

REQUEST FOR MAJOR REVIVAL OF POLICY- MRF 1

(This form can be used for all OTC policies and for policies being revived within one year from lapsation date)

	Life Insured	Policy Holder
Policy Number		
Name (Mr/Ms/Title - Surname-First name-Middle name)		
Contact Number		
E-mail ID		

Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.

Occupation Details	<input type="checkbox"/> Salaried <input type="checkbox"/> Housewife <input type="checkbox"/> Student	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Retired	<input type="checkbox"/> Self Employed <input type="checkbox"/> others
Annual Income				

QUESTIONS	Life Insured	Policy Holder*	
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Policy holder* to respond to Q1-4 only If plan is Headstart Joint Life / Long Secure Plus or If WOP rider attached

Height in cms/ Weight in Kgs (eg Xcm/ Ykgs)	/		/		If answers from 2(a) to 4 (c) are in Yes ,please provide details
	Yes	No	Yes*	No*	
Q1 Are you currently in Good Health?					
Q2 Since the date of signing the original application, have you					
a Consulted a Medical practitioner for any ailment/injury etc.					
b Been medically advised to/or undergone/currently undergoing a course of medication or any cardio logical/radiological/pathological investigations and/or surgical procedures or have you been advised or required to be hospitalized, in connection with any disease, sickness or accident?					
c Been tested for, or received medical advise, counseling or treatment in connection with sexually transmitted disease, AIDS or infection with Human Immunodeficiency Virus?					
d Remained absent from work or hospitalised for any illness, sickness, disease, injury, accident or disorder for more than 7 days or claimed against his/her health insurance policies					
e Being consuming any of the following - Cigarette / Beedi/ Pan / Gutkha/ Alcohol. If yes, give average daily usage. (Tobacco - nos. / Grams/ packs per day) (Alcohol - ml per day /week/month /year)					
f Suffered from any of the following? a] Diabetes (b) Heart Disease (c) Blood pressure Problems d) Cholesterol problems (e) Stroke (f) Epilepsy (g) Mental Disorder (h) Tuberculosis/ respiratory problems (l) Jaundice/Hepatitis (j) cancer (k) Kidney disease (l) Paralysis or (m) Hereditary disease (n) Any neurological Disorder (o) Vision or Hearing related disorder (p) any blood disorder (q) Thyroid/ Other Endocrine disorders (r) Asthma (s) Tumour/ Cyst (t) Urinary disorders. If YES", please indicate name of illness and age of onset of the said illness below					
Q3 Female Lives Questions					
a Is the life to be insured pregnant now?					
b or caesarean section after the date of signing the proposal form?					

Q4	Additional details					
a	Do you have any existing policies/simultaneously applied proposals/ any proposal or an application for revival of a lapsed Policy on your life, under consideration of this Company or any other Insurer ? (If yes, please give details of Sum Assured, Terms of acceptance)					
b	Since the date of signing of the original application, has any proposal on your life/ application for reinstatement been accepted with extra premium, postponed, declined or accepted with modified terms from this company or any other insurance company?					
c	Has there been any change in your occupation, avocation or place of residence since the date of signing the original application?					
Declaration and Authorization:						
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 punishable with fine which may extend to five hundred rupees.						
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 MAHINDRA OLD MUTUAL LIFE INSURANCE LTD. of any change in the state of health of the life to be 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 MAHINDRA OLD MUTUAL LIFE INSURANCE LTD.I/We further declare that this policy revival form will 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.						
I/We hereby authorise the employer, doctor or hospital of the life to be insured to divulge to the Company any information required by them in connection with the policy contract.I/We understand that the contract will be governed by the provisions of the Insurance Act, 1938 and that the contract will not commence until the Company's written acceptance of this application is received.						
Place:			Date:			
Signature/ thumb impression * of the Life insured			Signature/ thumb impression* of the Policy Holder (if different from the life insured)			
DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled by a scribe or signed by in vernacular language)						
I, _____ (Full Name of Scribe) have explained to the Proposer, that the answers to the questions form basis of the contract of Insurance between the Company and the Proposer 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 any non-disclosure of material facts the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company						
Address of the Scribe:			Signature of the Scribe:			
Place :			Date :			
Signature/right thumb impression of the policy holder			Signature of the advisor/broker as witness			
<p>Note: 1. Policy can be revived post discontinuance of the same. The revival period would end after 2 years from the date of discontinuance or end of lock in period which ever is earlier.</p> <p>2. "Where the policy is accepted for revival the discontinuance charges deducted from the fund will be added back to the fund value and units of the segregated fund chosen by the policyholder will be allotted at the NAV as on the date of revival"</p> <p>3. Post discontinuance if you want to revive the policy and same is in major revival then you will have to complete the major revival formalities.</p> <p>4. 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.</p>						
<p style="text-align: center;">Kotak Mahindra Old Mutual Life Insurance Ltd. Regn no.107, Regd Office: 4th floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai – 400 098 For any correspondence kindly contact us at : Kotak Infniti, 7th Floor, Building No. 21, Infniti Park, Off Western Express Highway, Goregaon Mulund Link Road, General A.K. Vaidya Marg, Malad (E), Mumbai – 400 097. (+9122) 6605 7757 {D} 66200550 {F} http://insurance.kotak.com/ Toll Free No: 1800 209 8800 Insurance is subject matter of solicitation</p>						

MRF/v.1.4/2011

ACKNOWLEDGEMENT

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

Branch Name Documents received with this request Date Time Name of branch co-ordinator Signature of branch co-ordinator

Kotak Mahindra Old Mutual Life Insurance Ltd.
Regn no.107, Regd Office: 4th floor, Vinay Bhavya Complex, 159-A, C.S.T. Road, Kalina, Santacruz (E), Mumbai – 400 098
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