



**TMB HAPPY FAMILY Application form**

Date:

To  
The Branch Manager,  
Tamilnad Mercantile Bank,  
\_\_\_\_\_ Branch.

For Bank Use **NEW TMB HAPPY FAMILY ID NUMBER**

(To be given by the Branch)

Date : \_\_\_\_\_  
Name & PA no : \_\_\_\_\_ Signature of the Officer

**Subject: Request to create/close a Happy Family ID or Add/delete existing family member**

Dear Sir / Madam,

I/We wish to,

Request for (please tick any one option)
<input type="checkbox"/> Create a new TMB Happy Family ID
<input type="checkbox"/> Add new customer ID to existing TMB Happy Family ID
<input type="checkbox"/> Delete existing customer ID from existing TMB Happy Family ID
<input type="checkbox"/> Close existing TMB Happy Family ID

**Our Choice of FAMILY ID**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Note:** Selection of Family ID is Customer's choice with minimum 2 letters & maximum 15 letters. It shall be Alphanumeric (a combination of alphabetic & numerical characters) or only Alphabetic or Numerical as desired by Customers.

Name of the Primary Applicant (Lead Member) : \_\_\_\_\_

Savings Account Number:

Customer ID:

Existing Happy Family ID number:  (If already available)

Mobile Number:

Email address: \_\_\_\_\_

Sr. No.	Family Members Account Number including Lead Member	Customer Name (as it is in account)	Relationship with primary ID	Date of Birth	PAN Number	Phone Number	Email Id
1.	<input type="text"/> Lead Member		- N.A -				
2.	<input type="text"/>						
3.	<input type="text"/>						
4.	<input type="text"/>						
5.	<input type="text"/>						
6.	<input type="text"/>						

## Eligibility

- Minimum 3 accounts of the family Members such as the Lead Member, Spouse, Children, Parents, Grand Children, Son in laws and Daughter in laws and Maximum of 6 accounts.
- Resident/Nonresident Indian TMB Savings Account Holders (Existing or new) with the exception of TMB Simple and Small & Pradhan Mandri Jandhan Yojana, Financial Inclusion, SB Institution and 'HUF' Account Holders.
- These accounts together will constitute the TMB Happy Family concept.
- The Family nominates one person who leads the proposition as the head of the Family and will be called the Lead Member who should be major.
- Only individuals are eligible to open the accounts under the scheme.
- Children aged above 10 Years and upto 18 years forming a part of the Family can open TMB Little Super Star SB account to join in TMB Happy Family.
- Existing accounts can also be part of the TMB Happy Family Concept.
- Family members with NRI status can also be part of the TMB Happy Family.
- TMB Happy Family Members can have accounts at any branch of the Bank. It is not necessary that all the members should be account holders of single branch.
- If the number of members in the TMB Happy Family comes below 2 due to exit of some members, then it will be declassified from TMB Happy Family.

## Minimum Balance

- The minimum Monthly Average Balance requirement for a Family ID is defined at the family level instead of the individual Customer ID level and is called Family Monthly Average Balance (FMAB). The minimum FMAB required to be maintained by the family is as follows:  
"Combined Average Monthly Balance (AMB) in all accounts grouped should be ₹ 30000 for Metro, ₹ 20000 for Urban, ₹ 15000 for Semi-Urban and ₹ 10000 for Rural"
- Non-maintenance of the required FMAB in any month attracts a charge as follows:  
A charge of ₹ 100 per month will be levied in the lead member account. In case of any shortfall, the same may be levied in the other members' SB accounts which have balance.

## Insurance Benefits

### a) Mandatory TMB Happy Family Health Cover Policy (Under Tie-up with UIIC)

TMB Happy Family Health Insurance Cover (Floater Policy) for the amount ₹ 2 Lakh per annum for the age up to 75 years with annual premium of ₹ 890 + applicable Service Tax per member. Extra premium of ₹ 890 + applicable Service Tax per member, who is/are aged above 60, is to be paid additionally. Premium will be automatically deducted by the system on the day of enrollment under the scheme from the respective SB accounts and in case of any short fall, the same shall be deducted from the lead member's SB account. Similarly if any new member is added at a later date, system will deduct full premium automatically for the newly added member.

