Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. Reg No.: 113.
CIN: U66010PN2000PLC015329 I UIN - IRDA/NL-HLT/BAGI/P-H/V.I/424/13-14
For more details, log on to : **www.bajajallianz.com**
or call at : Sales - **1800 209 0144** /
Service - **1800 209 5858** (Toll Free No.)

Caringly yours

BAJAJ | Allianz

For Office Use Only:

Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

IMD Code	IMD Name

MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY PROPOSAL FORM

Instructions for filling up the form

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted

Proposer Details

1. Name of the Proposer/Group Administrator/ Policy holder (in full)

2. PAN/TAN no. 3. UID/Aadhaar no

4. Address

State Pin Code

E mail ID_____

5. Description of the Proposer's Business

6. Please mention detail of the Group/ Association/ Institution/ Corporate Body whose members are being covered under the Policy?

7. Please state whether all eligible members of the Group/ Association/ Institution/ Corporate Body are proposed for Insurance? ☐ Yes ☐ No

8. Please mention the Total number of persons to be covered: _____
(Please attach the list of persons to be covered as per the format attached)

9. Have you provided complete details of members in Annexure I? ☐ Yes ☐ No

10. Proposed Policy Period: From ___/ ___/ _____ To ___/ ___/ _____
(Long term policy of 1/2/3/4/5 year will be provided only to loan borrowers insured by financial institutes/ Banks)

11. Plan opted ☐ Plan I Micro Care ☐ Plan II Micro Care Plus

12. Optional Covers

I. Hospital cash ☐ Yes ☐ No

Annexure I

LIST OF PERSONS PROPOSED FOR INSURANCE

Sr. No.	Name of the Employee/ Member	Emp. code (if applicable)	Names of Employee's / Member's family members to be covered	Relationship of the dependent members to the Employee / Member	DOB (DD-MM-YYYY)	Gender	Details of the Plan opted (Micro Care/Micro Care Plus)	Optional Cover Hospital cash (Yes/No)	Nominee	Nominee Relationship with Insured
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

Sr. No.	Name of the Employee/ Member	Emp. code (if app-licable)	Names of Employee's / Member's family members to be covered	Relationship of the dependent members to the Employee / Member	DOB (DD-MM-YYYY)	Gender	Details of the Plan opted (Micro Care/Micro Care Plus)	Optional Cover Hospital cash (Yes/No)	Nominee	Nominee Relationship with Insured
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13										
14										
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1. Please attach additional sheets, if space not sufficient to complete details.
2. Names of the family members to be covered should be mentioned immediately after the name of each employee/ Member

Payment Details

Mode of Payment: ☐ Cheque ☐ DD ☐ Cash ☐ Others

Cheque - Given by: ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Employer/Employee ☐ Financier

GoGreen **To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.** ☐

DECLARATION

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/We 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 purpose of underwriting the proposal and/or claim settlement.

Date: _____

Place: _____

Thumb impression /Signature of the Proposer

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

Date: _____

Place: _____

Signature (On behalf of Proposer)

*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.

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.