

HEALTH MAXIMISER - PROPOSAL FORM

(UIN: ZUKHLIP25057V022425)

"A Non-Linked, Non Participating, Health Plus Life Combi Insurance Plan"

For Office Use Only

Application No :

Form Id : 50302162

Type of Proposal: Rural Urban NRI

Instructions for filling up the form: This form is to be filled by the proposer himself / herself. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. This "Health plus Life Combi Product" (and hereafter will be referred to as Combi Product)" is jointly offered by Zurich Kotak General Insurance Company (India) Limited (Lead Insurer) and Kotak Mahindra Life Insurance Company Ltd. (Co-Insurer) and hereafter will be referred to as Insurer is jointly offered by Zurich Kotak General Insurance Company (India) Limited (Lead Insurer) and Kotak Mahindra Life Insurance Company Ltd. (Co-Insurer) and hereafter will be referred to as Insurer.

Consent for E-Communication and E-Policy

- I hereby opt to receive a physical copy of my policy document; in addition to my policy document that will be issued in electronic form
- I hereby give my consent to receive all policy related documents and other communications on the email address provided by me in the proposal form or through any other electronic means.



FOR OFFICE USE ONLY (for Kotak Mahindra Life Insurance Company Ltd.)

Proposal No: _____ Proposal Receipt Date: DD/MM/YYYY _____ Product Code: _____
 Cross Ref No: _____ Opportunity ID: _____ Branch Code : _____
 Agent ID: _____
 Client ID (new Proposer): _____ Client ID (new Life to be Assured): _____

FOR OFFICE USE ONLY (for Zurich Kotak General Insurance Company (India) Limited)

Sales Manager Code: _____ Intermediary Code: _____
 Intermediary Service RM: _____ Intermediary Branch Code: _____
 Intermediary Business Vertical: _____ Intermediary Client Ref No: _____
 SP Name/ Code: _____ Branch Code: _____

1. DETAILS OF PROPOSER

1.1 a) Existing Client ID: _____ b) AADHAAR No.: _____ c) C-KYC No: _____

d) Mobile No*: +(Code) _____ e) Landline +(STD/ISD) _____

1.2 Full Name Mr. Ms. Master _____ Surname _____ Given Name (include Middle Name, if any with space) _____

1.3 Mother's Name: Ms. _____ Surname _____ Given Name (include Middle Name, if any with space) _____

1.4 Fathers's OR SPOUSE's Name (Mr. / Ms.) _____ Surname _____ Given Name (include Middle Name, if any with space) _____

1.5 Current Address*: _____

LANDMARK _____

CITY / DISTRICT _____ STATE _____ COUNTRY _____ PINCODE _____

1.6 Permanent Address* (if different from the above address): _____

LANDMARK _____

CITY / DISTRICT _____ STATE _____ COUNTRY _____ PINCODE _____

Preferred Communication Address: Current Address OR Permanent Address (In absence of preference, the default communication address would be the Current Address)

1.7 GSTIN: _____ 1.8 Email ID* _____

1.9 Date of Birth: DD/MM/YYYY 1.10 Gender: Male Female Transgender 1.11 Marital Status: Unmarried Married Widow(er) Divorced

1.12 Residential Status: Resident Individual NRI¹ PIO¹ Foreign National 1.13 Citizenship IN-Indian Others (ISO 3166 Country Code _____)

1.14 Education: Professional Post-Graduate Graduate Diploma 12th Pass 10th Pass Below 10th Others _____ Please specify _____

1.15 Occupation: Business Professional Self Employed Student Housewife Retired Salaried (Private Public Govt.) Others _____ Please specify _____

1.16 a) Name & Address of Org./Business _____

b) Nature of Org./Business _____ c) Nature of Work _____

1.17 a) Total Years in Service or Business _____ b) Annual Income _____

c) PAN _____ d) Income Proof _____

1.18 a) Age Proof: _____ b) Address Proof: _____

c) Identity (ID) Proof: _____ d) ID Proof No.: _____ e) ID Proof Expiry Date: DD / MM / YYYY