#### Other terms and conditions:

- NRI Customer is not eligible for TMB Happy Family Health Insurance Cover and hence he/she is exempted from payment of Health Insurance Premium.
- No medical check-up up to age of 60 years. Self Declaration to be given for persons above 60 years of age regarding health conditions.
- No maternity cover.
- Coverage for illness starts after 30 days from the date of policy. For accident hospitalization, the coverage starts from the day one.
- Domiciliary Expenses not covered.
- Pre-hospitalization 30 days and post hospitalization 60 days are covered.
- Room Rent expenses limited to ₹4000/- per day.
- ICU Charges limited to ₹ 8000 per day
- Reimbursement and Cashless facilities are available.
- Cataract Expenses limited to ₹ 25000 for a policy year.
- For any individual illness, Reimbursement and Cashless facilities are allowed up to ₹ 2.00 lac (100% of sum assured) for a policy year, but it is subject to Room Rent & ICU sub limit and proportionate clause.
- All pre-existing diseases will be covered from the 4th year.
- Expenses for minor ailments like Histeroectomy & Hiranea are limited to ₹ 50000/- .
- Remote Second Medical Opinion for qualified medical conditions **will be arranged at free of cost by UIIC**

### b) Mandatory TMB Happy Family Life Insurance (Under Tie-up with LIC)

Mandatory TMB Happy Family Life Insurance Cover (LIC's Group Term Insurance) for ₹ 1 Lakh per member (aged over 10 to 65 years) with annual premium of ₹ 254/- + Service tax per member. Entry is limited to the age up to 64 years. One year Suicide clause and 45 days lien clause are applicable. Premium will be automatically deducted by the system on the day of enrollment under the scheme from the respective SB accounts and in case of any short fall, the same shall be deducted from the lead member's SB account. Similarly if any new member is added at a later date, system will deduct full premium automatically. NRI Customer is not eligible for TMB Happy Family Life Insurance Cover and hence he/she is exempted from payment of Life Insurance Premium.

### c) Free Personal Accident Insurance of ₹3 lac to each member (Under Tie-up with UIIC)

## Disclaimer Clause

TMB reserves the right to change /alter /withdraw terms and conditions of the scheme.

## Declaration by Happy Family Members :

- 1./We undertake and agree to maintain the FMAB (Family Monthly Average Balance) prescribed under this scheme.
- 2./We understand and agree that if I/ We don't maintain the required FMAB, non-maintenance of FMAB charges will be levied in Primary customer ID.  
In case of any shortfall, the same may be levied in the other member's SB accounts which have balance.
- 3./We agree that these conditions are in addition to the Terms (as defined above) and available on [www.tmb.in](http://www.tmb.in)

## NRI Declaration

I hereby express consent to join Happy Family Scheme even through I am not provided with Health Insurance & Life Insurance Coverage.

### Happy Family Customer Signature (s) (To be signed in the same order as above)

Signature

Signature

Signature

Name of the Lead Member

Name of Happy Family Member 2

Name of Happy Family Member 3

Signature

Signature

Signature

Name of Happy Family Member 4

Name of Happy Family Member 5

Name of Happy Family Member 6



UNITED INDIA INSURANCE COMPANY LIMITED  
DIVISIONAL OFFICE TUTICORIN - CODE NO.: 090100.



