SBI General Insurance Company Limited
IRDA Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | UIN: IRDA/NL-HLT/SBIGI/P-H/V.1/39/13-14

SBI General INSURANCE

GROUP HEALTH INSURANCE POLICY - Proposal Form

Call (Toll Free)
1800 22 1111 | 1800 102 1111
www.sbigeneral.in

Master Policy No. for **SBI**: 95000-0000-00 | **SBM**: 143700-0000-00 | **SBH**: 143703-0000-00
SBP: 143706-0000-00 | **SBBJ**: 143709-0000-00 | **SBT**: 143712-0000-00

- **Persons suffering from AIDS or HIV infection and Cancer will not be covered**
- **Dependent children will be covered up to 18 years of age**
- **Pre-existing diseases would be covered after 4 policy years provided the policy has been renewed without a break**

GUIDELINES FOR COMPLETION OF THE FORM: (1) Please answer all the questions fully and accurately. Where any question does not apply, please mention clearly that the same is not applicable. (2) Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. (3) The policy would be voidable at the option of SBI General Insurance, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on Proposer's behalf. **(4) Irrespective of the number of accounts the Insured has with SBI or any Associate Bank of SBI, he/she is allowed to take only one policy. Multiple policies for the same Insured are disallowed. (5) Even if multiple policies are taken through one or more than one account with SBI or any Associate Bank of SBI for any reason, our liability will be restricted to only one Policy with the highest Sum Insured. All other policies shall be deemed as null and void. Premium paid for all such policies by Insured will be refunded after deduction of administrative expenses of Rs.150. (6) In case of a Joint account, two separate policies may be issued in case both the account holders opt for respective Individual policies. However, only one policy will be allowed if Family Floater option is opted which can be extended to the family of any one of the joint account holder as per family definition.** (7) The premium at the time of the renewal of the policy would be the applicable premium at the date of renewal and as approved by IRDA. However, renewal will be subject to the Account of the Insured with SBI or any Associate Bank of SBI being still live and operational. (8) Kindly contact SBI GENERAL's Offices or Agents for any doubts or clarifications on the proposal form. (9) Period of Insurance shall be 1 year from the date of transaction.

PRIMARY INSURED DETAILS (*Mandatory Fields)

1.*Bank Account No.

2.*Primary Insured Name (FIRSTNAME MIDDLENAME SURNAME)

3.*Communication Address

Pin Code

4. Tel. Details: Contact No. 5. Mobile No.

6. E-Mail ID 7. Total no. of persons to be covered

8. Preferred Contact Mode ☐ Email ☐ Paper Mail ☐ Phone (Please Tick ✓)

Details	Primary Insured	Spouse	Child 1	Child 2
Name*				
Existing SBI General Insurance Customer? If Yes, Member ID				
Gender: M/F*				
Age*				
Date of Birth (DD/MM/YYYY)*				
Height (in Cm)				
Weight (in Kg)				
Occupation				
Annual Income				

* Mandatory

DETAILS OF COVERAGE SOUGHT

Note: By Family we mean You, Your Legal Spouse, Legal & Dependent Children. (Primary Insured & Spouse aged 18 to 65 years; Dependent Children aged 3 months to 18 years)

Product Type	Plan Opted	Sum Insured Option
☐ Individual	☐ Self Only (1A)	☐ 100000 ☐ 200000 ☐ 300000 ☐ 400000 ☐ 500000
☐ Family Floater	☐ 2A ☐ 2A+1C ☐ 2A+2C ☐ 1A+1C ☐ 1A+2C	☐ 100000 ☐ 200000 ☐ 300000 ☐ 400000 ☐ 500000

☐ **I authorise renewal of this cover by direct debit of premium to my account as long as the terms and conditions and the premium payable remain unchanged. I understand that this authorisation can be revoked by me at my will by contacting your office personally or by calling your Toll Free number or by writing a mail to your Customer Care email id.** Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. Further, the SBI/Associate Banks shall not be held liable for non-renewal of the policy for not debiting the account of the insured for whatsoever reason.

OTHER / CURRENT HEALTH INSURANCE INFORMATION

IMPORTANT NOTE: Please provide details of any Health Insurance cover that you hold with SBI General Insurance Company Ltd. or any other Insurance Company. Please note that the information provided hereunder has a bearing on the admissibility of the claim, if any under the policy proposed and hence request you to provide complete and exact information:

Sr. No.	Details	Primary Insured	Spouse	Child 1	Child 2
1.	Do you hold any other Health Insurance Cover?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.	If Yes, with whom? (Insurance Company Name)				
3.	Type of Policy / Product				
4.	Insured since?				
5.	Period of Insurance (From: dd.mm.yyyy To: dd.mm.yyyy)				
6.	Sum Insured				

Version 1.5, May 2015 | Print_Form/HGIND01/May 2015_1

ACKNOWLDEGEMENT SLIP (Tear Off):

This is to certify that the amount of Rs. _____ will be debited from the Bank Account No. _____ of Mr./Ms./Mrs._____ towards premium for SBI General's Group Health Insurance Policy.