1.19 a) Are you an existing Kotak Group Employee: Yes No b) If yes, please mention the Employee ID : _____

1.19 c) Do you have any existing policy from Zurich Kotak General Insurance Company (India) Limited: Yes No (*Applicable for Passport and Driving License)

6.3 Do you have any physical deformity / disability or mental ailment, blindness, deafness, mutism etc?	Yes / No					
6.4 Have you ever had persistent fever, unexplained infection or swollen glands in the last one year?	Yes / No					
6.5 Have you ever been diagnosed with any form of congenital anomalies?	Yes / No					
6.6 Are you currently receiving or considering receiving medical attention or taking any prescribed drugs?	Yes / No					
6.7 For Females Lives Only						
i) Are you currently pregnant? (If yes, please mention the month of pregnancy).....Months	Yes / No					
ii) Have you ever suffered from or are currently suffering from any complication of pregnancy?						
iii) Have you ever suffered from or suffering or are currently suffering any diseases of breast/ uterus/ cervix?	Yes / No					

Note: If the answer to Question 6.1 to 6.7 is Yes, kindly provide details (use a different sheet if required)

Proposer	
Life Insured 2	
Life Insured 3	
Life Insured 4	
Life Insured 5	
Life Insured 6	

7. FAMILY DETAILS OF THE PROPOSER AND LIFE INSURED (includes Parents / Siblings, Spouse)

7.1 Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis, or any hereditary / familial disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc.?
 Yes No If yes, provide details below.

Relationships	Father	Mother	Spouse	Children	Brother/s	Sister/s
Age						
Details						

8. NOMINEE DETAILS OF PROPOSER AND LIFE INSURED

Nominee Details		Proposer	Life Insured 2	Life Insured 3	Life Insured 4	Life Insured 5	Life Insured 6
Nominee 1	Name*						
	Date of Birth*						
	Gender*						
	Percentage Share*						
	Relationship with Life Insured*						
	Email ID						
	Mobile No.						
	Present Address						
	Permanent Address						
Nominee Bank Details							
Nominee 2	Name						
	Date of Birth						
	Gender						
	Percentage Share						
	Relationship with Life Insured						

In case of more than 2 nominees, please fill in the Additional Nominee Form.

9. APPOINTEE DETAILS (If Nominee is less than 18 years, Appointee is mandatory. Appointee MUST be above 18 years of age)

Appointee Details		Proposer	Life Insured 2	Life Insured 3	Life Insured 4	Life Insured 5	Life Insured 6
Appointee	Name						
	Date of Birth						
	Gender						
	Relationship with Nominee						

10. PROPOSAL DEPOSIT PAID DETAILS

10.1 **Mode:** Cheque / DD Cash (Pay at nearest KLI / KGI branch only) Credit / Debit Card Net Banking Others _____

10.2 **Details**

Amount (in Rs.)	Bank Name & Branch	Cheque/DD No./Transaction ID	Dated

Online / Credit card premium payment should be made by the policyholder himself. Third party payments are not allowed

11. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS/REFUNDS

Details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account. Please select any one of the below options as applicable.

Bank details as per premium cheque to be used for electronic fund transfer. **No existing Bank Account** Cancelled Cheque submitted of Other Bank

I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of payment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever is earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer after receipt of aforesaid pending bank details from me.

Particulars of Bank Account:

Bank Name Account Holder Name
 Account No. IFSC/MICR Code

Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete

ASBA Declaration:

I hereby accord my consent to authorize Zurich Kotak General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.

