Star Union Dai-ichi Life Insurance

A joint venture of Bank of India | Union Bank of India | Dai-ichi Life

GROUP DEATH CLAIM FORM

(EMPLOYER-EMPLOYEE/REVERSE MORTGAGE LOAN ANNUITY PLAN/GRATUITY/GROUP SAVINGS LINKED INSURANCE)

(FOR SUD OFFICIAL USE ONLY)

BRANCH NAME _____ BRANCH CODE _____

INTERACTION ID _____

EMPLOYEE NAME _____

EMPLOYEE CODE _____ SIGN _____

DATE D D M M Y Y Y Y TIME ☐ On or Before 3PM ☐ After 3PM

Photograph of Claimant Beneficiary/Nominee

SECTION A*

POLICY DETAILS

GROUP MASTER POLICY NO. _____ CLIENT ID/MEMBER ID/EMPLOYEE ID _____

GROUP POLICY HOLDER NAME: (NAME OF MASTER POLICY HOLDER (MPH)) _____

SUM ASSURED _____ DATE OF JOINING D D M M Y Y Y Y

SECTION B*

DETAILS OF LIFE ASSURED (LA) / MEMBER (LA)

NAME OF LIFE ASSURED ☐ Mr. ☐ Ms. F I R S T M I D D L E L A S T

FATHER NAME/SPOUSE NAME* F I R S T M I D D L E L A S T

DATE OF BIRTH D D M M Y Y Y Y DATE OF DEATH D D M M Y Y Y Y

PLACE OF DEATH ☐ Hopsital and Clinic ☐ Residence ☐ Office ☐ Other *Please specify* _____

FAMILY DOCTOR NAME _____

REGISTRATION NO. _____ CONTACT NO. _____

NATURE OF DEATH ☐ Death due to specific illness ☐ Death due to age related issues ☐ Accident ☐ Murder ☐ Suicide

CAUSE OF DEATH _____

PAYMENT TO BE MADE IN FAVOR OF ☐ MPH ☐ Nominee/Beneficiary

NATURE OF ILLNESS AND HABIT OF THE INSURED

Date of diagnosis of illness

☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Liver Disease

☐ Kidney Disease ☐ Cancer ☐ Other *Please specify* _____

☐ Smoking ☐ Tobacco ☐ Alcohol If yes, Duration of Consumption _____ & Quantity Consumed

APPLICABLE ONLY FOR TAKEOVER POLICIES:

TAKEOVER POLICY FROM	TAKEOVER POLICY SINCE	TERMINATION DATE

EMPLOYER-EMPLOYEE AND REVERSE MORTGAGE LOAN (RMLeA)

Date of Coverage Commencement of the Life Assured/Member: _____

Was the member actively at work on the date of coverage commencement? ☐ Yes ☐ No

Last Date at work: D D M M Y Y Y Y Life Assured / Member Job Profile/ Designation at the time of death: _____

Purchase Price (RMLeA): _____

PARTICULARS OF LEAVE AVAILED BY THE EMPLOYEE DURING LAST ONE YEAR/ FROM THE DATE OF EVENT. PLEASE MENTION,

FROM DATE	TO DATE	NO. OF DAYS	TYPE OF LEAVE	REASON

GROUP SAVINGS LINKED INSURANCE (GSLI) AND GRATUITY

SALARY: _____ BASIC + DA (IN RS): _____

(As defined in the Rules for Gratuity Calculation)

GRATUITY BENEFIT PAYABLE (IN RS) _____

OTHER INSURANCE DETAILS WITH SUD LIFE & OUTSIDE SUD LIFE: INCLUDING LIFE INSURANCE AND HEALTH INSURANCE

POLICY NO.	COMPANY NAME	SUM ASSURED	LIFE / HEALTH/GROUP	STATUS (ACTIVE/LAPSED/CLAIM APPLIED/MATURED)
1.				
2.				
3.				

