



## E. SUM INSURED AND DEDUCTIBLE DETAILS:

## IMPERIAL PLAN SUM INSURED OPTIONS (Please tick the required Sum Insured)

Member Name	Domestic SI- INR 3,750,000 International SI- USD 100,000	Domestic SI- INR 5,600,000 International SI- USD 150,000	Domestic SI- INR 7,500,000 International SI- USD 200,000

## IMPERIAL PLUS SUM INSURED OPTIONS (Please tick the required Sum Insured)

Member Name	Domestic SI- INR 11,200,000 International SI- USD 300,000	Domestic SI- INR 18,750,000 International SI- USD 500,000	Domestic SI- INR 37,500,000 International SI- USD 1,000,000

Please select deductible option (deductible is applicable only for International Cover)  No deductible  USD 500  USD 1000

## F. MEDICAL DECLARATION:

- Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption? \_\_\_\_\_
- Has any proposal for life, critical illness or health related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details \_\_\_\_\_
- Have you or any of the members proposed to be insured ever had or been told to have or been treated for:
  - epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental (Psychiatry and psychotherapy) disorders?  YES  NO
  - diabetes, thyroid disorders or any other endocrine disorders?  YES  NO
  - ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?  YES  NO
  - asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?  YES  NO
  - raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?  YES  NO
  - gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?  YES  NO
  - jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?  YES  NO
  - blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?  YES  NO
  - slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?  YES  NO
  - cancer, tumours, cysts or growths of any kind?  YES  NO
  - anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?  YES  NO
  - any other illness, disorder, operation, physical disability or accident not mentioned above? \_\_\_\_\_
- Have any of your immediate family members (father, mother, brother or sister) have/ had diabetes, hypertension, cancer, heart attack, or stroke and at What age? If yes, was it before age 60 years or after 60 years?

Member Name	Relationship with Proposer	Disease Name	At what Age illness suffered

5. Do you or any of the family members to be covered have/had any health complaints/met with any accident and have been taking treatment, regular medication (self/ prescribed) or planned for any treatment / surgery / hospitalization?  YES  NO  
 (Please provide details in the table given below)

If the reply is YES for question 3 and 5 please share details in below table

Member Name	Name of the Illness/injury suffered /suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury	Vaccinated against COVID-19? (YES/NO)

6. Have you or any of the persons proposed to be insured were/are detected as Covid positive?  YES  NO  
 (If Yes, Give Date of Detection and Treatment Details) \_\_\_\_\_

G. Payment Details:  Cash  Cheque  DD  Credit Card  Debit Card  NEFT

Amount	Transaction No.	Transaction Date	Bank Name	Branch

**Declaration\***

- I 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 am authorised 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place : \_\_\_\_\_

\_\_\_\_\_

Signature/ Thumb Impression of the Proposer

\*\*Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer in the language known to him and that he/they have fully understood the significance of the proposed contract\*\*

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place: \_\_\_\_\_

\*Please read declaration wordings carefully before signing the proposal form.

\*\*This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

\_\_\_\_\_

Signature (On behalf of Proposer)

**Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (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 default in complying with the provisions of this section shall be punishable with fine which may extend to rupees ten lakh.

**ACKNOWLEDGEMENT:**

Received from Ms. / Mrs. / Mr: \_\_\_\_\_ through Cash# / Cheque / DD / Credit Card / Debit Card No. \_\_\_\_\_ against your proposal for Health Policy.

Signature of Bajaj Allianz Official/ Intermediary: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Bajaj Allianz Official / Intermediary Name: \_\_\_\_\_

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion