



User Manual For Parivartan-Individual

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Introduction

Parivartan is a Web based application for assisting the Sales Representative to sell an SBI Life Insurance Policy. It is essentially digitization of the proposal form filling process with a facility of Advisor can upload of necessary documents from the Parivartan/Smart advisor.

How will Parivartan benefit the Sales Representative

- Web-based point-of-sale (POS) solution to engage and make sales instantly
- Accurate and instantaneous Premium calculation
- Easy to Data Capture with system based form filling & validations

• Document upload facility inbuilt in the application Therefore, faster decision making thus enabling faster deal closures.

Need Analysis and Premium Calculation

- We provide the two application where the need analysis and premium calculation are done which is "SMART ADVISOR" and "BA ONLINE"
- The user can fill the field according to their need and choose the Plan which they want to purchase.
- A person needs to answer few basic questions for the analysis of need and get a financial plan/ product suggestion
- After the NA and CBI in BAONLINE/Smart Advisor plus a Unique Reference number(URN) would generated which would be use in Parivartan, The URN gives the all the required I data to initiate the proposal filling process.



Plans offered

> Currently **<u>26 products</u>** Products are being offered, here is a snapshot of the same;

Product Type	Protection Need	Retirement	Wealth Creation	Child Future
		Planning		Planning
Traditional	SBI Life – Smart Shield (UIN : 1111N067V05) SBI Life – Saral Shield (UIN : 1111N066V02) SBI Life – Saral Swadhan+ (UIN : 111N092V02) SBI Life – Smart Swadhan Plus (UIN : 111N104V01) SBI Life-Smart Women Advantage (UIN: 111N106V01) SBI Life – Smart Humsafar (UIN : 111N103V02)	Planning SBI Life-Saral Pension (UIN : 111N088V02)	SBI Life – Shubh Nivesh (UIN : 111N055V03) SBI Life – Smart Money Planner (UIN : 111N101V02) SBI Life- Smart Income Protect (UIN : 111N085V03) SBI Life-Smart Money Back Gold (UIN : 111N096V02) SBI Life – Flexi Smart Plus (UIN : 111N093V01) SBI Life – Smart Privilege (UIN : 111L107V01) SBI Life – Smart Bachat (UIN : 111N108V02)	Planning SBI Life – Smart Champ Insurance (UIN : 111N098V02)



	SBI Life – Sampoorn			
	Cancer Suraksha			
	(UIN:111N109V01)			
	SBI Life -Poorna			
	Surakeha			
	Suraksila			
	(UIN : 111N110V01)			
Ulip		SBI Life – Retire	SBI Life – Smart	SBI Life – Smart
		Smart (UIN :	Wealth Builder (UIN :	Scholar (UIN :
		111L094V01)	111L095V01)	111L073V02)
			SBI Life – Smart Elite	
			(I IIN · 1111072V02)	
			(0	
			SBI Life – Smart	
			Power Insurance	
			(UIN : 111L090V01)	
			SBI Life – Smart	
			Wealth Assure (UIN :	
			111L077V02)	
			SBI Life – Saral Maha	
			Anand (UIN :	
			111L070V02)	
			SBI Life – Saral	
			InsureWealth Plus	
			(UIN : 111L124V01)	
			SBI Life – Smart	
			Platina Assure(UIN :	
			111N126V01)	



> Parivartan Process Flow





Login \rightarrow Need Analysis Input \rightarrow Need Analysis Output \rightarrow Product suggested page \rightarrow Business Illustration Generation \rightarrow Personal Details > Health Details \rightarrow Preview \rightarrow ACR \rightarrow T&C agreement \rightarrow Bank statement doc -> Payment \rightarrow eSign >Data & proposal Document Sync



> Following steps are involved in purchase process in Parivartan.

> 1. Login Page

After successfully registration Sales Representative needs to provide valid login with valid Advisor code and password, to log into the application. It is mandatory for user to log out before leaving the application.

New Register -> The sales representative who has not registered themselves previously, can click on **New Register** for registering themselves.

Calhost:57981/Login.aspx 🗴	4 — 🗟 ×
← → C 🗅 localhost:57981/Login.aspx	₹ 😒 🚍
Parivartan	
Login	
Login ID:*	
990134795	
Password:*	
Log In New Register Forget Password	
Insurance is the subject matter of solicitation .IRDA Registration no. 111 issued on 29th March Registered & Corporate Office: SII Life Insurance Co. Ltd, Natraj, M.V. Road & Western Express Highway Junction, And	2001. Iheri (East), Mumbai - 400 069.
Mailing Address: SBI Life Insurance Co. Ltd, Natraj, M.V. Road & Western Express Highway Junction, Andheri (Ea	ast), Mumbai - 400 069.
istant 🖉 🛄 🔍 😻 💟 💽 📑 🚚 🖾 🖉	A 51 18 19 19 19 19 19 19 19 19 19 19 19 19 19

2.Registration

Registration is the next Interface .Sales Representative needs to provide valid mobile number, email Id, advisor code and password and DOB, to Register into the application. Registration is one time process.

	Registration	
Register As:* © CIF		
User Code:*	Date Of Birth*	
Mobile Number:*	Email Id:*	
Password*	Confirm Password*	
	Register Existing User?	
Ins	rance is the subject matter of solicitation JRDA Registration no. 111 issued on 29th March 201	D1.
Registered & Corporate Of Mailing Address: SB	ce: SBI Life Insurance Co. Ltd, Natraj, M.V. Road & Western Express Highway Junction, Andheri Life Insurance Co. Ltd, Natraj, M.V. Road & Western Express Highway Junction, Andheri (East),	i (East), Mumbai - 400 069. Mumbai - 400 069.



Benefit Illustration

• After the successful generation of URN in "SMART ADVISOR" or "BA ONLINE" the user can input the generated URN in BI screen on Parivartan which will give the needful data which will require for Proposal form.

+ G	ି≋ ⊿ା 50% ≣ 12:16	🔹 🖬 🖬	ិនី 📶 49% 🖥 12:17	· · · ·	😤 📶 49% 🖥 12:19
Need Analysis Calculator	Smart Advisors	Smart Advisor	Smart Advi <u>sore</u> ,	Smart Advisor	
My Details My Goals	My Solution	SBI LIFE - (UIN - 11	Smart Elite 1L072V02)	s	BI LIFE - Smart Elite (UIN - 111L072V02)
Select Group*	Select	Staff Discount		Email Id *	r@r.com
lam 🤱 Male 🖇		Life Assured Title*	Select Title	Confirm Email Id*	r@r.com
Date of Birth*	Age	First Name*	First Name*	Policy Term	5
Select Date	İ	Middle Name	Middle Name	Premium Frequency:	Single
Mantal Status Q Single III	No. of Children Select	Last Name*	Last Name*	Premium Amount	350000
My Financial Details		Gender:	Male	(Min. Rs.2,00,000)	Pare -
Monthly Income*	Yearly Income	Date of Birth	01-11-1982	(1.25 to 5.0)	Smart Advisor
		Age:	35	Plan Option: URN : 170	01944019
Monthly Expenses (Excluding EMI & rent)	Yearly Expenses (excluding EMI & rent)	Mobile Number *	+91	No. of Years Elapsed S Click Ok t	o Sync details to server.
₹	₹	Email Id *		(5 to 5 years)	ок
Current Life Insurance Coverage	₹	Confirm Email Id*		% to be invested for Equity Elite Fund	111: 100
Outstanding home loan	3	Policy Term:	5	% to be invested for Balanced Fund:	
0	`	Premium Frequency:	Single		
Outstanding loan(other)	₹	Premium Amount	Browlup Ant	% to be invested for Bond Fund:	
Inflation Rate assumed	6%	(Min. Rs.2,00,000)	Premium Ainc		une for
Risk Appetite	Select	Sum Assured Multiple Factor [SAMF]	SAMF	s to be invested for Money Market F	una.
		(1.25 to 5.0)		View SFIN of Funds	
Reset Need Analysis	Next	Plan Option:	Gold	Back	Proceed
		No. of Years Elapsed Since Inception:			