*Signature of Proposer

Place* Date*

12. PARTICULARS OF COVERAGE APPLIED FOR

12.1 **Details**

Coverage	Plan Option (select any one)	Policy Term (in yrs.)	Premium Payment Term (in yrs.)	Premium Payment Frequency	Sum Assured/ Insured (in ₹)	Premium (in ₹)
Life Cover	Not Applicable			Yearly / Half Yearly Quarterly / Monthly / Single		
Health Cover			Not Applicable	Half Yearly Quarterly / Monthly / Single		
Health Protect Rider (UIN: ZUKHLIA25055V022425)				Yearly / Half Yearly Quarterly / Monthly / Single		

GOODS AND SERVICE TAX & CESS, AS APPLICABLE ON MODAL PREMIUM

TOTAL PREMIUM (ROUNDED OFF TO THE NEAREST RUPEE)

12.2 For Health Cover,a) Type of Cover: Individual Family Floaterb) Plan Name: Standard Advantage Edge Elite Absolute Total 360c) Would you like to opt for lower Pre-existing disease waiting period: 36 months (under Standard, Advantage, Edge, Total, 360 options) 24 months (under Elite, Absolute, Total, 360 options)d) Specify the zone where you are located: Zone I Zone II Zone III**Zone I:** Mumbai (including Thane and Navi Mumbai) and Delhi (including NCR areas)**Zone II:** Kolkata, Hyderabad, Chennai, Pune, Bangalore and Gujarat**Zone III:** Rest of India excluding the locations mentioned under Zone I & Zone II**13. OPTIONAL BENEFITS:**

Would you like to opt for the following / Plan Name	Standard	Advantage	Edge	Elite	Absolute	360	Total
Hospital Daily Cash	In-built Cover	Yes/ No	Yes/ No				
Convalescence Benefit	In-built Cover	Yes/ No	Yes/ No				
Home Nursing Benefit	Yes/ No	Yes/ No	In-built Cover	In-built Cover	In-built Cover	Yes/ No	Yes/ No
Daily cash for Accompanying an Insured Child	Yes/ No	Yes/ No	In-built Cover	In-built Cover	In-built Cover	Yes/ No	Yes/ No
Compassionate Visit	Yes/ No	Yes/ No	Yes/ No	Yes/ No	In-built Cover	Yes/ No	Yes/ No
Maternity Benefit (with 3 year waiting period) Please mention the Assured for whom Maternity is opted	Not Available	Not Available	Yes/ No	Yes/ No	In-built Cover	Yes/ No	Yes/ No
Air Ambulance Cover	Not Available	Not Available	Yes/ No	In-built Cover	In-built Cover	Yes/ No	Yes/ No
Critical Illness Cover (Available for Age 18 years and above)	Yes/ No	Yes/ No	Yes/ No				
Personal Accident Cover	Yes/ No	Yes/ No	Yes/ No				
Cap on Room Rent	Yes/ No	Yes/ No	Yes/ No				

14. DECLARATION BY THE PROPOSER

I declare that I on my behalf and on behalf of other Life Insured(s) have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I also hereby declare that I am authorised to provide all information while answering the questions in the Proposal Form on behalf of other Life Insured(s) and the answers given by me to all the questions in the Proposal Form are true and complete in every respect to the best of my knowledge and belief that I have not withheld any material information or suppressed any fact. I undertake to notify Kotak Mahindra Life Insurance Company Ltd. / Zurich Kotak General Insurance Company (India) Limited ("the Insurer") of any change in the state of health of any Life Insured or as to my/his/her occupation or any decisions about my/his/her existing policies or proposals subsequent to the signing of this Proposal Form and before the acceptance of the risk by the Insurer. I hereby consent to the Insurer seeking information and any reports from any insurer, doctor(s)/ employer(s) including hospital(s) - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health. I also understand that in case of family floater policy, the Life Cover shall be applicable only on my name, me being the Proposer/ Life Assured under the Life Cover and the other Life Insured(s) are only covered by Health Cover.

