

# Endorsement Request Form

Certificate No.:

## Change in Name

Spelling as in Certificate

New spelling to be incorporated

Certificate No.:

## Change in Date Of Birth

Item No.

Name :

DOB as in Certificate :

Correction Required :

I understand Insurer may deny change and cancel the policy from inception without refund if such change tantamounts to misrepresentation/ misdescription / suppression of material fact.

I agree to pay if an additional premium need to be remitted to effect this correction., if approved by Insurer

Certificate No.:

## Change in Address

New address required :  
to be incorporated

Certificate No.:

## Cancellation

I request you to cancel my certificate of insurance as cited above immediately and refund the applicable amount to me. I understand that refund premium due to me is subject to terms and conditions of the Certificate.

Reason for Cancellation :

Certificate No.:

## Change in Gender

Item No.

Name :

Gender mentioned in Certificate :

Correction Required :

Certificate No.:

Name of Insured

Signature

Date :

Place:

## Endorsement Request Form

Certificate No.:

<b>Change in Relationship</b>	
Item No.	Name :
Relationship mentioned in Certificate :	
Correction Required :	
I understand that if the corrected relationship is other than spouse, child, parent then the cover for that particular member becomes void ab initio and no refund is eligible.	

Certificate No.:

<b>Inclusion of Member</b>			
Name:			
Relationship :	<b>DOB :</b>	During Renewal Yes / No:	
<b>Existing disease as on date of request</b>			
I understand that only a newly wedded spouse and new born baby can be included during the Certificate period. I further understand such request should happen within 30 days from date of marriage and immediately on completion of 90 days of age for new born baby. I understand that inclusion is subject to approval and not automatic. I also understand that included members will have all exclusions as if it is a new contract. I agree to pay any additional premium to effect this inclusion and understand that effect of inclusion will be from date of receipt of premium by Royal Sundaram.		I agree to pay any additional premium to effect this correction	

Certificate No.:

<b>Deletion of member</b>	
Name:	
Relationship :	<b>DOB :</b>
Reason for Deletion :	
I understand that any refund of premium is subject to terms and conditions of the Certificate.	

Certificate No.:
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<b>Change in Sum Insured during renewal</b>	
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Sum Insured under Expiring Certificate : Claim if any in previous years:	Sum Insured Opted during renewal :
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**Existing Diseases:**

Member Name:        Disease

I understand that :

Increase in sum insured will be considered by Insurer only if all previous years of insurance under Certificate are claim free & there are no pre existing diseases for any of the members.

Acceptance of request and quantum of increase are purely withing discretion of Insurer

Increased quantum of sum insured will carry all exclusions , as if it is a new contract

Insurer is not bound to give reason for denial, if any

If request is approved, increase will be effective only from date of receipt of premium by Insurer. I agree to pay the applicable renewal premium.

Name of Proposer	Signature
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Date :	Place:
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