



Photographs of Insured persons:

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| Photograph | Photograph | Photograph | Photograph | Photograph |
|------------|------------|------------|------------|------------|

8. Do you wish to have Policy on : Individual basis or Family Floater basis

9. If on family floater basis, choose any one :  
(pl.refer to Prospectus for definition of family. Parents have to be covered under separate policy)  
☐ Self, spouse and children  
☐ Parents

Indicate option:A / B / C / D / E / F / G / H

10 If on Individual basis, indicate option for each individual person

|   |          |   |                               |
|---|----------|---|-------------------------------|
| 1 | Self     | - | A / B / C / D / E / F / G / H |
| 2 | Spouse   | - | A / B / C / D / E / F / G / H |
| 3 | Child -1 | - | A / B / C / D / E / F / G / H |
| 4 |          |   | A / B / C / D / E / F / G / H |
| 5 |          |   | A / B / C / D / E / F / G / H |
| 6 |          |   | A / B / C / D / E / F / G / H |

11. Period of Insurance From To (midnight)

12. Are any of the insured persons at present or have been at any other time in the past covered (Please note that this information is required to decide the coverage of Pre-Existing Disease in this policy. This information may be cross-verified at a later date)

I Under any other Insurance  
Type (Cancer Insurance, Hospitalisation Insurance  
Or other Medical Insurance), If so,

(A) Give particulars of current or expiring policy as well as for the previous four years

| Insurer | Policy No. | Expiry date | Sum Insured (RS.) | Pre existing Diseases, if any | TPA |
|---------|------------|-------------|-------------------|-------------------------------|-----|
|         |            |             |                   |                               |     |
|         |            |             |                   |                               |     |
|         |            |             |                   |                               |     |

Date of first coverage which has since been renewed continuously without break or within grace period ----

II **Under any Medical expenses Reimbursement Scheme :** YES/NO  
(IMP : A brief note giving details of the Scheme will help in better evaluation of your proposal).

Please furnish the following - (strike off wherever not applicable)

- a. Scheme Provided by : Employer / Others  
Name of the Employer :  
Others :
- b. Persons covered : All those who are proposed for coverage under this policy  
or  
only some persons.
- c. Expenses reimbursed : Any Hospitalisation / Only Specified Diseases
- d. Amounts :

| Names of the persons covered under the Scheme | Eligible Reimbursement amount | Remarks |
|-----------------------------------------------|-------------------------------|---------|
|                                               |                               |         |
|                                               |                               |         |

13 Claim amounts received/receivable in preceding five years including expiring policy/Reimbursement Scheme. In case of persons not covered under any Policy or Scheme, the details of hospitalisation for the last five years may be provided -

| <u>Name of the Insurer / Reimbursement Provider</u> | <u>Policy No./ Scheme Name</u> | <u>Period of Hospitali sation</u> | <u>Illness</u> | <u>Claimed amount</u> | <u>Amount settled/pend ing for settlement</u> | <u>TPA, if applicable</u> |
|-----------------------------------------------------|--------------------------------|-----------------------------------|----------------|-----------------------|-----------------------------------------------|---------------------------|
|                                                     |                                |                                   |                |                       |                                               |                           |
|                                                     |                                |                                   |                |                       |                                               |                           |
|                                                     |                                |                                   |                |                       |                                               |                           |
|                                                     |                                |                                   |                |                       |                                               |                           |
|                                                     |                                |                                   |                |                       |                                               |                           |

14. Has any Proposal for this Insurance or any other health insurance been refused Or cancelled or higher premium charged. If so give details:

15.1 Are all the insured persons are in good health and free from Physical and mental diseases or infirmity Or medical complaints?

15.2 If not in good health give full details

| S.N.           | Name of the insured persons | Nature of illness / disease injury and treatment received | First diagnosed | Name of attending medical practitioner, surgeon with his address and Telephone No. | Treatme nt taken | Whether fully cured |
|----------------|-----------------------------|-----------------------------------------------------------|-----------------|------------------------------------------------------------------------------------|------------------|---------------------|
| 1.<br>2.<br>3. |                             |                                                           |                 |                                                                                    |                  |                     |

16 Are there any additional facts affecting the proposed insurance which should be disclosed to Insurers ? -----

17. 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.

1.I/We 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 anytime 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 personal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

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

Signature ----- Date ----- / ----- / -----

Place: -----

PLACE:

DATE: Signature of the proposer

**Section 41 OF INSURANCE ACT 1938**

**➤ PROHIBITION OF REBATES <**

4. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or a part of commission payable or any rebates of the premium- shown on the policy nor shall any person taking out or renewing continuing a policy except any rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
5. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.