

Energy Proposal Form



Application No. : _____

This is an application for Insurance. Every Information this application seeks is important. Please read all questions and answer them carefully. You must provide complete and correct information. **Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy even if it is issued.** It is not obligatory for us to accept any risk or issue policy to anyone. Regulations mandate that the coverage can be accepted only after we have received the full amount of premium and have explicitly accepted the risk.

Please fill-up this form in capital letters. (Please leave a space after every word) and attach a passport sized color photograph of Yourself.

1. PLEASE TELL US ABOUT YOURSELF

My Name(Mr./Ms./Mrs.)															
You will be the policyholder				First Name				Middle Name				Last Name			
My Email id															
This is your user id to log in to our customer wellness portal and also allow us to send you important communication that will help manage your health better.															
GSTIN/ UIN (if any) of Policy Holder															
My Address (we will send your policy and all other important documents here)															
Landmark															
City/Town															
District															
State															
Pin code															
Date of Birth				D				M				Y			
Gender:				<input type="checkbox"/> Male / <input type="checkbox"/> Female				My Marital Status							
My Landline No.															
My Mobile No.															
Occupation				<input type="checkbox"/> Salaried / <input type="checkbox"/> Self Employed / <input type="checkbox"/> Student / <input type="checkbox"/> Housewife / <input type="checkbox"/> Retired / <input type="checkbox"/> Others:				My Annual Income							
Education				<input type="checkbox"/> Post Grad / <input type="checkbox"/> Grad / <input type="checkbox"/> Diploma / <input type="checkbox"/> 12th Pass / <input type="checkbox"/> 10th Pass / <input type="checkbox"/> Below 10th / <input type="checkbox"/> Others:				Nationality:							
Name of Organization (if working)															
Designation						Nature of Duty									

Pan Number* _____

ABHA ID _____

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: <https://healthid.ndhm.gov.in/register>

I am not eligible for Pan Card and in lieu of the same, I am submitting a copy of Form 60

*Aadhaar No.: _____

In case you do not have your Aadhar number, please provide Aadhar Acknowledgement Number

Aadhar Acknowledgement Number

*The Central Government has made Aadhaar and PAN/Form 60 mandatory for availing financial services including Insurance. In case Aadhar Number/Pan Number is not provided at the time of application, it is to be submitted within six months from the date of the application.

I understand that the Aadhar details provided by me would be used for authentication of my identity and I hereby give my consent to the company to authenticate my Aadhar details Yes No (In case you are not entitled to be enrolled for Aadhar and PAN then please submit any of the below documents.)

ID Proof Type: Passport Driving License Voter's Card If Other, please specify _____

ID Proof No.:

TO BE FILLED ONLY IN CASE THE PERSON YOU LIKE TO INSURE IS OTHER THAN YOU.

Name(Mr./Ms./Mrs.)															
				First Name				Middle Name				Last Name			
Email id															
This is your user id to log in to our customer wellness portal and also allow us to send you important communication that will help manage your health better.															
Address (we will send your policy and all other important documents here)															
Landmark															
City/Town															
District															
State															
Pin code															
Date of Birth				D				M				Y			
Gender:				<input type="checkbox"/> Male / <input type="checkbox"/> Female				Marital Status							
Landline No.															
Mobile No.															
Occupation				<input type="checkbox"/> Salaried / <input type="checkbox"/> Self Employed / <input type="checkbox"/> Student / <input type="checkbox"/> Housewife / <input type="checkbox"/> Retired / <input type="checkbox"/> Others:				Annual Income							
Education				<input type="checkbox"/> Post Grad / <input type="checkbox"/> Grad / <input type="checkbox"/> Diploma / <input type="checkbox"/> 12th Pass / <input type="checkbox"/> 10th Pass / <input type="checkbox"/> Below 10th / <input type="checkbox"/> Others:				Nationality:							

