

HEALTH FIRST - STANDING INSTRUCTION REQUEST

Please fill in Black Ink and in CAPITAL LETTERS
All fields are MANDATORY

Date
D D M M Y Y Y Y

CUSTOMER DETAILS

Customer Name
Account Number Nationality I N D I A N

REQUEST DETAILS

I/We, hereby request and authorize the Standing Instruction on my/our account maintained with the bank with the following details

Beneficiary Name I C I C I L O M B A R D G I C L T D,

Beneficiary A/c no. 1 0 0 0 0 2 0 9 4 7 4 IFSC Code I D F B 0 0 4 0 1 0 1

Premium Amount (in ₹)

Premium Amount in words (in ₹)

#Refer the premium grid

Start Year Y Y Y Y End Year Y Y Y Y Frequency Yearly

*First debit will happen within 10 days of application processing

GROUP HEALTH INSURANCE DETAILS

Nominee/Appointee Details (Same as Savings Account nominee)

*in case of any changes, kindly get in touch with ICICI Lombard GIC Ltd post issuance of policy

Details of the insurance cover

Relationship with the Applicant Self Sum Insured ₹10 Lakhs only Tenure 1 year

Pre-existing disease: Yes No

*If yes, we will not be able to issue a Group Insurance Policy. Kindly get in touch with the branch.

#ICICI Lombard GIC Ltd. Premium Grid

Sum Insured ₹10 Lakhs / Deductible = ₹2 Lakhs

Customer's age at the time of Application	Premium Amount (including taxes as applicable)
21 - 35	₹3,750
36 - 45	₹4,250
46 - 50	₹6,400
51 - 55	₹10,750

DECLARATION AND TERMS AND CONDITIONS

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the enrolment form. Please disclose all material facts while filing in the enrolment form.

The Policy shall become void at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the enrolment form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

Terms and Conditions

- Initial waiting period of 30 days for all illnesses (except Hospitalisation due to injury or accident).
- The liability of the insurer does not commence until this enrollment form has been accepted by the insurer and premium realised.
- I, We, understand and agree that premium amount may vary due to change in age bracket of the senior most member insured under the policy, claims history in expiring policy, change in applicable premium rates by the insurer, taxes and other statutory levies as may be applicable from time to time.
- IDFC FIRST Bank will not be responsible and liable for any/all disputes raised regarding the said insurance product and/or the services of the insurance company
- Deductible opted will applicable on aggregate basis for all hospitalisation expenses during the policy year.
- The policy will be issued only when the account is opened with proper KYC norms and the first premium is debited.
- This product comes with a standard deductible of ₹2 Lakhs.
- If any debit transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We shall not hold your bank responsible.
- I/We understand that the Bank also offers Regular Savings Products without clubbing it with General Insurance.
- I/We authorize you to debit my/our account towards such charges as may be determined by you for the service.
- I/We further agree and confirm to unconditionally indemnify and keep indemnified IDFC FIRST Bank Limited from any actions, claims, demands or liability by/towards any third party which may arise on account of IDFC FIRST Bank acting pursuant to the instructions hereunder.
- I/We, the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on website www.idfcfirstbank.com as revised from time to time by IDFC FIRST Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC FIRST Bank Limited.

DECLARATION AND TERMS AND CONDITIONS

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

1. 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 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.
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

I hereby declare, that the above statements, answers, and/or particulars given by me are true and complete in all respects to the best of my knowledge.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I further declare that I will notify in writing any change occurring in my occupation or general health after the proposal has been submitted but before communication of the risk acceptance by the insurer.

I declare and consent to the insurer seeking medical information from any doctor or from a hospital who has attended to my health or from any past or present employer concerning anything which affects my physical or mental health and seeking information from any insurance company to which an application for insurance has been made by me for the purpose of underwriting the proposal and/ or claim settlement.

I authorise the insurer to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/ or Regulatory authority.

I agree to abide by the Terms & Conditions of the policy and provide my consent to share my personal details, as required, regarding my enrolment into the policy with the insurer.

Sign as per Account Rule

Signature

Signature

Signature

Name of the First Account Holder

Name of Second Account Holder

Name of Third Account Holder

ICICI Lombard Details

Website- www.icicilombard.com • Mail Id- customersupport@icicilombard.com

Toll free Number- 1800 2666 (Also accessible from your mobile) SMS Facility "HEALTHCLAIM" to 575758

ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation.

IRDA Reg. No. 115. CIN: L67200MH2000PLC129408. Misc 140. UIN: ICIHLGP02001V030102.

FOR BANK USE ONLY

Service Request Number

Employee ID

Name of the Branch Official

Sourcing Branch Code

Campaign code

Signature of the Branch Official