

# Kotak Sampoon Bima Micro-Insurance Plan

Key Features Details

UIN: 107N092V02

Life Insured Name	Mr. /Ms _____(Full Name)_____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Life Insured DoB	DD / MM / YYYY /Age _____ Yrs	Term	5 years
Premium (in Rs.)	200	Premium Pay Option	Single
Proposer Name	Mr. /Ms _____(Full Name)_____	Proposer DoB	DD / MM / YYYY /Age _____ Yrs

## Benefit Details:

This being a non-participating plan, all the benefits in the plan are guaranteed throughout the policy term, subject to terms & conditions.

- Maturity Benefit:** The benefit will be paid out at the end of the 5<sup>th</sup> Policy year and will be dependent on the Life Insured's age at entry. The benefit basis age at entry is as follows:

Age at entry Bands	18 - 25 yrs	26 - 40 yrs	41 - 55 yrs
Maturity Benefit (Rs.)	275	260	235

- Death Benefit:** In the unfortunate event of death of the Life Insured under normal circumstances (excluding Suicide), at any time during the policy term Rs. 5,000 will be paid out.
- Surrender Benefit:** The benefit will be dependent on the year of Surrender. The benefit will be is as follows:

Years of Surrender	1 <sup>st</sup> Yr	2 <sup>nd</sup> Yr	3 <sup>rd</sup> Yr	4 <sup>th</sup> Yr	5 <sup>th</sup> Yr
Surrender Benefit (Rs.)	150	150	150	180	190

## Notes:

- Currently no Goods and Services Tax and cess are levied on the premium; however this is subject to change as per the Tax laws from time to time.
- In case of suicide anytime during the first policy year 80% of Single Premium paid (i.e. Rs. 160) will be paid and the policy will terminate.
- Please read these details in conjunction with the policy terms & conditions carefully before concluding the sale.
- Kotak Mahindra Life Insurance Company Ltd. is only the name of the insurance company and Kotak Sampoon Bima Micro Insurance Plan is only the name of the product and does not in any way indicate the quality of the product, its future prospects or returns.

## Statement of Consent by the Life to be Insured/Proposer:

I.....(Full Name), having received this benefit illustration and all other information with respect to the above, have read and understood the structure/features of benefits, charges(if any), terms and conditions and risk factors under the proposed plan and duly acknowledge the benefit illustration before entering into the contract.

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

Date: \_\_\_\_\_

Signature / Left Thumb Impression  
Of the life to be insured

Signature / Left Thumb Impression  
Of the Proposer if different from life to be insured

## Statement of Consent by the Life Advisor/Micro Insurance Agent/ Specified person of Corporate Agent/Authorised Employee of the Broker/Relationship Officer:

I.....(Full Name), declare that I have explained all the contents of this benefit illustration including the features, charges(if any), terms & conditions and risk factors of the proposed plan to the Life to be Insured/Proposer.

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

Date: \_\_\_\_\_

Signature &amp; Stamp by the Life Advisor/Micro Insurance Agent/ Specified person of Corporate Agent/Authorised Employee of the Broker/Relationship Officer

## BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

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