दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड
The New India Assurance Co. Ltd.
(पूर्णतः भारत सरकार का स्वामित्वाधीन) / (Wholly Owned by the Government of India)
पंजीकृत एवं प्रधान कार्यालय : न्यू इन्डिया एश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुंबई - 400 001.
Regd. & Head Office : New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001.
Service Tax No.: AAACN4165CST178 / IRDA Registration No : 190 / CIN No : U99999 MH1919 GOI 000526

जारीकर्ता कार्यालय / Issuing Office :

NEW INDIA MEDICLAIM POLICY
PROPOSAL FORM

Agency Details:

Name of the Intermediary	
Intermediary Code	
Mobile Number	
Email ID	

The Company shall not be on risk until the proposal has been accepted by the Company and communications of acceptance has been given to the proposer in writing on full payment of premium.
For persons above 50 years of age or persons below 50 years of age, having Adverse Medical History declared in the proposal form will have to undergo, pre-acceptance health check up at a designated hospital/nursing home. The Divisional Office/Branch Office, in the name of hospital/Nursing home, will give a referral slip for conducting the pre-acceptance health check up. The details of the check up to be done are available with the Divisional Office/Branch Office.
If other family members residing with proposer i.e. spouse, eligible dependent children and dependent parents are required to be covered, complete details of each person should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.
Fresh proposal form is required along with pre acceptance medical checkup, irrespective of age, when there is break in insurance cover.

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.

1. Proposer's Details

Name	
Gender	
Occupation	
Educational qualifications	
Family Monthly Income	
Aadhar card number/Passport No/Pan card No	
Landline / Mobile Number	
Residential Address (Permanent)	
Address for Correspondence	
Email ID	
Name of Family Physician	
Nominee	
Relationship with the nominee	

2. Are you at present or have you been at any other time in the past covered under any other Insurance (PA, Cancer Insurance, Hospitalization Insurance or other Medical Insurance). If so, give particulars of:

S. No.	Content	Details
1.	Name of Insurer	
2.	Insurance Scheme	
3.	Policy No.	
4.	Period of cover	
5.	Claim Amt. Recd./receivable	

3. Any proposal for this Insurance or any other similar insurance refused or cancelled or higher premium charged, either by us or by any other Insurer. If so, give details:

4. **DETAILS OF PERSONS TO BE INSURED:**

S. No	Name of all the persons	Date of Birth	Age	Sex (M/F)	**Relation (*)** with the Proposer	Occupation	Sum Insured selected
1.							
2.							
3.							
4.							
5.							
6.							

(*)Relation as per following table

Self	Spouse	Father
Mother	Son	Daughter

5. Name of the Nominee _____ Relationship _____

6. MEDICAL HISTORY: Please answer the following questions with Yes or No (A dash is not sufficient and give full details **in respect of all the persons to be insured**)

1) Are all the members proposed for insurance in good health and free from physical and Mental disease or infirmity? If no, give details of the illnesses/ diseases for each member. **Select the illness/conditions from the table given below:**

S. No.	Name of the Person	Nature of illness/pre-existing diseases (*)
1.		
2.		
3.		
4.		
5.		
6.		

***Table for selecting Pre-Existing Disease (PED)**

Spinal or Vertebral Disorders	Cataract	Breathing Disorders
Uterine Bleeding	Arthritis and Joint disorders	Gastritis and Duodenitis
Kidney disorders	Headache Syndromes	Hernia
Enlargement of Prostate (BPH, enlargement of prostate)	Thyroid and Other Hormonal Disorders	E.N.T. Disorders
Cholelithiasis	Any Malignancy	Hemorrhoids
Stroke and T.I.A.	Ischaemic Heart Disease	Any Other (Please specify)

2) Have any of the persons proposed for insurance suffered from any illness/disease or had an accident in **the past six years**? If so, give details as under:

Name of the person	Nature of illness/disease/injury & treatment received	Date on which first treatment taken	First treatment completed/is continuing	Name of attending medical practitioner / surgeon with his address & tel. Nos.

Note: This information should be given for each of the persons proposed for insurance, if he/she had suffered from any illness/disease injury, please give details separately.

3) Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurers? If yes, then give details below:

_____

_____

4) Please give details of any knowledge or any positive existence or presence of any ailment, sickness or injury, which may require medical attention? If yes, then give details below:

_____

_____

5) Optional Covers:

Name of the person	Optional Cover -I No Proportionate Deduction (Sum Insured: 2 lakhs and above)	Optional Cover -II Maternity Expenses Benefit (Sum Insured: 5 lakhs and above)	Optional Cover-III Revision in Cataract Limit (Sum Insured : 8 lakhs and above)	Optional Cover - IV Voluntary Co-pay

7) Period of Insurance: From _____ to _____

8) Declaration: I declare that the persons proposed for insurance are my family members and I also declare that

(STRIKE OUT ONE OF THESE TWO STATEMENTS THAT IS NOT APPLICABLE)

i. None of them suffer from any pre-existing conditions — Yes / No

ii. I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought. — Yes / No

1. "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an

application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Signature of Proposer_____

Date : _____ Place : _____

Photographs of Insured Persons:

Proposer	Photo Insured 2	Photo Insured 3
Signature	Signature	Signature

Photo Insured 4	Photo Insured 5	Photo Insured 6
Signature	Signature	Signature

5) Op

Name

7)

8)

Section 41 of Insurance Act, 1938
Prohibition of Rebates

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person take out or renew or continue an insurance in respect or any kind of risk relating to lives or property India, any rebate of the whole or part of the commission payable or any rebate of the premium shown the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate exce such rebate as may be allowed in accordance with the prospectus or table of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fi which may extend to ten lakh rupees.

FOR OFFICE USE ONLY:

S. No	Name of insured person	Date of Birth	Sex M/F	Relation	Occupation	S.I. (Rs.)	Premium
1.							
2.							
3.							
4.							
5.							
6.							
Remarks of Underwriter:					Total:		
					Service Tax		
					Gross Total		

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IRDAI/HLT/NIA/P-H/V.II/330/2016-17

PREMIUM TABLE

Sum Insured (Rs.)	BASIC COVER (Rs. per annum) (Service taxes extra)					
	<35	36-45	46-50	51-55	56-60	61-65	>65
1,00,000	2,708	2,867	4,640	6,924	8,941	11,787	16,836
2,00,000	3,679	3,898	6,428	9,694	12,714	16,907	23,911
3,00,000	4,051	4,294	7,136	10,808	14,272	19,049	26,814
4,00,000	4,659	4,938	8,199	12,410	16,350	21,797	30,754
5,00,000	5,420	5,747	9,532	14,418	18,954	25,243	35,693
6,00,000	5,854	6,208	10,292	15,564	20,439	27,208	38,510
7,00,000	6,288	6,669	11,052	16,709	21,925	29,174	41,327
8,00,000	6,722	7,130	11,812	17,854	23,410	31,139	44,144
10,00,000	7,600	8,062	13,349	20,170	26,414	35,113	49,841
12,00,000	8,263	8,766	14,510	21,919	28,682	38,114	54,142
15,00,000	9,369	9,940	16,445	24,836	32,465	43,120	61,316

Sum Insured (Rs.)	OPTIONAL COVER I : NO PROPORTIONATE DEDUCTION						
	<35	36-45	46-50	51-55	56-60	61-65	>65
2,00,000	1,418	1,506	2,483	3,741	4,852	6,419	9,201
3,00,000	980	1,040	1,715	2,584	3,351	4,434	6,355
4,00,000	875	929	1,531	2,307	2,993	3,960	5,675
5,00,000	770	817	1,348	2,031	2,634	3,485	4,995
6,00,000	729	774	1,276	1,922	2,493	3,298	4,727
7,00,000	687	730	1,203	1,813	2,351	3,111	4,459
8,00,000	646	686	1,131	1,704	2,210	2,924	4,191
10,00,000	662	703	1,159	1,747	2,265	2,997	4,296
12,00,000	644	684	1,127	1,699	2,203	2,915	4,178
15,00,000	458	487	802	1,209	1,568	2,075	2,974

OPTIONAL COVER II : MATERNITY EXPENSES BENEFIT						
5,00,000	6,00,000	7,00,000	8,00,000	10,00,000	12,00,000	15,00,000
5,000	6,000	7,000	8,000	10,000	12,000	15,000

Sum Insured (Rs.)	OPTIONAL COVER III : REVISION IN LIMIT OF CATARACT				
	46-50	51-55	56-60	61-65	>65
8,00,000	444	1,049	2,269	3,645	3,893
10,00,000	555	1,311	2,836	4,556	4,866
12,00,000	666	1,573	3,404	5,467	5,839
15,00,000	832	1,967	4,255	6,834	7,299