

ICMAI

भारतीय लागत लेखाकार संस्थान
THE INSTITUTE OF
COST ACCOUNTANTS OF INDIA

Statutory Body under an Act of Parliament
(Under the jurisdiction of Ministry of Corporate Affairs)



TATA AIA
— LIFE INSURANCE

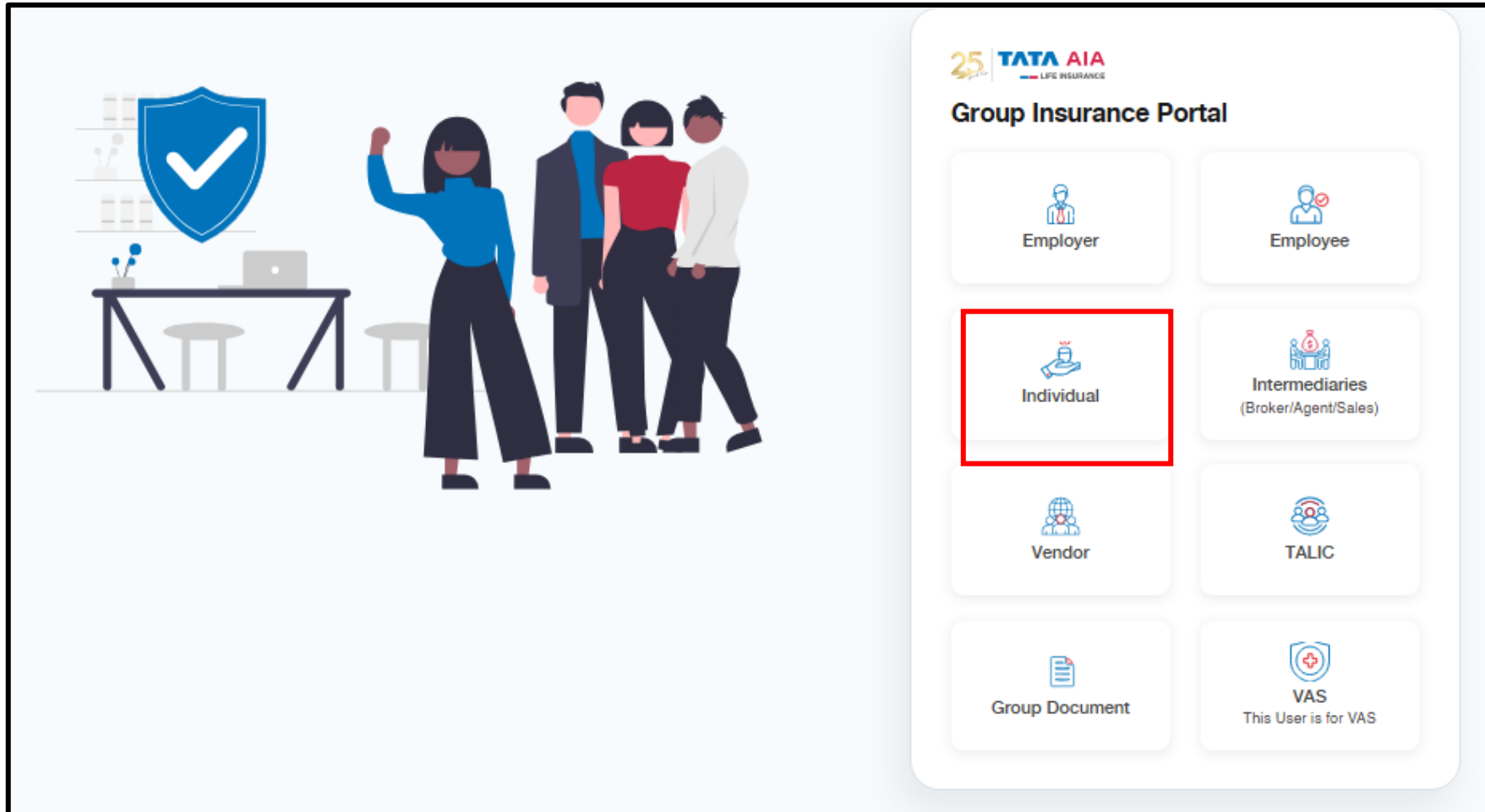
#HarWaqtKeLiye *Taiyaar*

TATA AIA
— LIFE INSURANCE

Proposition Details

Plan Parameters	MINIMUM
Age at Entry	18 – 60 years
Policy Term (PT)	1 year (From policy issuance data)
Cover Cease Age	61 years
Sum Assured	Rs 25,00,000
Premium Payment Mode	Annual
Medical Underwriting	No medical test required. Policy issuance basis Declaration of Good Health (DOGH)
Exclusions	Suicide Cover from 2 nd year Onwards

Enrolment Process



- Members to click on enrolment link - [Login | Voluntary Group Insurance](#)
- Click on Individual Tab

Enrolment Process



25 | **TATA AIA**
LIFE INSURANCE

Group Insurance Portal

[Login as Individual](#)

Login with your Email id

Email/coi

Enter Captcha

fgzB

GET OTP >

By signing up, you agree to our [Terms](#), [Data Policy](#) and [Cookies Policy](#).

- Members to login with their ICMAI registered email ID and complete OTP authentication

Enrolment Process

 **Filter**

Policy Type

Group Voluntary Policy 

Search Policy

Search Sub Office

Welcome Arpit Saxena, Please select your policy


GSRY000005
Group Sampooran Raksha Supreme-Yrt
Institute Of Cost Accountants Of India

- Members click on the policy tab visible

Enrolment Process

Client Name
Members Of Institute Of Cost Accountants Of India (Icmai)

Sub Office Name
Institute Of Cost Accountants Of India

Policy No
GSRY000005

✓ Get a Quote

✓ Plan Selection

✓ Personal Details

✓ Health Declaration

Get a Quote

Gender
Male

Date of Birth
28-07-1995

Sum Assured
2500000

CALCULATE & VIEW PLANS >

- Click on Get a quote and make the necessary selection

Enrolment Process

✓ Get a Quote

✓ Plan Selection

✓ Personal Details

✓ Health Declaration

✓ Nominee Details

✓ Payment Details

Plan Selection

✓ TATA AIA Group Sampurna Raksha Supreme-Yrt GSRY

₹ 3507.55

Premium Breakup

Effective Date	Anniversary Date	PPT	PT	Sum Assured	Benefit	Premium	GST
