



Star Union Dai-ichi
Life Insurance

A joint venture of



RIDER ADDITION REQUEST FORM

POLICY DETAILS (To be filled by Proposer, with details of Life Assured where different)

Policy No. :

Name of Policyholder:

Name of Life Assured (if different from Policyholder):

PAN No.:

FORM 60: ☐ Yes ☐ No

1. Are you resident of jurisdiction outside India? ☐ Yes ☐ No

2. Are you tax resident of jurisdiction outside India? ☐ Yes ☐ No

3. Country of residence/ tax residence

(If the answer to any of the above question is Yes, or country of residence/tax residence is other than India then kindly submit FATCA CRS self certification)

I / We Mr. /Ms. (Policyholder) would like to opt for the below stated rider in my/ our SUD Life

Policy No.

☐ SUD Life COVID – 19 Benefit Rider - Traditional

Please answer the following questions with as much detail as possible: ("Answer these questions by filling the details of Life to be assured under the applied Rider")

1. Have you ever been tested positive for noval corona virus or quarantined or in contact/cohabitation with any person who has been tested positive/quarantined or symptomatic for Covid 19. If yes, please provide details

☐ Yes ☐ No

1.1 If Yes, Are you fully recovered from COVID-19 & have you got the subsequent negative COVID-19 test?

☐ Yes ☐ No

2. Have you travelled in and/or out of the country? If yes, please provide details:

☐ Yes ☐ No

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (COVID-19)?

☐ Yes ☐ No

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I am in good health and do not suffer from any disease or health condition and there has been no change in my health condition since the commencement of my policy.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Place:

Date:

Signature of policy holder:

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: Unit No. 1101, 11th Floor, Building No. 1, Raheja Mindspace Juinagar, Plot No. GEN 2/1/E, TTC Industrial Area, MIDC Juinagar, Navi Mumbai – 400 706 • Toll Free No.: 1800 266 8833 (9.00 am to 7.00 pm - Mon to Sat) • Email: customercare@sudlife.in • Website: www.sudlife.in

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