

18. OPTIONAL COVERS (Please select)

- Hospital Cash Daily Allowance: Sum Insured: ₹ 1500 for each 24 hrs hospitalization, for a maximum of 30 days during the policy period
- Critical Illness Cover: Sum Insured: ₹ 100000
- Personal Accident Cover : Sum Insured: ₹ 500000

Sr No	Name	Hospital Cash Daily Allowance (Yes/ No)	Critical Illness Cover (Yes/ No)	Personal Accident Cover (Yes/ No)

19. Details of other Insurance, existing health policy / concurrent health policy like Surgical Benefit, Critical Illness or any other medical insurance policy (Please attach a photocopy):

Policy No	Name and address of Insurance Co.	Sum Insured (₹)	Period of Insurance		No Claim Bonus%	Claims Received / Receivable (₹)	Claimed for (Nature of Problems)
			From dd/mm/yy	To dd/mm/yy			

20. Has any of the persons to be insured suffer from / or investigated for any of the following:

Disorder of Heart, or Circulatory system, Chest pain, High blood pressure, Stroke, Asthma any Respiratory conditions, Cancer/ Tumor/ Lump of any kind, Diabetes, Hepatitis, Disorder of Urinary tract or Kidneys, Blood disorder, any Psychiatric conditions, any disease of Brain or Nervous system, Fits (Epilepsy), Slipped disc, Back ache, any Congenital / Birth defects, Urinary diseases, AIDS or positive HIV: Yes / No If yes, indicate in the table given below.

21. Illness / injury details of the past 4 years and prior to 4 years:

Sr No	Name	Name of the illness/ injury suffered /suffering from past 4 yrs	Treatment details	Date first treated	Name of the illness / Injury suffered / suffering in the past (prior to 4 yrs)	Treatment details	Date first treated

22. Has any proposal for life, critical illness or health related insurance on your life ever been postponed, declined or accepted on special terms? Yes / No If yes, give details. _____

23. Proposed Policy Period: From

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 To

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24. Do you want to avail Good Health Discount*? Yes / No If yes please submit the below mentioned reports along with proposal form

*5% discount will be provided If, along with the proposal form, specified reports (viz. FMR, Abdominal - Pelvic Scan, Ophthalmic Consultation, ECG, Chest X Ray and FBS/PPBSL) which are not older than 30 days from the date of applying for the policy, are submitted for members aged up to 45 years and if all the health parameters are normal under such reports mentioned here .

DECLARATION

- 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.
- 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.
- 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.
- 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.
- 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.

Date:

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Signature of Proposer

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

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 part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

PORTABILITY FORM

PART I

- 1) Name of the Policyholder / insured (s) _____
- 2) Date of Birth / Age _____
- 3) Address of policyholder / insured _____
- 4) Details of existing insurer
 - i. Name of the product _____
 - ii. Sum Insured _____
 - iii. Cumulative Bonus _____
 - iv. Add ons/Riders taken _____
 - v. Policy Number _____
- 5) Details of the proposed insurance
 - i. Name of the product proposed/intended to take _____
 - ii. Sum insured proposed _____
 - iii. Whether Cumulative Bonus to be converted to an enhanced sum insured _____
- 6) Reason (s) of portability _____
- 7) No of family member to be included in the policy to be ported _____
Enclosure: Photocopy of the existing policy documents

Date:

D	D	M	M	Y	Y	Y	Y
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Signature

PART II

1. Whether the PED exclusions / time bound exclusion have longer exclusion period than existing policy Yes / No
(Please indicate Yes /No)
2. If yes , please give written consent to the declaration below:

"I am aware that the waiting period for the following disease (s)/ treatment (s) isdays/years more than the previous policy terms, I hereby agree to observe the additional waiting period for the following diseases (s)/ treatments (s)"

Date:

D	D	M	M	Y	Y	Y	Y
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Signature