Figure: Smart Advisor Interface for generating URN number

https://parivartan.sbilife.co.in/BIp.a	× ③ 172.16.18.4:82/BIp.asp	x X J localhost:57981/Login X +	
· · · · · · · · · · · · · · · · · · ·	172.16.18.4:82/BIp.aspx		\$
SBI Life	arivartan	Home NB Utility Dashboard My Profile Logout RenewalPremium Query/Complaints SUJIT KUM	IAR GHOSH
Benefit Illustration Perso	nal Details Health Details	Preview ACR Make Payment Document Upload	
Enter your URN Number:*	1903420291	Get Data Reset	
Quotation No:	SA1N000990134795151120		
Customer Title :	Mr. •		
Customer Name :	jdjd	híjf	
Customer E-mail :	m@m.com		
Customer Mobile :	000000000		
Product Name :	Smart Money Back Gold		
Basic Sum Assured :	200000		
Total Premium Amount :	4617		
	Proceed		



Proposal Data Entry Flow

- Proposer's Personal Details with including Proposer Personal Details, Bank Details, Past Policy Details, Nominee / Appointee Details.
- Troposer's Health Details enables interface to capture Proposer Health questions
- This interface enable to display all filled data.
- @ ACR- Agent Confidential Report captures Advisor questions and declarations
- Terms & conditions- This Interface capture Proposer Declarations
- Payment Payment Interface display Payment Option
 E-sign through company based OTP.
 Data and Proposal Document Sync- This interface will sync all Proposal Documents and data to SBI Life server.

Proposal Number Generation – This Interface will display Proposal Number.

6.Personal Details

Personal Details screen provide interface to capture basic details, bank details, past policy details, nominee details and FATCA details of the customer.

Parivar	PAB Utiny Dathboard My Profile Logost
	SUIT KOMAR GHOS
Benefit Bustration Personal Details Hea	atth Details Preview ACR Make Payment Document Upload
Proposer / Life to be Assured Details [+/-]	a contraction of the second
Are You An Existing SBI Life Customer?"	O Yes # No
Do you want to assign this policy on Issuar	ince? © Yes © No
Simultaneous Proposal If Any	O Yes O No
If Yes, please submit the relevant documer	In this insurance wayson's own pre- in state bank group start
E-Insurance Eithe way what he	
the second	I THERE THE THEM AND AND AN THE OPPORTUNITY OF A DATE OF
If opted for above, please submit requisite	a receive the insurance voicy and an the information related to the proposed insurance policy through insurance repelliony? a annexure with Proposal Form.
Objective Of Taking This Policy*	receive the interance voicy and an the information related to the proposed interance policy through interance repelliony e annexure with Proposal Form. Protection © Saving * Both © Other
Discover, presse submit requisite Objective Of Taking This Bolicy" Preferred Language For Communication"	receive the Uniterative Policy and all the information related to the proposed insurance policy through insurance repeatory emergine with Proposal Form. Profection © Saving & Both © Other English © Marabia & Hinds © Bengett © Gujaratt © Oriya Tamil © Talliqui © Malayatam © Kannoda © Perglot
Digetive Of Taking This Policy* Professes Communication*	receive the Internation Policy and all the information mathed to the proposed internation policy through internation repeatory (emission © Saving # Bibli © Other © English © Maratis # Hind: © Bengall © Gujarati © Oniya © Tamif © Tellugu © Malayatam © Kannada © Punjabi
Endergreichen einer Sterner Bergener Bergener Objective Of Taking This Policy* Reeferred Language For Communication* Proposer Details (+/-)	
Proposer Name 1 Mrmak shakeves	e annexus vite Internet Poly and all the information related to the proposed interface poly through interface repeated of e annexus with Proposed Form. Profection © Saving * Boh © Other © English © Maratak * Hind. © Benger © Gujarat © Otiya © Tamil © Tellagu © Halayatam © Kannada © Punjabi
Digeted for allower, preside submit requisite Objective Of Taking This Policy* Preferred Language For Communication* Proposer Details [+/-] Proposer Name 1 Mitmale studyment Extended bases	Protection © Saving # Bohi © Other Protection © Saving # Bohi © Other Tamit © Tarligu © Malayatam © Kannada © Puejabi Proposer Prote Choose File Upher



> 7.Health Details

Health Details Screen provides interface to capture health related details of customer

SBI Life INSULANCE WIRD UR. YOU'VE BUILE WIRD UR. YOU'VE BUILE	NB Utility Dashboard My Profile	Logout	
		50511	KOMAR GHOSH
Benefit Illustration Personal Details	Health Details Preview ACR Make Payment Document Upload		
Height(In feet, inches)*	5 • 3 • Weight(In Kgs) 80		
Is there any visible Identification marks:	© Yes ☉ No		
Medical History			
During the last one year, has there be	en any increase/decrease in your weight over 5kgs ?	Yes	O NO
During the last one year, has there be During the last 10 years,have you ever	en any increase/decrease in your weight over 5kgs ? r undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment?	 Yes Yes 	No
During the last one year, has there be During the last 10 years,have you even During the last 5 years, whether you w	en any increase/decrease in your weight over Skgs ? r undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? vere under any medical treatment or regular monitoring for more than 14 consecutive days?	 Yes Yes Yes 	No No No
During the last one year, has there be During the last 10 years, have you ever During the last 5 years, whether you w During the last 5 yrs, have you remain or sickness for 30 consecutive days or	en any increase/decrease in your weight over Skgs ? r undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? vere under any medical treatment or regular monitoring for more than 14 consecutive days? ed absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition more?	 Yes Yes Yes Yes Yes 	 No No No No
During the last one year, has there be During the last 10 years, have you even During the last 5 years, whether you w During the last 5 yes, have you remain or sickness for 30 consecutive days or Do you plan or have been advised to u condition, injury, or sickness in near ft	en any increase/decrease in your weight over 5kgs ? r undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? rere under any medical treatment or regular monitoring for more than 14 consecutive days? ed absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition more? indergo any surgery or hospitilization or visit to a doctor or practitioner for any physical, mental or emotional ture?	 Yes Yes Yes Yes Yes 	No No No No
During the last one year, has there be During the last 10 years, have you even During the last 5 years, whether you w During the last 5 yes, have you remain or sickness for 30 consecutive days or Do you plan or have been advised to u condition, injury, or sickness in near fi Do you have any physical deformity or	en any increase/decrease in your weight over 5kgs ? r undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? vere under any medical treatment or regular monitoring for more than 14 consecutive days? ed absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition more? indergo any surgery or hospitilization or visit to a doctor or practitioner for any physical, mental or emotional ture?	 Yes Yes Yes Yes Yes Yes Yes 	 No No No No No No
During the last one year, has there be During the last 10 years, have you even During the last 5 years, whether you w During the last 5 yes, have you remain or sickness for 30 consecutive days or Do you plan or have been advised to u condition, njury, or sickness in near fi Do you have any physical deformity or Have you undergone any test for HIV?	en any increase/decrease in your weight over 5kgs ? undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? vere under any medical treatment or regular monitoring for more than 14 consecutive days? ed absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition more? indergo any surgery or hospitilization or visit to a doctor or practitioner for any physical, mental or emotional ture? congenital/acquired defect? Yes No	 Yes Yes Yes Yes Yes Yes Yes Yes 	 No No No No No No
During the last one year, has there be During the last 10 years, have you even During the last 5 years, whether you w During the last 5 yes, have you remain or sickness for 30 consecutive days or Do you plan or have been advised to u condition, injury, or sickness in near fi Do you have any physical deformity or Have you undergone any test for HIV? Have you undergone any test for Hepa	en any increase/decrease in your weight over 5kgs ? undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? vere under any medical treatment or regular monitoring for more than 14 consecutive days? ed absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition more? indergo any surgery or hospitilization or visit to a doctor or practitioner for any physical, mental or emotional ture? congenital/acquired defect? Yes O No ttits A/B/C? O Yes O No	 Yes Yes Yes Yes Yes Yes Yes Yes 	 No No No No No
During the last one year, has there be During the last 10 years, have you even During the last 5 years, whether you w During the last 5 yes, have you remain or sickness for 30 consecutive days or Do you plan or have been advised to u condition, injury, or sickness in near fi Do you have any physical deformity or Have you undergone any test for HIV? Have you undergone any test for HEPA Have you met with any accident or suf	en any increase/decrease in your weight over 5kgs ? ' undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? vere under any medical treatment or regular monitoring for more than 14 consecutive days? ed absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition more? indergo any surgery or hospitilization or visit to a doctor or practitioner for any physical, mental or emotional ture? congenital/acquired defect? Yes © No titis A/B/C? © Yes © No fered from any physical impairment/ head injuries/ loss of consciousness due to any accident?	 Yes Yes Yes Yes Yes Yes Yes 	 No No No No No
During the last one year, has there ber During the last 10 years, have you even During the last 5 years, whether you w During the last 5 years, have you remain or sickness for 30 consecutive days or Do you plan or have been advised to u condition, injury, or sickness in near fit Do you have any physical deformity or Have you undergone any test for HIV7 Have you undergone any test for HIV7 Have you undergone any test for HEPA Have you met with any accident or suf	en any increase/decrease in your weight over 5kgs ? undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? vere under any medical treatment or regular monitoring for more than 14 consecutive days? vere under any medical treatment or regular monitoring for more than 14 consecutive days? vere under any medical treatment or regular monitoring for more than 14 consecutive days? vere under any medical treatment or visit to a doctor or practitioner for any physical, mental condition more? vere under defect? vere low test on the test of test	 Yes Yes Yes Yes Yes Yes Yes Yes 	 No No No No No No No
During the last one year, has there ber During the last 10 years, have you even During the last 5 years, whether you w During the last 5 years, whether you w or sickness for 30 consecutive days or Do you plan or have been advised to u condition, injury, or sickness in near fi Do you have any physical deformity or Have you undergone any test for HVP Have you undergone any test for HPP Have you met with any accident or suf Have you wer been tested or treated Do You Have a High blood pressure or	en any increase/decrease in your weight over 5kgs ? undergone or advised to undergo hospitalization or an operation or any investigation or tests or medical treatment? vere under any medical treatment or regular monitoring for more than 14 consecutive days? ed absent from your place of work (Professional or Non Professional) on grounds of health, injury, mental condition more? indergo any surgery or hospitilization or visit to a doctor or practitioner for any physical, mental or emotional ture? congenital/acquired defect? Ves No titis A/B/C? Yes No fered from any physical impairment/ head injuries/ loss of consciousness due to any accident? or have been advised to undergo investigation for Figh blood pressure?	 Yes 	 No



> 8.Preview Details

Preview screen will display all filled data before proceeding to payment.

172.10.18,4.07)	ennowinghy.			
SBI Life	Parivartan		NB Usity Dashboard My Profile Logast SUITT KUMAR GHO	sн
Benefit Bustration P	ersonal Details Health Details	ACR Make Payment	Document Upload	
Proposer / Life to be	Assured Details (+/-)			
Are You An Existing Si Do you want to Assign Simultaneous Proposa Whether Proposal (s U	II Life Customer?" Ves = N this policy on Issuance? Ves = N I If Any Ves = N inder N1	o o Imurance Advisor's Own	n Life 🔠 State Bank Group Staff	
E-Disurance	Do you want to receive the Insu	rance Policy and all the informa	ation related to the proposed insurance policy through insurance repository?	
Objective Of Taking Ti	its Policy* () Protection () Saving ()	EBoth O Other		
Preferred Language Fo	r Communication" - English - Mari - Tamil - Telug	athi = Hindi O Bengali O G u O Malayalam O Kannada	Gujarati © Oniya © Punjabi	
	Mr.male shubhnivesh	Proposer Photo		
Proposer Name i			and the American	
Proposer Name : Father's Name :*	DAD			
Proposer Name : Father's Name :* Gender :	DAD Male	Date Of Birth 1	25-07-1942	
Proposer Name 1 Father's Name 1* Gender : Mantal Status 1*	DAD Male Marind	Date Of Birth 1 Qualification 1 ⁺	26-07-1962 Under Graduate	



> 9.Agent Confidential Report(ACR) Screen

ACR Screen will provide interface to capture Sales Advisor questions and declaration details.

SBI Life IN SURANCE WITH UE. YOU'YE BURE WITH UE. YOU'YE BURE	rivartan			NB Utilit	y Dashboard My	Profile	Lo	sgout SUJIT K	UMAR GHOSH
Benefit Illustration Personal I	Details Health Details	Preview AC	R Make Payment Do	cument Upload					
CONFIDENTIAL REPORT OF S	ALES REPRESENTATIVE								
Sales Representative Name :	SUJIT KUMAR GHOSH								
Code :	990134795	License No	: SP0003005737						
BDM CODE :	24707								
Selling Branch Code :*	4484	Please men	tion Branch code only WIT	HOUT Bank Code.					
This branch code will be used For Alternate Channel/Cor	only for online payment porate Agency(SBG)Or	mode, Branch i Ily	from where EFT is done w	ill be considered as the	sourcing code.				
Code 1	Code 2		Code 3						
1.Have you fully explained the	e terms and conditions of	the Proposed I	Insurance plan to the Prop	oser?		Yes	No		
2.Have you discussed the repl	lies to all questions in the	proposal form	with the Proposer?			Yes	No		
3.How long has the Proposer I	been a customer of the b	ranch or knowr	to you?			0	In Y	fears	
4.A) Source Of Income						Select		•	
B) Are you personally satisfie	d with the financial stand	ing of the Prop	oser ?			Yes	O No		
5 A) What is the general state	of health of the Life to b	e Assured ?				Select		*	
B) Does he/ she have any phy	sical deformity or menta	retardation ?				Yes	No		
C) Has he/ she undergone hos	pitalization or any surge	Y				Yes	No		
6. Are you aware of any other	r factors not indicated in t	the proposal fo	rm that are likely to add t	to the risk ?		Yes	No		
7. Does the Proposer seem to	be overweight/ underwe	ight in relation	to his/her height ?			Yes	No		
	the second se	Concerns and and	dross montioned in all the	documents and as stat	ed in the proposal form	2 Vec	(a) blo		



> 10. Proposer declaration

Prior to payment Customer has to agree the terms and conditions.

SBI Life INSURANCE Parivartan	NB Utility Dashboard My Profile Logout SUJIT KUMAR GHOSH SUJIT KUMAR GHOSH
Benefit Illustration Personal Details Health Details Preview A	CR Make Payment Document Upload
TERMS & CONDITIONS BEFORE MAKING PAYMENT Declaration By T	ne Proposer / Life To Be Assured
$> \bullet$ I state that the product features, the terms and conditions of the details and that I consent to the same.	policy and the benefit illustration have been fully and thoroughly explained to me. I have fully understood the said
> • I hereby declare that the foregoing statements and answers hav manner and that I have not withheld any information.	e been given by me after fully understanding the questions and the same are true, accurate and complete in every
> • Further, I have not provided any false information in reply to an	y question. I understand and agree that the statements in this proposal constitute warranties.
$> \bullet \ensuremath{\text{I}}$ further state that the contents of the proposal form have been	also fully explained to me and I have fully understood the significance of the proposed contract.
> • I do hereby agree and declare that these statements and this de if there is any mis-statement or suppression of material information provisions of Section 45 of the Insurance Act 1938, as amended from	claration shall be the basis of contract of assurance between me and SBI Life Insurance Co. Ltd. (Company) and that or if any untrue statements are contained therein or in case of fraud, the said contract shall be treated as per the n time to time.
> • I understand and agree that by submitting this application throug the same extent, as if I have signed and submitted the written properties of the same extent	jh the Desktop device, I shall be bound by such statements/disclosures of material facts in the same manner and to sail for insurance to the company.
 I also understand and agree that the company shall additionally necessitated by various enactments of Central and/or State Legislatu 	levy or recover all the applicable taxes like Service Tax, Surcharges, Cess, etc. from the premium which are ires from time to time.
$\!$	the Company for the grant of insurance.
> • Notwithstanding the provision of any law, usage, custom or convinformation about me concerning my health, employment on the gro of any kind whatsoever in the policy contract issued to me, hereby a knowledge or information to the Company.	ention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or unds of secrecy, I, my heirs, executors, administrators and assignees or any other person or persons having interest gree that such authority,having such knowledge or information, shall at any time be at liberty to divulge any such

> 11.Payment Screen

After Accepting the Proposal Declaration, Payment option interface would be available.



	Parivariany		den dan sedara se	at the second the second	SURT NUMAR CHIOSE
Barraffi (Busication	Parsonal Datato Health Datato Preview	e ACR Mana Payment Co	content Mydroad		
Qualitation Number Provide Arrows Provide Arrows Provide Arrows Provide Arrows Provide Arrows Provide Arrows	Las Londonni, La Paul An Fuil Nova Paul Lindon Mon Animatic environtement line provinced paul submission of age pro- Mark Solomer	of and RFC discoverents. In case 0	w decimants are not received within 6	days from data of payment,	ta annut part unit
E & harming confirm	that the president is being pand from my &	ey,			
		Term Inde	r. n. A. E.+*		

Manual KYC-

All necessary documents such as Age, Identity, Address, and Bank Proof are Mandatory to upload .

<u>INSU</u> With Us	RANCE Vou're Sure Paris	artan			SUJIT KUMAR GHOS
Benefit Illus	tration Personal Details	Health Details Preview	ACR Make Payme	nt Document Upload	
Proof of	Document	Browser			
Age	Aadhar card with com		Browse Upload		
Identity	Aadhar Card		Browse Upload		
Address	Passport 💟		Browse Upload		
Bank Proof	Cancelled Cheque		Browse Upload	п ^в	

	14:45
Start 2	* 😼 🛄 😡 pr (10/2017 💻
	26/10/2017

• Application provides EFT as Payment Mode.



SBI Life	NB Utility Dashboard My Profile Logout
	SUJIT KUMAR GHOSH
Benefit Illustration Personal Details Health Details Preview ACR Make Pay	ment Document Upload
	DAVIENT MODES
	PAIMENI MUDED

|--|

> 12.eSign Process

After Payment selection eSign Process will be ready for customer. eSign would be done Company based OTP .

🕲 https://parivartan.sbilife.co.in/Elp.= x 😒 172.16.18.4:82/Esign.aspx x 😒 localhost:57981/Login x া 🛨 E	ownloads × +	
← → C (i) Not secure 172.16.18.4:82/Esign.aspx		☆ 😩 :
SBI Life We Us A S C E We Us Vis Vis We We	Home NB Utility Dasht RenewalPremium Que	20ard My Profile Logout ry/Complaints SUJIT KUMAR GHOSH
Benefit Illustration Personal Details Health Details Preview ACR Make Payment Document Uploa	d	
Select the option to complete eSignature process © Company based OTP 		
I,Mr.suyash d rajdev hereby give my consent to SBI Life Insurance Company Ltd to use my Mobile Numb consent that the authentication through OTP verification will be considered as my signature on the Propo based authentication is done.SBI Life Insurance Company Ltd has informed me that this OTP would be us Please capture the Company based OTP Self declaration	er for sending One Time Password [OT sal Form and that there is no need for ed only for processing my SBI Life app	TP] for authentication purposes and I hereby agree and rmy physical signatures on these documents once OTP olication form for SBI Life-Sampoorn Cancer Suraksha.
Choose File No file chosen (jpg/png/jpeg/pdf)		
Upload Please Upload Self Declaration Form Your Proposal Number is 2E00507668 (Kindly use this Proposal Number in Customer Declaration Form) OTP will be send on your provided mobile number 5512398555		
Generate OTP Submit		



> 13. Proposal document Synching process

After eSign Process Proposal Documents, ACR, BI, Signature documents would be sync to SBI Life Server.