01/10/2026	01/10/2027	12	12	2500000	Life	2972.50	535.05

Medical Required

Video MER

N

N

Remove Selection

*PPT - Premium Payment Term

*PT - Policy Term

- Review the premium details and select to proceed ahead

Enrolment Process

 **Personal Details** 

First Name Arpit Saxena	Last Name	Marital status Single 
Mobile Number	Personal Email Id @tataaia.com	Address Line1 thane
Address Line2 thane	Address Line3 thane	Landmark TEST
City thane	State Maharashtra 	Country India 
Pin Code 400701	Annual Income	Occupation Professional 
Nationality Resident Indian 	Membership ID 110011001	Education Post Graduate 
Residential Status Resident 	pan card	

- Please fill all personal details accurately
- Membership ID and all other details need to be filled mandatorily

Enrolment Process



Health Declaration

I hereby declare that: 1. My BMI (body mass index) is between 18 to 34 and 2. I am in good health and have never suffered or currently suffering from or received treatment or investigated or awaiting medical or surgical treatment for: (a) High blood pressure, high Cholesterol, Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth, pre-cancerous or cyst of any kind (c) Stroke, paralysis in any form, Epilepsy, Cerebrovascular Disease, any psychiatric/mental disorder including any genetic disease, disorder of brain/nervous system or any kind of physical disabilities including eye/ear disorder (d) Asthma, Tuberculosis, Chronic Obstructive Pulmonary Diseases, Parenchymal Lung Disease, Pulmonary Embolism or other lung disorder (e) Diseases or disorder of muscles, bones, spine or joints including arthritis or anemia or any blood disorder or any endocrine disorder including diabetes (f) Diseases of the kidney, genitourinary, any form of hepatitis or liver disease or digestive system (including stomach, pancreas, gall bladder, intestine, ulcers or colitis) (g) Any lung or respiratory diseases (e.g. Asthma, Tuberculosis, COPD, etc.) (h) Me or my spouse not suffering from or been advised to undergo tests related to HIV/AIDS, Hepatitis B, Hepatitis C (i) Any physical defect

