Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP21182V022021
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 :			**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.

Family Health Care: 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 the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

1. Name of the Proposer (in full)

2. PAN/TAN no.

3. Address

State

Pin Code

E mail ID

4. Description of the Proposer's Business

5. Please mention detail of the Bank/ Financial Institution / Group whose members are being covered under the Policy?

6. Plan Opted ☐ **Silver** ☐ **Gold**
7. Do you want policies with Pre Policy Medical Checkup Post Age 45 Years? ☐ **YES /** ☐ **NO**
8. Please state whether all eligible members of the Bank/ Financial Institution / Group are proposed for Insurance? ☐ **YES /** ☐ **NO**
9. Please mention the Total number of persons to be covered:_____
   (Please attach the list of persons to be covered as per the format attached)
10. Have you provided complete details of members in Annexure I? ☐ **YES /** ☐ **NO**

Annexure I

LIST OF PERSONS PROPOSED FOR INSURANCE

Sr. No.	Name of the Insured	Employee Code/ Account No (if Applicable)	Relationship of the dependent members to the Employee/ Member	Date of Birth (DD-MM-YYYY)	Gender	Height (cms)	Weight (kgs)	Sum Insured (Floater)	Nominee	Nominee Relationship with Insured	Pre- Existing Disease (if any
1											
2											
3											
4											

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5											
6											
7											
8											
9											
10											
11											

Please attach additional sheets, if space not sufficient to complete details.

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

_____

12) 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 _____

13) 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) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV. ☐ YES ☐ NO

14) 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)

☐ YES ☐ NO

If the reply is YES for question 22 and 23 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

15) 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? ☐ YES ☐ NO

If yes, was it before age 60 years or after 60 years?

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

16) Payment Details ☐ Cash ☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card

Amount	Transaction No.		Bank Name	Branch

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 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.
2. 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.
3. 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.
4. 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.
5. 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 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.

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