

## EMPLOYER EMPLOYEE INSURANCE SCHEME

### *Questionnaire*

1. Name of the employer				
2. Address of the employer				
3. Financial profile of the employer		A.Year	Turnover	Net profit before tax
	1	2012-13		
	2	2013-14		
	3	2014-15		
4. Date of formation of the firm / company:				
5. Nature of business of the Employer				
6. The Employer is – a partnership firm / a company / a proprietary firm				
7. A) Name of the employee to be insured under Employer-Employee insurance Scheme	1. 2. 3. 4.			
B) Designation of the Employee				
C) Yearly salary being paid to the employee				
8. Object of Insurance	Risk Cover and provision for future.			
9. Restrictions in respect of Surrender, Loan, etc. to be imposed	As per rules			
10. Conditions, timing etc. of assigning the policy to the Life Assured	As per rules			
11. Is the person signing this form duly authorized to sign this form on behalf of the employer?	Yes			

We hereby agree that this declaration will form the basis of contract about Life Insurance; we also agree that the language of assignment will be prepared by us in consultation with our own legal advisors and the policy shall be assigned to the Life Assured at the earliest as per agreement between the employee and the employer.

Date:

Place :                      Signature of the authorized person

Witness: