



**21. . Plan and Sum Insured Details**

Member Name	In-Patient Hospitalisation Sum Insured

22. Change in Room rent options:  General Ward  Twin Sharing  1% of SI max up to 5000  1.5% of SI max 7500  2% of SI max up to 7500  Default

(Note : The Base Plan will have Single Pvt AC Room by Default for SI 3 lacs to 10 lacs and for SI above 10 lacs only Actuals will be applicable, Option selected by proposer will be applicable to all dependent members)

23. Pre-hospitalization Medical Expenses :  30  90  180  240 (Days)  Default

(Note: The Base Plan will have 60 days by Default , 240 days will be applicable only for SI above 50 lacs, Option selected by proposer will be applicable to all dependent members)

24. Post-hospitalization Medical Expenses :  30  60  180  240 (Days)  Default

(Note: The Base Plan will have 90 days by Default , 240 days will be applicable only for SI above 50 lacs, Option selected by proposer will be applicable to all dependent members)

25. Waiting period (pre-existing disease):  12 months  24 months  Default

(Note: The Base Plan will have 36 months by Default , Option selected by proposer will be applicable to all dependent members)

26. Waiting period (specific disease):  12 months  24 months

(Note: The Base Plan will have 24 months by Default , Option selected by proposer will be applicable to all dependent)

27. Major Illness and Accident Multiplier:  Yes  No

(Note : Optional cover opted by proposer will be applicable to all members)

28. International Cover (Emergency Care only):  Yes  No

(Note : Optional cover opted by proposer will be applicable to all members)

29. Loss of income (without infection) ( applicable only for Self, Spouse and dependent Parents for individual policy & Self and Spouse for floater policy)

Name of Insured	Relation with proposer	Yes / No
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Note : If dependent members are opting this cover, then it is mandatory for the proposer to opt this cover)

30. Fitness Discount

Please share the details of the marathon run in the table below

	Name of Marathon	Date (within 12 months)	No. of Kilometer run
Member 1			
Member 2			
Member 3			
Member 4			
Member 5			

31. Do you have Motor, Health, Home, Cyber and Pet Insurance with a premium more than INR 2500.

If yes please provide the details in below table

	Policy number	Policy period	LOB
Member 1			
Member 2			
Member 3			
Member 4			
Member 5			

32. Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption? \_\_\_\_\_

33. 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 \_\_\_\_\_

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

Disorder of the 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 mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy), vertebral column disorder/s, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV.  Yes  No

35. Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and prior to 4 years and have been taking treatment, regular medication (self/ prescribed) or planned for any treatment / surgery / hospitalization? (Please provide details in the table given below)

If the reply is YES for question 33 and 34, 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

36. 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

37. Payment Details:  Cash  Cheque  DD  Credit Card  Debit Card

Amount	Transaction No.	Transaction Date	Bank Name	Branch

**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 Individual Policy/floater Policy, and the proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after Company's full receipt and realization 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 Insured Person(s) to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. Upon renewal of Policy, I/We agree to abide by the standard Terms and Conditions, unless otherwise mentioned by the Company in renewal Policy Schedule or attachments thereto.

I/ We declare and consent to the company seeking medical information from any doctor or from a hospital/institution who at anytime has attended on the Proposer/Insured Person to be insured 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 reinsurer, 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 \_\_\_\_\_

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 or if the Prospect/Propose is not knowing English

**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 or continuing 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 liable for a penalty which may extend to ten lakh rupees.

**ACKNOWLEDGEMENT:**

Received from Ms. / Mrs. / Mr: \_\_\_\_\_ sum of Rs. \_\_\_\_\_ 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