

## REQUEST FOR MAJOR REVIVAL OF POLICY- MRF 2

Post review of the Major revival form, client may have to undergo medical tests/ physical examination (at his/her own cost)  
In case of Head Start Joint Life, details of Secondary Life to be filled in the policy holder's column

<b>Policy</b>			
<b>Contact number</b>	STD	<b>Mobile number</b>	
<b>Email ID :</b>			
<input type="checkbox"/> Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.			
<b>1) NAME Of:</b>			
	Mr/Ms/Title	Surname	First name Middle name
<b>LIFE INSURED</b>			
<b>POLICY HOLDER</b> (if different from life insured)			
<b>2) Occupation Details – Life Insured / Proposer (please tick whichever is applicable):-</b>			
<b>Life Insured:</b>	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed	<b>Proposer:</b> <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed
<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Student <input type="checkbox"/> Others	<input type="checkbox"/> Retired <input type="checkbox"/> Others
<b>3) If Housewife, specify source of income</b>			
<b>4) Name &amp; Address of the Present Employer/Business:</b>			
<b>5) Designation:</b>		<b>6) Annual Income :</b>	
<b>7) Nature of work</b>			
<b>4) Hazards questions – To be answered compulsorily</b>		<b>Life insured</b>	<b>Policy Holder</b>
a) Is the occupation of the Life insured/proposer associated with any specific hazards (which would render him/her susceptible to any injury or illness)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Is the Life to be insured/proposer engaged in or intends to take part in any hazardous hobbies/activities (which would increase the risk of any injury or illness)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer to any of the above questions - Q 4 a) or b) is YES, kindly give details below:</b>			
<b>5) PERSONAL STATEMENT REGARDING HEALTH OF LIFE INSURED / POLICY HOLDER</b>		<b>Life insured</b>	<b>Policy Holder (if diff. from Life insured)</b>
<b>1</b>	<b>Height (cms)</b>		
<b>2</b>	<b>Weight (kgs)</b>		
<b>6) Since the Date of signing the original application, have you:</b>		<b>Life insured</b>	<b>Policy Holder (if diff. from Life insured)</b>
a)	Consulted a Medical Practitioner for any ailment /injury requiring treatment for more than 7 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Remained absent from his/her place of work for more than 7 days, on health grounds or claimed against his/her health insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Undergone any cardiological / pathological or radiological tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7) Since the Date of signing the original application, have you suffered from / is suffering from :</b>			
a)	High or low blood pressure, rheumatic fever, chest pain, myocardial infarction or any other disease or disorder of the heart or arteries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Jaundice, anaemia, piles, ulcers, dysentery, diabetes mellitus or any other disease of the stomach, liver, spleen, gall bladder or pancreas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Asthma, bronchitis, pleurisy, tuberculosis or any other disease or disorder of lungs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**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.

### DECLARATION BY THE LIFE TO BE INSURED AND POLICYHOLDER (if different from the Life to be insured)

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 LIFE INSURANCE 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 LIFE INSURANCE.

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 nondisclosure 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.

**Date :**

**Place :**

Signature/ thumb impression * of the Life insured	Signature/ thumb impression* of the Policy Holder (if different from the life to be 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 \_\_\_\_\_, having known the Policy Holder for a period of \_\_\_\_\_ do declare that I have explained the nature of the questions contained on this application to the Policy Holder. I have also explained that the answers to the questions form the basis of the contract of insurance between the Company and the Policy Holder 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 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.

**Date:**

**Place:**

**Address of scribe:**

Signature of scribe

Signature/Right thumb Impression  
of the Proposer

Signature of Advisor/Broker  
as witness

**Note:**

- 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.
- “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”
- 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.
- 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.

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### Annexure

### Guidelines to fill the Major Revival Form

#### A] Mandatory Fields:

##### 1] Contact number:

- Mobile / residence

##### 2] Occupation and Avocation

- Annual income
- Nature of work
- If associated with occupational hazards – relevant KLI Occupation Questionnaire to be provided
- If engaged in or intending to take part in hazardous hobbies/activities – Please specify

##### 3] Education:

- Provision of a graduation certificate may help in the granting of higher non medical limits

##### 4] Personal Details

- If the life to be insured is minor - Height/weight to be correctly filled
- Proposers height/weight – **if WOP Rider applied for or if the plan is Long Life Secure Plus or Headstart Future Protect Joint Life**

##### 5] Medical questions

- To be answered in Yes or No Format and wherever Yes – relevant details to be provided
- Proposer column to be filled – **if WOP Rider applied for or if the plan Long Life Secure Plus or Headstart Future Protect Joint Life**

##### 6] Existing/Applied policies with KLI or other Insurers: Give details as follows

- Policy no
- Plan details – Sum Assured of base plan and rider if any
- Acceptance Terms – [standard or rated up or declined or deferred or not completed]
- Status – [In force / Lapsed etc.]

##### 7] Habits: (Tobacco/ Alcohol/ Narcotics): If usage of any of the same is “Yes” then please specify:

- Form of consumption – [cigarettes, beedi, pan, Guthka, Beer, Hard liquor]
- Usage per day – [sticks,grams,packets,ml,units,pints]
- Duration

##### 8] If policy holder has signed in vernacular/thumb impression then provide – SCRIBE DETAILS

- Name of scribe
- Address
- Sign
- Date and place of signing

#### B] Additional Information.

##### 1] Alterations:

Alteration in any of the following would require submission of a documentary proof along with request for a change

- Name
- Date of birth
- Residential Address
- Signature [dual sign format with previous and current signatures]
- Education
- Nominee

##### 2] Income Proof Documentation:

a] If the total cover on the life to be insured including the existing and applied policies with KLI is more than **15 lacs then latest income proof would be required**

b] If total premium paid either as

- Proposer
- Life to be insured
- Third Party Premium Payer

for all proposals/ policies with KLI put together is **one lakh or more, latest income proof is required**

##### 3] NRI Clients : Please provide:

- NRI questionnaire
- Copy of all the printed pages of the passport if not submitted earlier
- Current residential address in India

##### 4] Cancellation/overwriting on the MRF – Should be countersigned near the place of overwriting.

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 Infiniti, 7th Floor, Building No. 21, Infiniti 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

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

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