DETAILS OF CLAIMANT BENEFICIARY/NOMINEE (In case of more than one claimant for policies with SUD Life, separate forms need to be filled for each claimant)

DATE OF BIRTH D D M M Y Y Y Y

CLAIMANT BENEFICIARY/NOMINEE NAME ☐ Mr. ☐ Ms. F I R S T M I D D L E L A S T

ADDRESS _____

PIN CODE _____

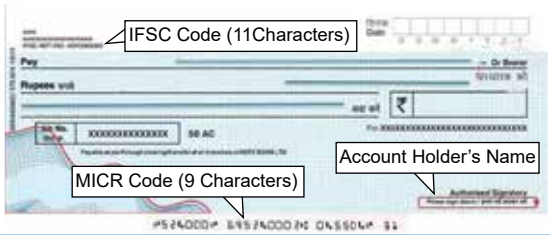
CONTACT NO. O F F I C E R E S I D E N C E M O B I L E

OFFICE &/OR PERSONAL EMAIL ID	
RELATION WITH THE LIFE ASSURED	☐ Spouse ☐ Children ☐ Parents ☐ Others *please specify*
CLAIMANT'S BENEFICIARY/ NOMINEE TITLE	☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary
CLAIMANT'S BENEFICIARY/NOMINEE PAN DETAILS	Or Form 60 ☐
POLITICALLY EXPOSED PERSON	☐ Yes ☐ No
US PERSON	☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)

CLAIMANT BENEFICIARY/NOMINEE NEFT MANDATE/ BANK ACCOUNT DETAILS

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details

ACTIVE BANK ACCOUNT NO.	
ACCOUNT HOLDER NAME	
BANK NAME & BRANCH	
ACCOUNT TYPE	☐ Savings ☐ Current ☐ NRO ☐ NRE
IFSC	
MICR	



MASTER POLICY HOLDER NEFT MANDATE/ BANK ACCOUNT DETAILS

ACTIVE BANK ACCOUNT NO.	
BANK NAME & BRANCH	
ACCOUNT HOLDER NAME	
IFSC	MICR
BANK BRANCH CONTACT NO.	
BANK BRANCH E-MAIL ID	

SECTION C*

DECLARATION AND AUTHORISATION

- I here declare all the details filled/furnished above are true correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect, and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim may be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed for payment.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realization of the last renewal premium payment.
- I also certify that the Insured Member was actively at work at the time of joining the policy and was also employed at the time of death /exit
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including any retro-viral diseases and others, related to the LA, to Star Union Dai-ichi Life, from both the past and present.
- A photocopy of this declaration shall be considered as valid and effective.
- I authorise Star Union Dai-ichi Life to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same.
- The Insured member/Nominee/Beneficiary who had submitted the Claim Statement form is the same person who has been registered by the Master Policy holder as the Insured Member/ Nominee/ Beneficiary under the Group Master Policy
- In case payment is done in favor of MPH account, the benefit should be transferred from MPH to beneficiary.
- Star Union Dai-ichi Life Insurance Company reserves the right to ask for more information/ documents, if required

Date: D D M M Y Y Y Y

Place: _____

Company Stamp & Signature of Authorised Signatory

Signature of Master Policy Holder

Signature of Nominee

Signature of Claimant /Beneficiary / Nominee

DECLARATION TO BE MADE BY A THIRD PERSON (In case of Thumb impression/ Non-English signature)

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Address: _____

_____

Date: D D M M Y Y Y Y Place: _____

Signature of Declarant

Company Stamp & Signature of Authorised Signatory

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: claims@sudlife.in

INSTRUCTION FOR FILLING UP THE FORM

A. IMPORTANT INFORMATION (Please read before filling the form)

1. The form should be filled by the claimant beneficiary/nominee only. In case the claimant beneficiary/nominee is a minor, the guardian/appointee may fill the form
2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
3. In case of more than one claimant beneficiary/nominee, separate forms need to be filled for each claimant beneficiary/nominee
4. If the claim belongs to different type such as insurance on loan or PMJJBY scheme or Health, separate claim form corresponding to the type need to be filled
5. Please read the declarations carefully and the claimant beneficiary/nominee should sign the claim form in the same manner as you normally sign your cheque
6. Claim is payable subject to fulfilment of all terms and conditions of the policy
7. No fee or commission should be paid to anyone to process this claim
8. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTATION AT THE POINT OF CLAIM NOTIFICATION