TMB HAPPY FAMILY HEALTH INSURANCE PROPOSAL FORM

BANK GLOBAL AGENCY CODE 930205

BRANCH NAME	BANK BRANCH CODE NO

PROPOSER DETAILS

Name of the Lead Member		PHOTOGRAPH
SB a/c No. (Proposal No.)		
Occupation		
Address		
Mobile	PAN No.	
e - Mail		
DOB	SEX	

OTHER MEMBERS DETAILS

Name of the Member 1		PHOTOGRAPH
SB a/c No. (Proposal No.)		
Occupation		
Address		
Mobile	PAN No.	
e - Mail		
DOB	SEX	

Name of the Member 2		PHOTOGRAPH
SB a/c No. (Proposal No.)		
Occupation		
Address		
Mobile	PAN No.	
e - Mail		
DOB	SEX	

Name of the Member 3		PHOTOGRAPH
SB a/c No. (Proposal No.)		
Occupation		
Address		
Mobile	PAN No.	
e - Mail		
DOB	SEX	

Name of the Member 4			PHOTOGRAPH
SB a/c No. (Proposal No.)			
Occupation			
Address			
Mobile		PAN No.	
e - Mail			
DOB		SEX	

Name of the Member 5			PHOTOGRAPH
SB a/c No. (Proposal No.)			
Occupation			
Address			
Mobile		PAN No.	
e - Mail			
DOB		SEX	

I hereby declare and warrant that the above statements are true and complete. I consent and authorize the insurers to seek medical information from any Hospital / Medical practitioner who has at any time attended or may attend concerning any disease or illness which affects my physical or mental health. I agree that this proposal shall form the basis of the contract should be insurance be effected. If after the insurance is effected, it is found that the statements, answer or particulars stated in the proposal form are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.

I / we have understood that the Health Insurance Service is provided on referral basis under tie up arrangement with M/s. United India Insurance Company Ltd. Any delay in settlement / non settlement of the claim by insurance company is strictly as per the contract of the customers with the insurance company and I/ we agree to abide by the same.

I / we also authorize the bank to debit ₹890 + applicable service tax per member or ₹1780 + applicable service tax per member for individuals aged above 60 years in our accounts towards the annual health insurance premium on the date of account opening or any account as decided from time to time which may be intimated immediately if and when revised, towards renewal coverage under the scheme & similarly for every successive year on the same date every year or the next working day if the same date falls on holiday.

If there is inadequate balance in the account to debit renewal health insurance premiums , health insurance coverage of member ceases on the expiry of one year. Further I / we also authorize the bank to debit ₹890 + applicable service tax per member in the account or ₹1780 + applicable service tax per member in the account for individual aged above 60 years towards annual renewal premium whenever there is sufficient balance thereafter unless I / we request the bank to exit from the TMB Happy Family Scheme.

I have read the terms & conditions of TMB Happy Family Health Insurance Scheme and am willing to accept the coverage subject to the terms, conditions and exceptions stated therein and expressed in the policy.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**Signature & Name of the Proposers:**

(1)	(2)	(3)
Name	Name	Name

(4)	(5)	(6)
Name	Name	Name



TMB HAPPY FAMILY HEALTH INSURANCE  
HEALTH DECLARATION FORM FOR INDIVIDUAL AGED ABOVE 60 YEARS

**BANK GLOBAL AGENCY CODE 930205**

BRANCH NAME	BANK BRANCH CODE NO	ACCOUNT NUMBER

**IMPORTANT**

- 1) Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non co-operation by the insured will nullify the cover under the policy (material fact is one which will enable the Insurer to decide whether to accept the risk and if yes, at what rate, terms and conditions).
- 2) Treatment for all pre-existing diseases as declared in this form by insured will be covered from fourth year

**PROPOSER DETAILS**

<b>Name of the Proposer &amp; Address</b> [Proposer should necessarily be an account holder of the bank]			
<b>Occupation of the Proposer</b>			
<b>Email Id</b>		<b>Mobile</b>	
<b>Age</b>	<b>Years</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b> / / <b>Phone</b>

**TO BE COMPLETED BY PROPOSER IN CASE OF ADVERSE HISTORY IN THE PROPOSAL FORM IN RESPECT OF APPLICABLE ILLNESS**

**DIABETES QUESTIONNAIRE**

1	Date of diagnosis of Diabetes	
2	Did you suffer from coma or procoma?	
3	Do you take any anti diabetic drugs? If so please give names with dose.	
4	Please give details of Fasting and post prandial Blood sugar readings, E.C.G. findings and other investigation reports with dates. Please also attach reports	
5	Do you suffer or have you suffered from any complications of diabetes or any other diseases?	