No Yes



me, health or accident insurance cover or I am not currently Exposed Person* 10. I have never been or currently being investigated, charge sheeted, prosecuted, or convicted or acquitted or having pending charges in respect of any criminal/ civil offences in any court of law in India or abroad 11. For Female Lives: a) I have never undergone any investigations such as mammogram, Pap smear or any biopsy. b) I have never suffered from any breast or gynecological disorder or pregnancy related complications. c) I am not pregnant d) I have not suffered /am not suffering from or have not undergone investigation or treatment for any gynecological complications such as disorders of Cervix, uterus, ovaries, breast, breast lump, cyst etc. I agree to the above declarations I disagree to the above declarations In case you disagree with any of the above statements, please give full details of the same, along with the statement number.* If health related – Please share full details with Diagnosis, Dates, Investigations, Results, Treatment & Current Condition, with the statement number.* #Disability means inability to function normally, physically or mentally.

AGREE

DISAGREE

- Please read the declaration carefully and basis your health history answer Agree or Disagree

Enrolment Process

 **Nominee Details** 

Nominee Name	Nominee Date of Birth dd-mm-yyyy 	Nominee Gender Select 
Relationship with Insured Select 	Percentage (%)	Nominee Email
Mobile No	Present Address	Permanent Address
Bank Account No	Bank Name	Branch
IFSC Code	 ADD ANOTHER NOMINEE	

- Please fill out your nominee details

Enrolment Process

 **Payment Details** 

spouse Bank Name
HDFC

spouse Account No
8765435678

spouse Account Type
Savings 

spouse IFSC Code
jkhuygtr45678

☒ This is confirmed by you that insurance premium will be auto deducted from your account

[< BACK](#) [CONTINUE >](#)

- Please fill out your bank account details.
- Please Note – Premium will not be deducted from this account

Enrolment Process

Group Sampoorna Raksha Supreme-Yrt

✓ Get a Quote

✓ Plan Selection

✓ Personal Details

✓ Health Declaration

✓ Nominee Details

✓ Proposer Details in case of juvenile

Summary

Please check the information you provided

Review your selected Plan

TATA AIA Group Sampoorna Raksha Supreme-Yrt GSRY

Effective Date	Anniversary Date	PPT	PT	Sum Assured	Benefit	Premium	Gst
01/10/2026	01/10/2027	12	12	2500000	Life	2972.50	535.05

*PPT - Premium Payment Term

*PT - Policy Term

Total Premium ₹ 3507.55

CHANGE

In an event of change in age from the declared age before the Risk Commence Date, the Sum Assured may be revised to adjust for the possible premium shortfall.

I acknowledge that, in conjunction with obtaining the loan from the Master Policyholder, I am taking an insurance cover from TATA AIA Life to safeguard myself against a loan default on the occurrence of any contingent event as covered under the COI issued to me. Further, I hereby grant explicit consent to the MPH for including the insurance premium amount payable by me in the loan EMI (subject to confirmation by MPH) and paying it directly to the Insurance company.

☐ I Agree, to have read & understood the above details, declarations, disclaimers and most important terms & conditions applicable to this policy. I also confirm that this product meet my needs.

☐ Authorize you to send communication regarding this policy or any existing policy(es) through Whatsapp service on my registered mobile number

☐ Tax Residence Declaration

MEMBER ENROLMENT FORM ⓘ

SUBMIT APPLICATION >

- Please review all details carefully and submit the policy by completing the payment
- Upon successful payment completion you will receive an acknowledgement for the same

#HarWaqtKeLiye *Taiyaar*

TATA AIA
LIFE INSURANCE



THANK YOU



**Still got queries?
Reach out to our Voluntary Team today.**

Email : groupvoluntarysupport@tataaia.com