LIST OF DOCUMENTS		ADDITIONAL DOCUMENTS
Employer-Employee Death Claim: 1. Group Claim Form 2. Original Death Certificate / Attested copy of death certificate 3. Copy of ID & Address proof of nominee 4. Copy of Bank passbook OR cancelled cheque of master policy holder / nominee as applicable 5. Salary Slip of last 3 months 6. Leave Records of last 2 years 7. Current Address Proof and Photo Identity Proof of Member **RMLEA:** 1. Group Claim Form 2. Original Death Certificate / Attested copy of death certificate 3. Copy of ID & Address proof of nominee 4. Copy of Bank passbook OR cancelled cheque of master policy holder / nominee as applicable 5. Certificate of Insurance 6. Loan Account Statement 7. Current Address Proof and Photo Identity Proof of Member	**GSLI & Gratuity:** 1. Group Claim Form 2. Original Death Certificate / Attested copy of death certificate 3. Copy of ID & Address proof of nominee 4. Current address proof and photo identity proof of Member 5. Bank statement or Cancelled Cheque copy of Member	**Accidental Death:** (Additional documents required in case of accidental death benefit) 1. Copy of FIR 2. Panchnama 3. Inquest Report 4. Postmortem Report 5. Copy of Newspaper Cutting 6. Certified copy of the Viscera report if available **In case of Cause of Death as illness/disease:** (Additional documents required in case Cause of Death as illness/disease) 1. Last attending doctor's certificate stating the exact cause of death along with antecedent cause and other significant conditions leading to death. 2. Hospitalization documents (discharge summary, all investigation/Diagnosis reports) in case the Member was treated for any illness related to the cause of death.

C. LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)

PHOTO IDENTIFY PROOF (ANY ONE)

- ☐ Claimant's Beneficiary/Nominee PAN CARD
- ☐ Valid Passport
- ☐ Voter ID Card
- ☐ Masked Aadhar Card Copy*
- ☐ Valid Driving License
- ☐ Bank Passbook with stamped photograph (not more than 6 months old)
- ☐ ID Card Issued by Central/State Govt. to employee
- ☐ Any other Central/State Govt. issued ID

PHOTO IDENTIFY PROOF (ANY ONE)

- ☐ Valid Passport
- ☐ Voter ID Card
- ☐ Masked Aadhar Card Copy*
- ☐ Valid Driving License
- ☐ Bank Passbook with stamped photograph (not more than 6 months old)

*I voluntarily provide my consent to use my Aadhar to conduct identity check towards KYC compliance by Star Union Dai-ichi Life Insurance

D. NOTE: CLAIMANT BENEFICIARY/NOMINEE NEFT MANDATE/ BANK ACCOUNT DETAILS

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with Star Union Dai-ichi Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same

Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

CUSTOMER ACKNOWLEDGEMENT COPY - GROUP DEATH CLAIM FORM

MASTER POLICY NO.		CLAIMANT BENEFICIARY/NOMINEE NAME	
BRANCH NAME / INTERACTION ID		CLAIMANT BENEFICIARY/NOMINEE CLIENT ID	
EMPLOYEE NAME		EMPLOYEE CODE	
DATE	D D M M Y Y Y Y	EMPLOYEE SIGN	

Branch Stamp

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

Toll Free No.: 1800 266 8833 (9.00 am to 7.00 pm - Mon to Sat) • Email: customercare@sudlife.in • Website: www.sudlife.in

IRDAI Regn. No. 142 • C.I.N.: U66010MH2007PLC174472

Protecting Families, Enriching Lives!