

General Insurance

Proposal Form for Group Mediclaim

The policy does not commence until the proposal is accepted by the Company and full premium is received.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name	<input type="text"/>	Code	<input type="text"/>
Branch Name	<input type="text"/>	Code	<input type="text"/>
Sales Manager Name	<input type="text"/>	Code	<input type="text"/>

Proposer's Details

- Name of the Proposer M/s
- Customer ID
- Address for Communication
Flat Building
Road/Street/Sector
Area
Taluka/Village/District/City Pin Code
State Country
Phone Mobile
Email Fax
- UID Aadhaar No. 5. PAN No.:
- Source of Funds Business Profession Salary Agricultural Income Savings Others
- Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1 Lakh ₹ 1 Lakh and above.
- Name of Contact Person
Phone Email
- Business of the Proposer
- Whether all eligible employees/members of group/association/institution/Corporate Body are proposed for insurance Yes No
- Is this insurance is taken first time? Yes No
If no, Please mention no of renewal year
- What are the other extensions / benefits required (please specify the limits required)
 - Coverage of Pre-existing diseases Yes No Specify the limits
 - Waiver of first year exclusions Yes No Specify the limits
 - Waiver of 30 day waiting period Yes No Specify the limits
 - Basis of SI Coverage Required Floater Individual Specify the limits
 - No of lives to be covered under Floater No. of Main Members + No. of Dependent = Total Lives
 - Relationships to be covered Self Spouse Dependent Children Dependent Parents Others
 - Maternity Extension benefit Yes No
in case of yes please specify limits required Normal Specify the limits C Section Specify the limits
 - Waiver of 9 months waiting period for Maternity benefit Yes No Specify the limits
 - Removal of Domiciliary Hospitalisation Benefit Yes No Specify the limits
- Policy period Inception Date Expiry Date

14. Details of persons proposed for insurance (Please attach a separate list in the following format)

Sr. No	Name of the main member/ Names of family members	ID No. (for main members)	Date of Birth	Date of Joining of main member	Relationship with the main member	Gender	Sum Insured

An ISO 9001:2008 Certified Company

Previous Insurance Details

15. The terms proposed are same as per your existing policy? Yes No
if yes please provide expiring policy copy along with this proposal form and provide policy no _____
If no, please list out the additional coverages :

16. Details of previous / expiring insurance policy for last 3 years?
- | | 1st Year | 2nd Year | 3rd Year |
|---|----------|----------|----------|
| No of lives covered at inception | _____ | _____ | _____ |
| No. of lives at expiry | _____ | _____ | _____ |
| Incurred Claims Paid + O/s (Count & Amount) | _____ | _____ | _____ |
| Premium before service tax | _____ | _____ | _____ |
| Name of the insurance company | _____ | _____ | _____ |
| Name of the TPA | _____ | _____ | _____ |

Payment Details

- Cheque DD
Cheque or DD Amount _____ /- Amount in words (_____)
Name of the Bank _____
Cheque/DD No. _____ Cheque/DD Date d | d | m | m | y | y | y | y |
PAN No. _____

Proposer's Bank Details

17. Name of the Bank Account Holder Mr. Mrs. Ms. F | I | R | S | T | M | I | D | D | L | E | L | A | S | I | T |
18. Bank Account No.: _____ 19. Account: Saving Current
20. Name of the Bank _____
21. Branch _____
22. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
23. IFSC Code (11 character code appearing on your cheque leaf) _____

I Wish: Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Declaration and undertaking by the Proposer

- We have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- We understand that the information provided by us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- We further declare that we 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.
- We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured / proposer 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.
- We authorize the company to share information pertaining to our proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. We hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by us or anyone acting on our behalf.
- We hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- We consent to provide a valid age proof and identity proof of insured or insured person/beneficiary covered under the policy at the time of claims or any other time when required by the Company.
- We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- We hereby declare and warrant on our behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by us in this proposal form 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.

Place: _____

Date: d | d | m | m | y | y | y | y |

Signature of Proposer & Seal of Company

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

- 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 prospectuses 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.