

12. Please confirm if you wish to opt for any of waiver: Waiver for Pre- Existing Illness and Injury Cover Waiver of Sub-limits

13. Details of Persons to be insured : Kindly give the details of passengers in below table.

Sr. No	Name of Insured/ Family member	Date of Birth	Gender	Passport No.	Medical Declaration (if any)	Nominee
1	<<Member 1>>					
2	<<Member 2>>					
3	<<Member 3>>					
4	<<Member 4>>					

14. Detailed Medical History

Questions	Insured 1	Insured 2	Insured 3	Insured 4
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, any genetic disorder, AIDS or positive HIV				
Alcohol/ smoke/ consume tobacco				
Recreational Drug Use				

Additional information to be completed by the student (Only for Student plan)

Name Of the Student: _____

Date of Birth : _____ Name of the School Overseas: _____

Detailed Address of the School/Telephone no: _____

Course Opted for : _____ Duration of the Course : _____

Number of Semesters : _____ Tuition Fees Per Semester: _____

- Tutions financed by (Self, parents, borrowing from bank or FI's), please give details _____
- Have you undergone medical examination/fitness test? _____
- Would like to state anything that is not asked which you may want the insurer to know? _____

Payment Details: Cash / Cheque

Amount	Cheque No.	Cheque Date	Bank/Name	Branch

Declaration & warranty on Behalf of all Persons Proposed to be insured

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 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