



HEALTH INSURANCE POLICY - RETAIL

Call (Toll Free): 1800 22 1111 | 1800 102 1111

www.sbigeneral.in

Proposal Form

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 shall become voidable at the option of Insurer, 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. Kindly contact SBI GENERAL's Offices or Agents for any doubts or clarifications on the proposal form.

Important Information: Health Check Up - Medical Examination will be required for acceptance of the proposal based on the Medical history, Sum Insured & age of the Proposer as per our guidelines. For all persons aged 45 and above, medical examination is compulsory, irrespective of the sum insured opted and pre-acceptance medical tests at the cost of the Proposer. However, if the Proposal is accepted the insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the insurer.

FOR OFFICE USE

Quote No. [ ] Inward No. [ ] Receipt No. [ ] Receipt Date [ ]

INTERMEDIARY DETAILS (Mandatory Fields if Sales Channel Type selected as Banca)

Segment Type [ ] Corporate [ ] Retail [ ] SME Business Sector [ ] Urban [ ] Metro [ ] Rural [ ] Village [ ] Social Business Type [ ] New [ ] Roll-over [ ] Renewal Sales Channel Type [ ] Banca [ ] Agency [ ] Direct Sales Channel Code [ ] Specified Person's Code\* [ ] Specified Person's Name\* [ ]

PART I: PROPOSER (Mandatory Fields)

1.\* Do you have existing relationship with SBI General Insurance? [ ] Yes [ ] No If Yes, then please mention Customer ID: [ ] 2.\* Title [ ] Mr. [ ] Miss [ ] Mrs. 3.\* Name [ ] 4.\* Gender [ ] Male [ ] Female 5.\* Date of Birth [ ] 6.\* Unique Identification (minimum one is required) [ ] PAN Card [ ] Ration Card [ ] Passport [ ] Biometrics Card [ ] Gov UID [ ] Voter ID [ ] Driver License 7.\* Unique Identification No. [ ] 8. Marital Status [ ] Married [ ] Single 9.\* Occupation [ ] Salaried [ ] Self Employed /Professional [ ] Business [ ] Student [ ] Retired [ ] Agriculture & allied [ ] Others 10. E-Mail address [ ] 11. Tel. details: Contact No. [ ] Mobile No.\* [ ] 12.\* Preferred Contact Mode (Please Tick ✓) [ ] Email [ ] Paper Mail [ ] Phone 13. Preferred Payment Mode [ ] EFT [ ] Cheque 14. Period of Insurance From [ ] To [ ] 15.\* Proposer's Permanent Residential Address [ ] City [ ] Pincode [ ] 16. Nominee Name [ ] 17. Nominee Date of Birth [ ] 18. Nominee Relation with Primary Insured [ ] 19. Appointee Name [ ] 20. Appointee Relationship with Nominee [ ] 21. Are you one among the Insured Persons Covered below? [ ] Yes [ ] No

22. Details of persons/members proposed for insurance:

Table with 7 columns: Details, Primary Insured, Insured 1, Insured 2, Insured 3, Insured 4, Insured 5. Rows include Name, Gender, Date of Birth, Relationship with Proposer, Height, Weight, Occupation, Gross Monthly Income, Benefit Amount/Sum Insured, Marital status, Educational Qualification.

If any of the individuals proposed for cover are not covered earlier but are being proposed now? [ ] Yes [ ] No

DETAILS OF COVERAGE SOUGHT

Note: By Family we mean You, Your legal Spouse, Legal & Dependent Children Sum Insured Option [ ] Individual [ ] Individual with Family [ ] Family Floater Plan [ ] Plan A [ ] Plan B [ ] Plan C

ADD ON COVERS Removal of Room & ICU rent sub limits? [ ] Yes [ ] No Removal of sub limits on operation and consultancy charges? [ ] Yes [ ] No

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**PART II - OTHER / CURRENT HEALTH INSURANCE INFORMATION**

**IMPORTANT NOTE:** Please provide details of any Individual 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.

- Do you hold or have any other Health Insurance policies other than the one being proposed now, either with us or with other insurers covering the Individuals proposed for insurance now?  Yes  No
- If any of the individuals proposed for cover are not covered earlier but are being proposed now, please provide full details of the same.