**HYPERTENSION QUESTIONNAIRE**

1	What is your Blood pressure reading, please state with dates?	
2	Please state name of antihypertensive drugs with dose	
3	Are you a smoker?	
4	Is it essential / secondary / Malignant Hypertension?	
5	Please state whether you have suffered from any complications or other diseases	
6	Please give findings of all investigation reports	

**CHEST PAIN OR CORONARY INSUFFICIENCY OR MYOCARDIAL INFARCTION QUESTIONNAIRE**

1	Did you ever suffer from chest pain or coronary insufficiency or myocardial infarction? If so give please give diagnosis date	
2	Please state name and dose of drugs you are taking at present	
3	Please state the findings with dates of investigations done like ECG, stress test, coronary angiography's X-ray, pathology reports etc., Please send reports with the prescribed form.	

4	Please state the date of hospitalization and names of hospitals and consults	
5	Please state complications and other diseases if suffered	
6	Please state whether you can do your regular work and whether you have any limitation of activity?	
7	Are you advised any special treatment? If so please give information	

### INSURED PERSON DETAILS

Are you at present or any other time in the past covered under any other insurance type (Personal Accident, Cancer Insurance, Hospitalisation Insurance or other Medical Insurance), If so, Give particulars of:-

(A)	Insurer	Office	Policy No.	Period of cover

(B)Date of first coverage with Insurance Company which has since been renewed continuously without break w.e.f \_\_\_\_\_ under Policy No. \_\_\_\_\_ and Endorsement No. \_\_\_\_\_

### MEDICAL HISTORY TO BE COMPLETED BY THE PROPOSER / INSURED PERSON

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO. (A DASH IS NOT SUFFICIENT) AND GIVE FULL DETAILS IF ANSWER IS YES.

1	Are you in good health and free from Physical and mental diseases or infirmity or Medical Complaints?	
2	If not in good health, give full details	
3	Existing disability if any:	

Have you ever suffered from any of the diseases / illness? If Yes, give details :

1	Any nervous, mental or psychiatric disease	
2	Slipped disc or other spinal disorder (fainting episode, blackout, fit) paralysis of any kind	
3	High blood pressure, heart diseases, including ischaemic heart disease, other circulatory disorder etc.,(rheumatic fever)	
4	Fistula, Piles, hernia, varicose veins	
5	Any disease of the bones or joints including rheumatic disease	
6	Disease of uterus, ovaries or breast or any specific gynaecological disorders	
7	Any respiratory or allergic disease	
8	Any disorder of the stomach, ulcer, bowet or gall bladder, kidney stones etc.,	
9	Any cancer, malignant growth, boil, cyst or wound etc., which does not heal or improve despite treatment	
10	Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations	
11	Any complaints or tendency that may necessitate such consultation or treatment in the future	
12	Any dimness or vision / cataract	
13	Any disease of ears or difficulty or interference with hearing	
14	Diabetes or any urinary diseases	
15	Any other illness or disease or accidental or operation sustained by you	
16	Have you ever suffered from dental problems?	Yes / No
17	If yes specify same	
18	When were you treated last for same	

19. Give particulars in table below of any other illness or disease or accident or operation sustained by you in the past.

S.no	Nature of illness / disease injury and treatment received	Date first treated	Name of attending medical practitioner surgeon with his address and telephone number	Whether fully cured
1				
2				
3				
4				

20	Are there any additional facts affecting the proposed insurance which should be disclosed to insurers?	
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21. Please give details of any knowledge of any positive existence or presence of any ailment, sickness or injury which may require medical attention.

1	
2	
3	
4	

I hereby declare and warrant that the above statements are true and complete. I consent and authorize the Insurers to seek medical information from any Hospital / Medical Practitioner who has at any time attended or may attend concerning any disease or illness which affects my physical or mental health. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is effected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the Insurance Company shall incur no liability under this insurance.

