Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
CIN: U66010PN2000PLC015329 | UIN: BAJHLAP21586V012021 / BAJHLA21577V012021
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

Unique Reference Number: BAGIC/ Health/ Individual/ 010

For Office Use Only :			**For Agent Use Only :**					
Scrutiny No.	Receipt No.	Policy No.	Loan Account Number	Emp/LG Code	IMD Code	Sub IMD Code	IMD Name	Mobile No.

ADDITION OF NON-MEDICAL EXPENSES COVER (RIDER) AND WAIVER OF ROOM CAPPING : PROPOSAL FORM

1. Please answer all questions in BLOCK letters & attach the renewal notice along with this form.
2. The Liability of the Company does not commence until this form has been accepted by the Company and premium has been paid.
3. This form 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.

Please note:

- Non-medical expenses cover can be opted with any of the below product with Base Sum Insured 5 Lac and above
- Waiver of Room Capping can be opted with Health Guard Policy only with Base Sum Insured 5 Lac and 7.5 Lac

Existing Policy/icies:

☐ Health Guard ☐ Health Ensure ☐ Health Care Supreme ☐ Extra Care Plus ☐ Extra Care ☐ Silver Health ☐ Star Package

Existing Policy Number(s):

Policy No. 1

Policy No. 2

Policy No. 3

Proposer Details

1. Full Name: Title First Name

Middle Name Surname

Is your name mentioned above as per your Aadhaar Card? : ☐ YES ☐ NO

If No, Please mention the Name as per Aadhaar Card

2. Mobile Tel.

Email @

Member Wise details:

Member Name	Relationship with Proposer	Non-medical Expenses cover opted* (Yes/No)	Waiver of Room Capping** (Yes/No)	Any Pre-existing disease/disability (Yes/No)

*Non-medical expenses cover is applicable for Sum Insured 5 Lacs and above

**Waiver of Room Capping is applicable only to Health Guard Policy with Sum Insured 5 Lac and 7.5 Lac

NOTE: If opted, these will be applicable for all family members falling in the above Sum Insured eligibility criteria

Please provide details in the below table if you have any existing disease/disability

Member Name	Please specify the illness details with symptoms	Treatment details with treating Doctor details	Date first treated	Current Status of the Illness/ Diseases/Injury

Place:

Date:

Signature of Proposer