I also hereby irrevocably authorize any organization, institution, insurer or individual including any doctor/hospital that has any records or knowledge of my/our health or medical history, employment, business, income or other details as may be required or considered relevant to divulge to the Insurer and the Insurer to divulge the same to any individual, organization or institution, including a Credit Information Company approved by RBI, and any Governmental and/or Regulatory Authority for the sole purpose of underwriting the proposal and/or claims settlement in connection with this Proposal Form or my/our policies. I agree to undergo all medical tests including blood tests involving HIV antibodies as required by the Insurer's Underwriting Policy for obtaining the policy. I understand that if Kotak Mahindra Life Insurance Company Ltd. & Zurich Kotak General Insurance Company (India) Limited accept a proposal for insurance, it shall be subject to the Board Approved Underwriting policy of the Companies, and the policy terms and conditions of Kotak Health Maximiser and the Companies shall have no liability to make any payment if premium is not received in full and in time, or is not realised. Further I understand that in the event of my being physically examined, the answers given by me to the medical examiner acting on behalf of the Insurer, shall be deemed to be duly incorporated in this Proposal Form. In event of this proposal not being converted into a policy, the Insurer reserves the right to recover from me administration charges and medical expenses incurred by the Insurer.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory/policy servicing requirements. I/ We would still want to receive a physical copy of the policy.

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

I/We hereby agree for sharing my/our medical records with the Insurer/ TPA through ABHA number mentioned in the proposal form. (Applicable for cases wherein ABHA number is available)

I further declare that the statements/submissions made by me in this Proposal Form [including any addendum(s) thereto / all declarations, affidavits and other statements] and/or any information sought for by the Insurer from any person authorised by me to provide such information, relied upon by the Insurer to assess the risk on my/our life/health under this Proposal Form shall form a basis of the contract of insurance between me/us and the Insurer. I further agree, in case of fraud / misrepresentation by me, the Policy Contract will be treated in accordance with the Section 45 of the Insurance Act, 1938 and amendments thereto from time to time. I understand that the Policy Contract will be governed by the provisions of the Insurance Act, 1938, the IRDA Act, 1999 and the Regulations framed there under and that the Policy Contract will not commence until the Insurer's written acceptance of this Proposal Form is received. In case of a Life Insured being a minor, I further declare and affirm that I am his/her Legal Guardian and this proposal of insurance is for the benefit of the Life Insured. I hereby confirm that all premiums will be paid from bonafide sources and no premiums have/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

I hereby give my consent to the Insurer to link my Aadhaar Number with all my policies with the Insurer. I also give my consent to obtain and use my Aadhaar Number, Name, Date of Birth, Biometric (Fingerprint/Iris) to authenticate my details with UIDAI as per the Aadhaar Act, 2016 and all other applicable laws. I authorize the Insurer to use my Aadhaar details and identity information for authentication, validation, KYC purpose and for all aspects related to the Insurer and/or my Policies.

I hereby authorize the Insurer to make call or send SMS to me in relation to any transactions or servicing pertaining to my proposal / policy, despite any contrary preference indicated by me under TRAI Regulations

Additional declaration applicable for non-tobacco users:

I hereby declare, that I have not consumed tobacco in any form (smoking, chewing etc.) during the past 12 months and do not have any intention of consuming tobacco in any form in the future. I am aware that any false statement regarding my use of tobacco would render the Policy Contract void and lead to loss insurance cover.

Date: _____

Place: _____

Signature / Left Thumb Impression
Of the Proposer

15. DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages or where the form is filled in by a representative duly authorised by a person with disability)

Scribe / Vernacular language Disability

I, the Proposer, declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract. I

, (Full name) _____ (Relation with Proposer) _____, adult and inhabitant of (city)

_____ and residing at _____ with Contact No.

_____ do hereby state that I have explained to the Proposer, that the answers to the questions form the basis of the contract of insurance

between the Company and the Proposer. I also confirm that the Proposer has signed / affixed his/ her right thumb impression in my presence.

Date: _____

Place: _____

Signature of the Scribe

Signature / Left Thumb Impression
Of the Proposer

16. DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD)

I hereby declare that I _____, am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Date: _____

Place: _____

Signature/Thumb impression
of Proposer

Signature of Authorised
Representative*

EXTRACTS OF SEC 41 & 45 OF THE INSURANCE ACT, 1938

SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME: 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.