I have read the prospectus and am willing to accept the Coverage subject to the terms, conditions and exceptions stated therein and expressed in in the Policy.

Signature .....

Date ..... / ..... / .....

Place .....

NAME OF THE PROPOSER / INSURED PERSON .....

( IN BLOCK LETTERS )

**N.B: This should necessarily be signed by insured person**







# TMB HAPPY FAMILY LIFE INSURANCE



## CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme)

Sl.No	Branch Name	Date / /
-------	-------------	----------

I / We hereby give my / our consent to become a member of TMB Happy Family Life Insurance of LIC of India which will be administered by TMB.

I / We hereby authorize you to debit my / our Savings Bank Account(s) with your Branch with ₹254/- + service tax towards premium of life cover under TMB Happy Family Life Insurance. I / We further authorize you to deduct in future every year until further instructions, an amount of ₹254/- or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under the scheme.

I / We have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme.

I / We authorize the Bank to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to LIC of India.

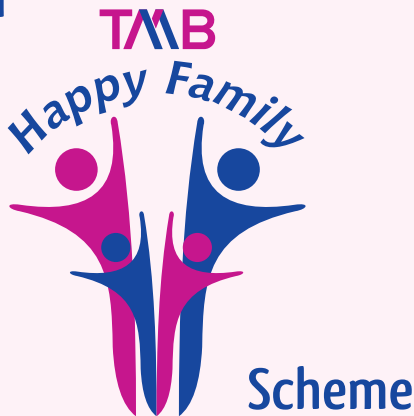
### Applicant Details, as per Bank / KYC records:

<b>Name of the Account holder - Lead Member</b>			
Savings Bank Account No.		Aadhar Number, if available	
Email Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name & address of Guardian (if nominee is minor)	
Date of Birth		Address (Lead Member)	

<b>Name of the Account holder - Member 1</b>			
Savings Bank Account No.		Aadhar Number, if available	
Email Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name & address of Guardian (if nominee is minor)	
Date of Birth		Address (Member 1)	

<b>Name of the Account holder - Member 2</b>			
Savings Bank Account No.		Aadhar Number, if available	
Email Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name & address of Guardian (if nominee is minor)	
Date of Birth		Address (Member 2)	

Join



## Its always, "Family First"

One Family – One scheme

A comprehensive

- ✓ Medical Cover
- ✓ Life Cover
- ✓ Personal Accident Cover

For a Happy Family

<b>Name of the Account holder - Member 3</b>			
Savings Bank Account No.		Aadhar Number, if available	
Email Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name & address of Guardian (if nominee is minor)	
Date of Birth		Address (Member 3)	

<b>Name of the Account holder - Member 4</b>			
Savings Bank Account No.		Aadhar Number, if available	
Email Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name & address of Guardian (if nominee is minor)	
Date of Birth		Address (Member 4)	

<b>Name of the Account holder - Member 5</b>			
Savings Bank Account No.		Aadhar Number, if available	
Email Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name & address of Guardian (if nominee is minor)	
Date of Birth		Address (Member 5)	

I / We hereby nominate my nominees as above under this scheme. Nominee being minor, his / her guardian is appointed as above. I am aware that my life cover shall be restricted to ₹1 lakh only in the event of my death.

I / We hereby declare that the above statements are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**Signature & Name of the Proposers:**

(1)	(2)	(3)
Name	Name	Name

(4)	(5)	(6)
Name	Name	Name

**Acknowledgement slip and Certificate of Insurance**

We hereby acknowledge receipt of consent cum declaration form from the following

Sl. No	Name	SB A/c. Number
1		
2		
3		
4		
5		
6		

consenting and authorizing auto debit from the above specified savings accounts to join the TMB Happy Family Life Insurance with LIC of India cover subject to correctness of information provided regarding eligibility and receipt of consideration amount.

For Tamilnad Mercantile Bank Ltd

Branch Round Seal

Manager