

# REVISED New Business Checklist (Version 5.6)

## General Details (To be updated by Sales )

<b>Application Number</b>	Sales Channel - SP/SM/AM/ Name -	<input type="checkbox"/> Agency <input type="checkbox"/> CA <input type="checkbox"/> MIA
<b>Branch Name</b>	SP Name and Code - ARM /SRM Name and Code - Partner QC Code -	<input type="checkbox"/> Rural <input type="checkbox"/> Broker
<b>Product Name</b>		<b>FA /FPC/ CSO Code</b>
<b>Type of Case</b>	<input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical <input type="checkbox"/> HNI	<b>FA /FPC/ CSO Contact Number</b>
		<b>Agent Type</b> <input type="checkbox"/> MDRT FA <input type="checkbox"/> Met Royale FA
<b>If Medical, please specify</b>	TA Code _____ Appointment Date _____	<b>Type of Payment</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Credit Card <input type="checkbox"/> Fund Transfer

General Questions		Sales	Branch Services
		Mark <input checked="" type="checkbox"/> or <input type="checkbox"/>	or NA
1	All questions answered as either Yes/No/NA		
2	All alterations/corrections in the application form (if any) countersigned by the customer		
3	PO/PI( wherever PI age is >18 years) have signed the application and if Vernacular option chosen, vernacular declaration is signed		
4	In case the Applicant is illiterate, the 'Declaration in case the Applicant is illiterate' is signed in the Application form		
5	Partner QC code (on Top Left Corner of 1st page of Application Form) and Customer Segment Name mentioned (For all BABP cases)		
6	If any previous proposal of the PI is Declined / Postponed, verified that product opted in this application is not an OTC product		
7	Customer Contact Number Mandatory		
8	FA/FPC Contact Number is Captured		
9	Complete Nominee & Appointee details mentioned		
10	Premium collected matches with premium as per Premium Calculator/BI and BI sign date is not later than the Application Form sign date		
11	Application sign date is same OR prior to (not more than 90 days) the application submission date		
12	Source of Sales Lead		
Documentation			
1	All documents signed / attested by PO (Policy Owner) OR PI incase the PI and PO are same		
2	Respective Agent (FA-Agency, FPC-Referral, SP-CA, Authorized Person of Broker- Broker) has authenticated ALL the KYC documents with "Original Seen & Verified" and their signatures. For AFYP > 1,000,000, the reporting manager of FA needs to countersign ALL documents		
<b>I Signing Guidelines for Agency -</b>			
<b>Agency</b> – Application form ,BI and Supporting documents - FA Name, Code, Signature			
<b>II Signing Guidelines for BABP -</b>			
<b>1.Referral Partner –</b>			
<b>(a) Application form</b> -FPC Name, Code, Signature, contact number and other details in the ' Agent Report' section			
<b>(b) BI and Supporting documents</b> -FPC name, signature, code (and with OSV written on supporting docs)			
<b>2.Corporate Agency-</b>			
<b>(a)Application form, BI, MID</b> - Specified Person's/ CIE code, name, signature along with CA Seal			
<b>(b)Supporting Proofs: Non-Bank CAs</b> - SP/ CIE name, code, signature and write OSV, <b>Bank CAs</b> - SP's Name, code, signature stamp OR Attestation can also be done by an authorized Bank Employee in own capacity with name, signature and employee code along with Bank seal			
<b>3.Broker –</b>			
<b>(a) Application form</b> - Broker code, name, signature & employee id of broker employee along with Broker Seal			
<b>(b) BI and Supporting proofs</b> - Name, signature, employee id of Broker employee along with Broker Seal and with OSV written on supporting docs			
<b>4.Micro Insurance Agent-</b>			
<b>(a) Application form and supporting documents</b> -SP name, code and signature along with seal of MI branch (and write OSV on supporting docs)			
<b>III Signing Guidelines for Rural Application Form -</b>			
<b>1.Sourced through Agency –</b>			
<b>(a) Application form</b> – FA code ,name , signature			
<b>(b) Supporting Documents</b> – FA Name, code ,signature			
<b>2.Sourced through Corporate Agent –</b>			
<b>(a) Application form</b> - FPC Code, CIE/SP name ,code ,signature and stamp /seal of CA branch			