Name of the Individual	Date of birth	Relationship with Primary Insured

3. If the answer to (1) is Yes, please provide the details of the policies including details thereof in the below table and also provide complete details about the Individuals not covered earlier but are being provided now in as separate page/sheet.

Year	Insurance Company Name	Policy No.	Period of Insurance	Sum Insured	Special terms of acceptance/Exclusion under policy (if any)	Cumulative Bonus % & amount in Rs.	Claims received/receivable (Rs.) & the name of the individual against whom the claims are made

**PART III - PERSONAL HEALTH DETAILS (To be filled in respect of all the members proposed to be covered under the policy)**

Sr. No.	Details	Primary Insured	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1.	Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
2.	Lifestyle details of the Insured:						
2.a	Is your occupation associated with any specific hazard? (e.g. chemical factory, mines, explosives, radiation, corrosive chemicals etc.)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
2.b	Do you consume tobacco in any form? If Yes, whether it is: Cigarette/Beedi/Cigar/Gutka/Pan Masala/Others	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Quantity per day						
	Consuming for past	_____ years	_____ years	_____ years	_____ years	_____ years	_____ years
	If you have stopped smoking or using tobacco products then please provide when?						
2.c	Do you consume alcohol? If Yes, type of alcohol: Beer/Hard liquor/Wine/Others	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Amount consumed per week :						
	Consuming for past	_____ years	_____ years	_____ years	_____ years	_____ years	_____ years
	If you have stopped drinking then please provide when?						
3.	Have you ever suffered or taken treatment or have been recommended to take medication for the following by a medical practitioner?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
3.a	High Blood Pressure/Heart Attack/Cardiovascular disease, Diabetes, Tuberculosis, Asthma, or other Respiratory Disease, "Kidney disorder, Bladder disorder, urine abnormality, renal stones or genital organ disorder, Cancer or any form of tumour or lump, cyst growth, Liver and gall bladder disorder, Stomach or duodenal disorder, Fistula, Piles, Hernia, Eye, Ear, Nose, Throat or Endocrine diseases, Diseases of bones, joints or spine, Stroke, epilepsy or any other disorder of brain, spinal cord or nerves	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
3.b	Any other illness/injury requiring investigation or treatment	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	If answer to 3a or 3b is 'Yes', provide details of the ailment and nature of treatment in the Annexure.						
4.	Have you ever been tested positive for HIV/AIDS, Hepatitis B or C or sexually transmitted diseases?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

**PAYMENT DETAILS (Claim/Refund amount will be deposited in this bank account only unless changed subsequently)**

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

(\*Mandatory fields)

Cheque No/DD No.  Amount  Date

Bank Name  Branch

Bank Account No.\*  IFSC Code\*

**PART III - DECLARATION BY PROPOSER**

I/We hereby declare on my behalf and on behalf of all the 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 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable. 3. I/We further declare that I/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. 4. I/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. 5. I/We authorise 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 Governmental and/ or Regulatory authority.

Date:  Place: \_\_\_\_\_ Name of the Proposer: \_\_\_\_\_ Signature of the Proposer \_\_\_\_\_

**SECTION 41 OF INSURANCE ACT, 1938**

(1) 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. (2) 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.

**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:  Place:  Signature of the Witness \_\_\_\_\_ Signature/Thumb impression of the Proposer/Primary Insured \_\_\_\_\_


**Annexure to Health Insurance Policy - Retail**

Sr. No.	Particulars	Details
1	Name of the Insured	
2	Name & address of the treating doctor	
3	Nature of Ailment (Exact Diagnosis)	
4	Date of First Diagnosis	
5	Nature of Symptoms (Onset, Duration and Intensity)	
6	List of prescribed medication	
7	Further planned consultation (if any)	
8	Details of Investigations performed along with the dates and results	

