same is “Yes” then please specify:

- Form of consumption – [cigarettes, beedi, pan, Guthka, Beer, Hard liquor]
- Usage per day – [sticks,grams,packets,ml,units,pints]
- Duration

8) If policy holder has signed in vernacular/thumb impression then provide – SCRIBE DETAILS

- Name of scribe
- Complete Address
- Sign
- Date and place of signing
- Relationship

B) Additional Information

1) Alterations:

Alteration in any of the following would require submission of a documentary proof along with request for a change

- Name
- Date of birth
- Residential Address
- Signature [dual sign format with previous and current signatures]
- Education
- Nominee

2) Income Proof Documentation:

a) If the total cover on the life insured including the existing and applied policies with Kotak Life Insurance is more than 15 lacs then latest income proof would be required

b) If total premium paid either as

- Policy holder
- Life insured
- Third Party Premium Payer

for all proposals/ policies with Kotak Life Insurance put together is one lakh or more, latest income proof is required

c) If total premium paid either as

- Policy holder
- Life insured
- Third Party Premium Payer

for all proposals/policies with Kotak Life Insurance put together is 50 thousand or more, copy of pan card of premium payer is required

3) NRI Clients : Please provide:

- NRI questionnaire
- Copy of all the printed pages of the passport if not submitted earlier
- Current residential address in India

4) Cancellation/overwriting on the MRF – Should be countersigned near the place of overwriting

The above annexure is intended to help in the filling of the Major Revival Form and to ensure its completeness in all respects. It does not form a part of the revival application and should not be scanned along with the application.

Kotak Mahindra Life Insurance Company Ltd. IRDA Regn no.107, CIN: U66030MH2000PLC128503, Regd Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051. For any correspondence kindly contact us at : Kotak Infiniti, 7th Floor, Building No. 21, Infiniti Park, Off Western Express Highway, Goregaon Mulund Link Road, General A.K. Vaidya Marg, Malad (E), Mumbai – 400 097. (+9122) 6605 7777 {D}; 66200550 {F} <http://insurance.kotak.com> Toll Free No: 1800 209 8800

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ACKNOWLEDGMENT

We acknowledge the receipt of request of Revival of Policy no.: _____.

Branch Name

Documents received with this request

Date

Time

Name of branch co-ordinator

Signature of branch co-ordinator

Kotak Mahindra Life Insurance Company Ltd. IRDA Regn no.107, CIN: U66030MH2000PLC128503, Regd Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051. For any correspondence kindly contact us at : Kotak Infiniti, 7th Floor, Building No. 21, Infiniti Park, Off Western Express Highway, Goregaon Mulund Link Road, General A.K. Vaidya Marg, Malad (E), Mumbai – 400 097. (+9122) 6605 7777 {D}; 66200550 {F} <http://insurance.kotak.com> Toll Free No: 1800 209 8800

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