	<b>(b)Supporting Documents-</b> Non Bank CA'S- CIE/SP name ,code ,signature and stamp /seal of CA , <b>Bank CAs-</b> Authorized Bank Employee with Name, Signature and Employee code along with Bank Seal			
3	Valid DOB Proof attached			
4	In case of Non Std DOB Proof, NSAP Declaration attached (with Generic form)			
5	Student Identity Card attached (In case PI is a student and aged>=18 yrs)			
6	PO signature matches as on the BI & the application form (wherever applicable)			
7	Standing Instruction Mandate checklist referred wherever PO has opted respective Renewal Premium Mode			
8	Recent PI and PO / PP photograph attached (In Case AFYP across policies >10,000 and PI>7 yrs)			
9	ID proof of both PI, PO & PP attached (In all cases irrespective of the amount of premium paid) (ID proof is NOT required if PI age<7 yrs)			
10	Current Residence Proof of PO / PP attached (In case AFYP across policies>10000)			
11	Unit Linked Declaration attached, as applicable ( with SP sign (in case of CA)/ Authorized Person (in case of Broker)/FA (in case of agency)/FPC (in case of referral)			
12	PO Income Documents attached (In Case AFYP across policies >= 1 lac. or SA> 25 lacs			
13	PP income proof attached (incase initial deposit is paid by PP and AFYP per policy > Rs. 99,999/-			
14	Whether PO has any previous/simultaneous policies? If yes, income proof received wherever required.(Total AFYP>99999)			
15	FAF attached as per guidelines, if applicable			
16	KYC documents for Premium Payer is attached, if applicable			
17	Revised version of MID (Most Important Document) attached in case of Preferred Channel case ( <b>PNB, Barclays, KBL, J&amp;K</b> )			
18	PAN Copy collected and PAN Number compulsorily recorded for policies where insurance premium (Including initial premium , renewal premium ,Top up etc.) is aggregating to Rs. 50,000 or more in a financial year AND duly filled form 60/61 taken from those customer who doesn't require to have PAN			
19	<b>For PO</b> - If the premium paid by the PO across the policies in a financial year crosses Rs. 49999 then PAN is mandatory and for those customer who doesn't require to have PAN, duly filled Form 60 or Form 61 is mandatory			
20	<b>For PP</b> - If the premium paid by the PP in the current policy (NB or Renewal) is crossing 49999 then PAN is mandatory and if PAN is not available Form 60 or Form 61 is mandatory.			
21	Need Analysis Form attached for KBL,PNB & Barclays sourced cases (With Bank Partner and SP Name )			
22	Customer's signature on application form and attachments tally, and if not DSF (Dual signature format) is provided?			
23	Pediatrician Report attached (If SA>20 lacs & aged <10 yrs)			
<b>Profile Specific Questionnaire (wherever applicable basis profile of customer)</b>				
1	Health Disorder Questionnaire/ Occupational Questionnaire			
2	Juvenile Questionnaire/ Female Profiler			
3	NRI /PIO / Foreign National Questionnaire			
4	Replacement Questionnaire			
5	Pre-login Chief UW Approval for PEP (Politically Exposed Person) attached, PEP Questionnaire as per guideline			
6	Pre-login UW Approval for High Risk Categories (Trusts, charities, NGO & organizations' receiving donations)			
7	If PO/PP is an entity - whether share holding pattern of the firm attached			
8	Photo Identity proof of Authorized signatory on behalf of the entity received			
9	KYC (Photo Identity proof and Current Residence proof) of the persons with shareholding>=25% attached			
<b>Payment Acceptance</b>				
1	Cheque/DD date is less than equal to Current Date and within 3 months to the login date			
2	Cheque/DD is favoring "MetLife India Insurance Company Limited"			
3	Third Party cheque has been accepted along with the declaration and in line with the Third party acceptance guidelines			
4	Minimum Modal premium accepted as applicable for respective channels			
5	Multiple DD guidelines followed, as applicable			
6	If the case is SCMA mention all application nos. Please specify			
<b>Application Status</b>			<input type="checkbox"/> Accept <input type="checkbox"/> Reject	<input type="checkbox"/> Accept <input type="checkbox"/> Reject
<b>Name</b>		<b>Name</b>	<b>Signature</b>	<b>Date &amp; Time</b>
FA/ CSO/FPC/SM/ Agency Manager		_____	_____	_____
<b>Remarks from Branch Services Executive</b>				
<b>Branch Services Executive</b>				