CERTIFICATE OF DECLARATION FOR CONFIRMATION OF
IRDA/TAC GUIDELINES

I, _____________________________________________ Hereby certify on behalf of
........................................................................ that our offer No.................................. dated ......................... against
specification No. ........... dated ............... does not breach Insurance Act//IRDA/TAC and
applicable guidelines. I further confirm that in the event of disclosure at a later stage that the
same is in breach and EPI is put to any disadvantage of face cancellation of the Policy or any
claim becomes substandard / untenable, the whole liabilities arising out of this shall lie wholly
on us and will bear all consequences thereof.

I, certify that there is no tariff violation. In case some violation is pointed out at a later date, the
same shall be taken care of.

I, further certify that I am the duly authorized representative of the under mentioned tenderer
as per the Power of Attorney/ certificate given by CEO/CFO enclosed herewith.

Date:

SIGNATURE OF AUTHORISED REPRESENTATIVE
WITH DESIGNATION AND STAMP
## CHECKLIST

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Conditions</th>
<th>Please specify “Agree” or Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The Policy shall cover death under all circumstances including suicide and without any moratorium period.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>The premium rate shall remain unchanged during the policy period.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Only documents as per clause 9 of Section B of Special Terms and conditions will be provided by EPI.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>A grace period of one month will be applicable on annual payment.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>No Medical Examination of the members will be done.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>No **“At Work Certificate/ Good Health Certificate” will be provided by EPI at the start of the Policy”.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>No “Personal Declaration Form” will be submitted by the employees on joining the scheme.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Applicable for employees posted in India including natural disaster &amp; terrorism.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The new employees shall automatically be covered for which intimation shall be sent to Insurance Company immediately on joining EPI (within 15 days).</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Draft Policy wordings to be provided.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Excess claim - NIL</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>No Riders to be included.</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE OF AUTHORISED REPRESENTATIVE**  
WITH DESIGNATION AND STAMP

Date:

*Actively At Work* shall mean if on the date the coverage commences, the member is performing in the usual way, all of the regular duties of his/her job on a full time basis. If the member is absent on the date the coverage commences, due to illness, injury or maternity the coverage shall not commence until the date of his/her joining to duties and performing in the usual way all of the regular duties of his/her job on a full time basis and subject to signing a health declaration which is to be countersigned by the employer. Further, if the member is not at work on the date the coverage commences, solely because such a day is a regularly scheduled day off or a public holiday, he/she will be regarded as being actively at work subject to his/her satisfying the criteria of actively at work on the immediate next working day.*
Annexure-C

SCHEDULE OF GENERAL PARTICULARS

NOTE: Insurer/Insurance company are requested to fill in the following details and no column should be left blank.

1. Name and address of the Insurer

2. Fax/e-mail address

3. Phone No. (Office)

4. Name, designation and contact phone No. of the offices of the Insurer which will serve the units/offices all over India.

5. Name, designation and contact phone No. of the official of the Insurer to whom all the references shall be made.

Date:

SIGNATURE OF AUTHORISED REPRESENTATIVE WITH DESIGNATION AND STAMP
DETAILS OF GROUP TERM LIFE PLAN BEING SOLD BY INSURER/INSURANCE COMPANY

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Product with brief description</th>
<th>Unique Identification No. of the Products</th>
<th>Date of approval of the product</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Please attach documentary evidence for the above.*

Date

SIGNATURE OF AUTHORISED REPRESENTATIVE WITH DESIGNATION AND STAMP
## Annexure-E

### UNPRICED PRICE SCHEDULE
**(GROUP TERM INSURANCE-GI)**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Level of employees</th>
<th>Sum Insured per employee</th>
<th>Estimate No. of employees</th>
<th>Sum Insured (SI)(Rs. in Crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>E-0 and below</td>
<td>Rs. 10 Lakhs</td>
<td>70</td>
<td>7</td>
</tr>
<tr>
<td>2.</td>
<td>E-1 to E-4</td>
<td>Rs. 15 Lakhs</td>
<td>318</td>
<td>47.7</td>
</tr>
<tr>
<td>3.</td>
<td>E-5 to E-8 &amp; Board-level Executives</td>
<td>Rs. 25 Lakhs</td>
<td>118</td>
<td>29.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>506</strong></td>
<td><strong>84.2</strong></td>
</tr>
</tbody>
</table>

1. Estimated No. of Employees - 506
2. Sum Insured (SI) (Rs. in Crores) - 84.2
3. Rate of Annual Premium per Rs. 1000 of SI (in Rs.) Per Annum (Net of all discounts and exclusive of applicable taxes) -
4. Annual Premium (S.No 2 x S.No 3) (in Rs.) -
5. Add: Service Tax (on premium at 4 above which will be payable extra as applicable From time to time) -
6. Add: Any other taxes (in Rs.) (Please specify, if applicable) -
7. Total Annual Premium (in Rs.) (7=4+5+6) (in words Rupees) -

**Note:** The amount of premium is to be rounded off to the nearest rupees. The premium shall be net of all discounts.

(Signature of authorized Representative with stamp)
**PRICE SCHEDULE**  
*(GROUP TERM INSURANCE-GI)*

1. Estimate No. of Employees - 506  
2. Sum Insured (SI) (Rs. in crores) - 84.2  
3. Rate of Annual Premium per Rs. 1000 of SI (in Rs.) - (Net of all discounts and exclusive of applicable taxes)  
4. Annual Premium (S.No 2 x S.No 3) (in Rs.) -  
5. Add: Service Tax (on premium at 4 above  
Which will be payable extra as applicable  
From time to time) -  
6. Add: Any other taxes (in Rs.)  
(Please specify, if applicable) -  
7. Total Annual Premium (in Rs.) (7=4+5+6) -  
(in words Rupees ..........................)

**Note:**  
1. The amount of premium is to be rounded off to the nearest rupees. The premium shall be net of all discounts.  
2. Premium shall be paid for the employees present on the date of effectiveness or proportionately.

(Signature of authorized Representative with stamp)