SECTION 45 OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME: The provisions of Section 45 of the Insurance Act, 1938 are applicable in the above contract. Please refer to Section 45 either on our website or contact our intermediary or visit the nearest branch for the full text.

https://www.kotaklife.com/assets/images/uploads/why_kotak/section38_39_45_of_insurance_act_1938.pdf

Note: Proposer is advised to read and understand the product features, benefits & risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s) available on the Company's website www.kotaklife.com.

Are you related to / associated with Proposer? Yes No

a) I have last met the Proposer in person on _____, DDMMYYYY I, _____ (Full Name) in my capacity as the Life / General Advisor / Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, do hereby declare that I know the Proposer from last _____ years. I have assessed the need for insurance and accordingly explained the product features, benefits, charges, the Premium Paying Term, Tenure etc. to the Proposer. I did not find any problem with the financial condition of the Proposer w.r.t. insurability and premium paying capacity for the entire term of the policy and also found the health of Proposer and other Life(s) be Insured to be prima facie good with no ailment or physical / mental deformity. I also declare that the Proposer is not Politically Exposed Person (PEP).

I hereby declare that the facts disclosed above are true and correct to the best of my knowledge and belief and propose this risk to be underwritten by KLI / KGI. I do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the contract of insurance between KLI/ KGI and the proposer, if this proposal is accepted by KLI/KGI for issuance of a policy. Based on my interaction with the Proposer and/or the documents and records that I have been supplied with, I have no information, which suggests that any of the statement(s), information and response(s) supplied by the Proposer is incomplete or untrue in any respect.

Licence No.: _____
 Agent ID: _____
 Contact: _____
 Place: _____
 Telephone: _____
 Date: _____

(Signature & Stamp, as applicable of the Life /
 General Advisor / Specified person of Corporate Agent /
 Authorised Employee of Broker/ Relationship Officer)

FOR OFFICE USE ONLY

CHECKED BY

NAME OF SALES MANAGER	NAME OF SALES ASSOCIATE	PROMOTION CODE	NAME OF BOE
SALES MANAGER ID	SALES ASSOCIATE ID	PARTNER CODE	BRANCH NAME
DD MM YYYY	DD MM YYYY	DD MM YYYY	DD MM YYYY
SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES ASSOCIATE	SIGNATURE	SIGNATURE OF BOE

ACKNOWLEDGEMENT FOR FRESH PROPOSAL *

(Any cash payment should only be made at the cash counter of nearest Kotak Life / Zurich Kotak General Insurance branch)

APPLICATION NO.:

Agent ID (Life Advisor/Corporate Agent/ Broker/Relationship Officer): _____ Date: DD MM YYYY

Received from Mr./Ms.: _____ the proposal for Health Maximiser with Kotak Mahindra Life Insurance Company Ltd. and Zurich Kotak General Insurance Company (India) Limited

Company Ltd. along with Rs. _____ by way of Cheque**/DD** no. _____

Dated: DD MM YYYY Drawn: _____ Bank, _____ Branch _____

Date: DD MM YYYY Place: _____

NAME

SIGNATURE

(Name and Signature of the Life / General Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer /Intermediary)

* Please note that, this is not a money receipt and cannot be used for collection of renewal premium or any other purpose. This acknowledgement is merely an acknowledgement for receipt of fresh proposal. This acknowledgement does not in any way constitute acceptance or commencement of risk. If a proposal is not accepted, we will inform you and refund any payment received from you without interest.

** All cheques/demand draft should be crossed and drawn in favour of "KOTAK LIFE INSURANCE" OR "KOTAK MAHINDRA LIFE INSURANCE COMPANY LTD.

APPENDIX-1

MANDATORY DISCLOSURES ANNEXURE TO THE PROPOSAL FORM

1. Health Maximiser (UIN: ZUKHLIP25057V022425) is a Combi-Product, jointly offered by Zurich Kotak General Insurance Company (India) Limited(Lead Insurer) and Kotak Mahindra Life Insurance Company Ltd. (Co-Insurer) and hereafter will be referred to as Insurer.
2. The risks of this 'Combi Product', i.e., the life cover and the health cover, are distinct and are assumed / accepted by aforesaid respective insurance companies. Further, the liability to settle the claim for health insurance benefits shall vest with KGI and for life insurance benefits with KLI.
3. The legal/ quasi legal disputes, if any, shall be dealt with by the respective insurers for respective benefits. For Life Cover, all the legal disputes will be handled by KLI and for health benefits all the legal disputes will be handled by KGI.
4. All requests impacting premium, claims or policy terms governing life cover or health cover may be received by either of the Insurers, but, shall be serviced by the respective insurer and the receiving Insurer shall only facilitate receipt of such requests.
5. Both Insurers will fulfil servicing request received by them as mentioned in the respective policy contracts and in accordance with the provisions of Protection of Policyholders' Interests Regulations, 2024.
6. The policyholder shall be eligible, during the policy term, to continue with either the life cover or the health cover and discontinue the other. In such a case, the combidiscout shall not be available to the policyholder. The Premium Component applicable to both life cover and health cover is separate and the details are mentioned under the applicable policy contract.
7. Upon payment of death benefit to the beneficiary under life cover, the health cover may continue for other covered members as per the terms and conditions of the health cover.
8. "Health Maximiser" offers guaranteed renewability for the Health Cover and the policyholder is entitled for lifelong renewal.
9. The Premium payment options available under Health Maximiser are as mentioned under the Proposal Form.
10. The policyholder can make the premium payment through Cheque, cash, demand draft, net banking, credit card/ debit card and other online payment modes etc.in favour of either, Kotak Mahindra Life Insurance Company Limited OR Zurich Kotak General Insurance Company (India) Limited.
11. For any claim or any policy related issues, the policyholder may contact Zurich Kotak General Insurance Company (India) Limited or Kotak Mahindra Life Insurance Company Limited at their Toll Free number: 1800 209 8800
12. Family Health Insurance Plan (TPA) Ltd is the TPA for Zurich Kotak General Insurance Company (India) Limited for Health Insurance Claims.
13. The Policyholder shall familiarize himself/herself with the policy benefits and policy service structure of the Combi-Product prior to purchasing the policy.
14. Withdrawal of Tie Up / Combi-Product(s): Either of the insurers may terminate the tie-up between them to offer Combi-Product, in whole or in part or may withdraw the Combi-Product only after making a joint application to the IRDAI for approval. Upon receipt of such approval from IRDAI, the insurers shall provide notice of 90 days to the Policyholder of such withdrawal of tie-up between the insurers or withdrawal of Combi-Product, as the case may be. However, termination of tie-up between the insurers shall not impact the discount (applicable on health cover only) and tenure of the policy and the same shall continue until the expiry or termination of the coverage in accordance with the terms and conditions of the respective policy cover. Each insurer shall continue to be responsible towards the benefits offered under the respective cover as per the applicable terms and conditions. Upon termination of the arrangement between the insurers, each insurer shall continue to receive request for servicing the policy post termination of the arrangement.
15. The Policyholder may lodge a grievance with regards to either of the covers offered under this product at the branches of either of the Insurers. Complaint shall be routed to the respective insurer who shall then respond / address to the policyholder directly. The detailed information including the particulars of Ombudsman is mentioned under the grievance redressal mechanism section of the respective policy contracts.

I confirm that I have read and understood the Important Disclosures mentioned above applicable to Health Maximiser

Signature of Proposer

Date:

Place:

Kotak Mahindra Life Insurance Company Ltd. CIN: U66030MH2000PLC128503, Regn. No.:107, Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai - 400 051. Website: www.kotaklife.com | WhatsApp: 9321003007 | Toll Free No.: 1800 209 8800.

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Zurich Kotak General Insurance Company (India) Limited. CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered Office Address: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India. Website: www.zurichkotak.com | Email: care@zurichkotak.com | Toll Free No.: 1800 266 4545

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