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Benefit Illustration Personal Details Health Details Preview ACR Make Payment Document Upload Select the option to complete eSignature process Company based OTP I.Mr.suyash d rajdev hereby give my consent to SBI Life Insurance Company Ltd to use my Mobile Number for sending One Time Password (OTP) for authentication purposes and I hereby a consent that the authentication is done.SBI Life Insurance Company Ltd to use my Mobile Number for sending One Time Password (OTP) for authentication purposes and I hereby a consent that the authentication is done.SBI Life Insurance Company Ltd has informed r Data Sync Completed Passing my SBI Life application form for SBI Life-Sampoorn Cancer St Please capture the Company based OTP Self declaration Choose File No file chosen CPF With BI Pdf Sync. Completed (jpg/png/jpg/pdf) Erms and Conditions Pdf Sync Completed ACR Pdf Sync. Completed Vour Proposal Number is 2600507668 (Kindly use this Proposal Number in Cust K Meed Analysis Pdf Sync. Completed Generate OTP 15004 Submit Submit Submit	Home NB Utility Dashboard My Profile Logout RenewalPremium Query/Complaints SUJIT KUMAR GHOSH	SBI Life VIN UL VILLE Parivartan
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Choose File No file chosen (jpg/png/jpeg/pdf) Upload File Uploaded Successfully. Your Proposal Number is 2E00507668 (Kindly use this Proposal Number in Cust OTP will be send on your provided mobile number 5512398555 Generate OTP 15004	pany Ltd to use my Mobile Number for sending One Time Password [OTP] for authentication purposes and I hereby agree and ed as my signature on the Proposal Form and that there is no need for my physical signatures on these documents once OTP ed n Data Sync Completed CPF With BI Pdf Sync. Completed	I,Mr.suyash d rajdev hereby give my consent to SBI Life Insurance Company consent that the authentication through OTP verification will be considered a based authentication is done.SBI Life Insurance Company Ltd has informed m Please capture the Company based OTP Self declaration
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Generate OTP 15004 Submit		
Submit		Generate OTP 15004
	Submit	
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> 14. Proposal Number Generation

Proposal Number will be displayed once proposal documents would be synched to SBI Life server.

> 15.Dashboard

Dashboard is basically to check the status of customer. It will update with customer status in applications. By using dashboard customer can continue its pending status. The user can resume his/her application by simply clicking on the link in the dashboard against his/her quotation no.



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From Date:	To Date:	Search Sea	arch:				
Quotation Number	Proposer Name Proposal Number	Pending Status	Valid Till	Plan Selected	Date of Birth	Proposal Date	Mobile Number
SA3500099013479530102019051044	Ms.M G	Payment Mode	01/12/2019	Shubh Nivesh	30-10-1984	01/11/2019	000000000
SA2D00099013479501112019120741	Mr.nitesh pawar	Esign	01/12/2019	Smart Bachat	01-11-1990	01/11/2019	888888888
SA2F00099013479530102019104349	Ms.Roshani gty	Personal Details	29/11/2019	Poorna Suraksha	30-10-1984	30/10/2019	000000000
SA1N00099013479530102019030742	Mrs.anjali funde	Esign	29/11/2019	Smart Money Back Gold	30-10-1995	30/10/2019	6666666666
SA5300099013479530102019110735	Ms.priti gore	Personal Details	29/11/2019	Smart Elite	30-04-1991	30/10/2019	555555555
SA1K00099013479530102019110349	Mr.rohan shinde	Data Sync	29/11/2019	Smart Wealth Builder	30-10-1985	30/10/2019	1111111111
SA3500099013479524102019111244	Ms.Disha egge	Personal Details	28/11/2019	Shubh Nivesh	24-10-1986	29/10/2019	000000000
SA1K00099013479524102019065304	Mr.Mayur G	ACR	23/11/2019	Smart Wealth Builder	24-10-1984	24/10/2019	000000000
SA5000099013479524102019112134	Mrs.jyoti pawar	ACR	23/11/2019	Saral Maha Anand	24-10-1990	24/10/2019	100000000
SA1K00099013479524102019101848	Mr.Mayur G	Esign	23/11/2019	Smart Wealth Builder	24-10-1984	24/10/2019	000000000
		<u>1 2 3 4</u> 5 <u>6</u>					

16.Utility Screen(New requirements upload screen and Resync Document Facility) Documents which are pending to sync to server can be easily sync through this screen with the help of their quotation number.



	Life RANCE Pariva	irtan	NB Utility Dashboard My Profile Logout
DOCUMENT	UPLOAD		
Select Propo	osal Number		
			VIEW STATUS
Proof of	Document	Browser	
Age	Select Document	Choose File No file chosen	Upload
Identity	Select Document •	Choose File No file chosen	Upload
Address	Select Document •	Choose File No file chosen	Upload
Income	Select Document	Choose File No file chosen	Upload
Bank Proof	Select •	Choose File No file chosen	Upload
Other Docum	ent	Choose File No file chosen	Upload
EFT/Cheque/D	DD Select •	Choose File No file chosen	Upload