

b) Please encircle the cover to be opted

Section	Products	Plan A	Plan B	Plan C	Plan D
1	Hospital Cash	500	1000	2000	2500
2	Critical Illness	100000	150000	200000	300000
3	Personal Accident	200000	300000	400000	500000
4	Education Grant	200000	300000	400000	500000
5	Householders contents	100000	200000	300000	400000
6	Traveling Baggage	10000	20000	30000	40000
7	Public liability	200000	300000	400000	500000

c) Total no of sections opted for _____

d) Critical Illness: Please indicate if you want option for family floater Yes No
 Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children
 Self + Spouse + 3 Children Self + Spouse + 4 Children

e) Householders contents (First Loss) Fire perils including earthquake and burglary. Any valuable with value more than 5% of SI under this section to be specifically declared along with value with value otherwise will be excluded . _____

18) Details of the persons to be insured

Member Details	Relationship with Proposer	DOB (dd/mm/yy)	Age	Gender (M/F)	Ht	Wt	Occupation	Net Monthly Income	Nominee	Nominee Relationship with Insured

19) Period of Insurance: From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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20) Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption? Yes No

21) 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? Yes No
 If yes, give details _____

22) Have you or any of the persons proposed to be insured were/are detected as Covid positive? Yes No

23) 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

24) 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? Yes No

If the reply is YES for question 21 to 24, please share details in below table

Name of the person	Name of the Illness /injury suffered / suffering in the past 4 years	Treatment details	Date first treated	Current Status of the Illness/ Diseases/Injury	Vaccinated against COVID-19? (Yes/No)

24) 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

25) Payment Mode Full Payment Installment Payment

If Installment Payment Mode is opted, please provide below details:

Monthly Quarterly Half Yearly Annual

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 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.



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.

ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mr: _____ through Cash# / Cheque / DD / Credit Card / Debit Card No. _____ against your proposal for Health Policy.
sum of Rs. _____
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