Signed at:_____ Journal No.:_____

Signature: _____ Journal Date: D D M M Y Y Y Y

Authorized Signatory for SBI/SBM/SBH/SBP/SBBJ/SBT

Sr. No.	Details	Primary Insured	Spouse	Child 1	Child 2
7.	Special Condition or Exclusion (if any) If Yes, please provide details for the same.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8.	Have you made any Claim in the policy? If Yes, please provide reason for claim and claimed amount	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

PERSONAL HEALTH DETAILS (To be filled by all the members under the policy or proposed to be covered under the policy)

Sr.No.	Details	Primary Insured	Spouse	Child 1	Child 2
1.	Do you smoke cigarettes or consume tobacco (chewing paste)/alcohol in any form?	☐ Cigarette ☐ Tobacco ☐ Alcohol ☐ None	☐ Cigarette ☐ Tobacco ☐ Alcohol ☐ None	☐ Cigarette ☐ Tobacco ☐ Alcohol ☐ None	☐ Cigarette ☐ Tobacco ☐ Alcohol ☐ None
2.	Has any of the persons to be insured suffer from/or investigated for any of the following?	☐ Hypertension ☐ Diabetes ☐ Asthma ☐ Stroke ☐ Hepatitis ☐ **Cancer** ☐ **AIDS or Positive HIV**	☐ Hypertension ☐ Diabetes ☐ Asthma ☐ Stroke ☐ Hepatitis ☐ **Cancer** ☐ **AIDS or Positive HIV**	☐ Hypertension ☐ Diabetes ☐ Asthma ☐ Stroke ☐ Hepatitis ☐ **Cancer** ☐ **AIDS or Positive HIV**	☐ Hypertension ☐ Diabetes ☐ Asthma ☐ Stroke ☐ Hepatitis ☐ **Cancer** ☐ **AIDS or Positive HIV**
3.	Do you or any of the family members to be covered have/had any health complaints/met with any accident & have been taking treatment/hospitalization? Please provide details in the Annexure.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

☐ I have received FAQ document and have read it.

DECLARATION BY PRIMARY INSURED

I hereby declare that the statements made by me in this Proposal Form are true to the best of my knowledge and belief and complete in all respects. I agree that this proposal and the declarations shall be the basis of the contract between me and SBI General Insurance Co. Ltd. and I agree to accept the cover in the usual form of policy prescribed by SBI General Insurance Co. Ltd. and to pay premium/authorize SBI & its Associate Banks to debit to my account. I also declare that any changes in the information given above after the submission of this Proposal Form would be conveyed to you immediately. I/We hereby agree that in case of any facts being concealed / misrepresented in the above given proposal form, the benefits under this Policy would be voidable and all claims or payments due under it shall be lost and the premium paid shall be forfeited.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Date: D D M M Y Y Y Y Place: ____________ Signature of the Primary Insured ____________

NOMINATION (*Mandatory)

I ____________ do hereby nominate Mr/Mrs/Ms____________as the person & Mr/Mrs/Ms ____________ as Guardian of the Nominee (in case nominee is a minor) authorised to receive the amount payable by SBI General Insurance Co. Ltd. in the event of my death and He/She (Nominee) is related to me as ____________ (Relation to the Insured) and I further declare that his/her receipt shall be sufficient discharge to the Company. Dated this ____________ Day of ____________ 20______ at ____________

Address of the Nominee / Guardian: ____________

Date: D D M M Y Y Y Y Place: ____________

Name of the Primary Insured: ____________ Signature of the Primary Insured

SECTION 41 OF INSURANCE ACT, 1938

No person shall 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 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 RUPEES TEN LAKHS.

DECLARATION (If signed in Vernacular language / If you have affixed thumb impression above)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language.

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company)

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) ____________ (Relation with the Proposer/Primary insured) ____________ adult and inhabitant of (city) ____________ and residing at ____________ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Date: D D M M Y Y Y Y Place: ____________ Signature of the Witness Signature/Thumb impression of the Proposer/Primary Insured

PREMIUM PAYMENT DETAILS

Journal Entry No.: ____________ Journal Entry Date: ____________ Bank A/C No.: ____________

Premium Amount in figures (including ST as applicable) ____________ Amount in Words: ____________

SBI/SBM/SBH/SBP/SBBJ/SBT Bank Branch: ____________ Branch Office Code: ____________

Signed at: ____________ Signature: ____________ Authorized Signatory for SBI/SBM/SBH/SBP/SBBJ/SBT ____________

ACKNOWLDEGEMENT SLIP (Tear Off):

Note: (1) You shall receive the Certificate of Insurance on receipt of your Proposal Form to the Head Office of SBI General Insurance Company. (2) Irrespective of the number of accounts the Insured has with SBI or any Associate Bank of SBI, he/she is allowed to take only one policy. Multiple policies for the same Insured are disallowed. (3) Even if multiple policies are taken through one or more than one account with SBI or any Associate Bank of SBI for any reason, our liability will be restricted to only one Policy with the highest Sum Insured. All other policies shall be deemed as null and void. Premium paid for all such policies by Insured will be refunded after deduction of administrative expenses of Rs.150. (4) In case of a Joint account, two separate policies may be issued in case both the account holders opt for respective Individual policies. However, only one policy will be allowed if Family Floater option is opted which can be extended to the family of any one of the joint account holder as per family definition. (5) Period of Insurance shall be 1 year from the date of transaction. (6) This acknowledgment slip does not in any way communicate the acceptance or commencement of risk under the application submitted by you. This is only an acknowledgment slip and is not the premium receipt. This acknowledgment slip should not be used for Income Tax purpose. The premium receipt shall be issued once the company accepts the risk on your health and the amount deposited is applied to your policy as premium. (7) Premium will be refunded in case your proposal is rejected by us. (8) For any assistance / clarification required kindly get in touch with SBI General Insurance Company Ltd. on 1800 22 1111, 1800 102 1111 (Toll Free). (9) For Renewal of your policy or for Cancellation of your Auto Renewal Authorisation please contact 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at customer.care@sbigeneral.in.