Section A : Medical details

1	Has any application for life, health, hospital daily cash or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company? If yes, please specify details including reason	Y <input type="checkbox"/> N <input type="checkbox"/>
2	Are you currently suffering from diabetes? If Yes, please specify whether it is Type 1 diabetes <input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> IFG/IGT <input type="checkbox"/> Please specify	Y <input type="checkbox"/> N <input type="checkbox"/>
3	Are you currently suffering from Hypertension?	Y <input type="checkbox"/> N <input type="checkbox"/>
4	Have you ever suffered from or currently suffering from any of the following condition?	Y <input type="checkbox"/> N <input type="checkbox"/>
a)	Coma, Unconsciousness, Stroke, Paralysis, Seizures/Epilepsy, Alzheimer's disease, Parkinsonism or any other disorder of nervous system	Y <input type="checkbox"/> N <input type="checkbox"/>
b)	Feeble/Absent pulse, Chest pain/Angina, Heart attack, Palpitation, Heart bypass surgery, Heart angioplasty, Heart failure or any other disorder of Heart/Circulation	Y <input type="checkbox"/> N <input type="checkbox"/>
c)	Asthma, Bronchitis, Pneumonia, Tuberculosis or any other disorder of lung	Y <input type="checkbox"/> N <input type="checkbox"/>
d)	Hepatitis B/C, Cirrhosis, Inflammatory bowel disease, Pancreatitis, Alcoholic liver disease or any other disorder of gastro-intestinal tract	Y <input type="checkbox"/> N <input type="checkbox"/>
e)	Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	Y <input type="checkbox"/> N <input type="checkbox"/>
f)	Retinopathy, Cataract, Glaucoma, Sinusitis or any other eye, ear, nose or throat disorder	Y <input type="checkbox"/> N <input type="checkbox"/>
g)	Numbness, Tingling, Painful sensation, Ulcer in the limbs	Y <input type="checkbox"/> N <input type="checkbox"/>
h)	Kidney (Protein or albumin in urine), Kidney and urinary tract stone, Kidney failure, Prostate enlargement or any other disorder of kidney, urinary tract and prostate	Y <input type="checkbox"/> N <input type="checkbox"/>
i)	Hypothyroidism, Hyperthyroidism or any other disorder of endocrine glands	Y <input type="checkbox"/> N <input type="checkbox"/>
j)	Fibroid, Fibroadenoma, Lymphoma, Cancer or any other cyst, tumor, swelling or growth in the body	Y <input type="checkbox"/> N <input type="checkbox"/>
k)	HIV/AIDS, Sexually transmitted disease or any other types of immunodeficiency	Y <input type="checkbox"/> N <input type="checkbox"/>
l)	Leukemia, Anemia, Thalassemia, Hemophilia or any other blood or bone marrow disorder	Y <input type="checkbox"/> N <input type="checkbox"/>
m)	Depression, Bipolar disorder or any other psychiatric disorder	Y <input type="checkbox"/> N <input type="checkbox"/>
n)	Psoriasis or any other skin disorder	Y <input type="checkbox"/> N <input type="checkbox"/>
o)	Rheumatoid arthritis, Systemic sclerosis or any other auto-immune disorder	Y <input type="checkbox"/> N <input type="checkbox"/>
p)	Congenital (since birth) disorder	Y <input type="checkbox"/> N <input type="checkbox"/>
q)	Any other health condition (other than common cold), not specified above	Y <input type="checkbox"/> N <input type="checkbox"/>
3	Are you currently pregnant? If yes, please specify (For female proposed insured only)	Y <input type="checkbox"/> N <input type="checkbox"/>
a)	Duration in number of weeks since last period.	
b)	Suffering from Gestational diabetes or any other pregnancy related complications?	Y <input type="checkbox"/> N <input type="checkbox"/>

Type 2 Diabetes also called maturity onset diabetes indicates a condition which is characterized by either insulin resistance or relative deficiency of insulin
Quick Help

Type 1 Diabetes also called juvenile or insulin-dependent diabetes indicates a condition in which Beta cell of pancreas are destroyed causing insulin deficiency, secretion usually present at the time of type II diabetes is clinically manifested.

Impaired Fasting Glucose (IFG) is impaired level of glucose, a condition under which a person has a plasma glucose value between 110 and 125 mg/dl after overnight fasting.

Impaired Glucose Tolerance (IGT) is a condition under which a person, after overnight fasting, has a plasma glucose value between 110 & 125 and 2 hours after 75gm glucose tolerance test, the value is between 140 & 199 mg/dl.

Gestational diabetes is a condition in which women without previously diagnosed diabetes exhibit high blood glucose levels during pregnancy.

Hypertension is defined as a repeatedly elevated blood pressure where systolic pressure is above 140 and diastolic pressure above 90. (As per JNC 7 guidelines seventh report of the Joint National Committee).

Section B: Lifestyle details

Please specify which of the following activities currently undertaken by you to control and manage your health condition? (Please mention name of the medicines, daily dosage, in case if option b or c has been ticked.)

a. Diet and lifestyle modification including exercise Y N

b. Oral medications Y N

c. Insulin Y N

Name of the medicine	Dose (mg)	Frequency (Tick)			
		Morning	Afternoon	Evening	Night

Section C: Name and details of Illness/Medicine/Test/Surgery/ Diopter grade (for questions answered as Yes in Section A above)	Exact diagnosis/ Condition	Diagnosis date	Date of last consultation	Treatment in/outpatient and details of treatment given/advised and currently on	Doctor/Hospital Name and Phone Number

Section D: Name, address, qualification and contact details of the family doctor											
Name:											
Address:											
Qualification:								Email id:			
Phone Number:								Mobile:			

Section E: Do you smoke or consume gutkha/pan masala / alcohol? If yes, please indicate the quantity per week.	Alcohol (30ml pegs of hard liquor/bottles of beer/glasses of wine)	Smoke (No. of Cigarettes/bidi sticks)	Pan Masala/Gutkha (No. of Pouches)	Others

5. PLEASE TELL US WHO YOU WOULD LIKE TO NOMINATE UNDER THE POLICY

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship	Address of Nominee

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of Appointee

6. PAYMENT DETAILS

Mode of payment: Cash Cheque Debit Card Credit Card Electronic Clearing System (ECS) # NACH Others _____

#If ECS is selected please submit the standing instruction form available at our branches

Cheque Number	Name of the Premium Payor	Relationship of Payor with Proposer	Bank details	Date	Amount (in Rs.)

Please make an A/c Payee Cheque/DD/Pay Order in favour of 'HDFC ERGO General Insurance Company Limited' only.

I want to opt for Auto Renewal Facility. [This facility will be enabled only if ECS form is submitted] Yes No

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 or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers.
- Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

7. PLEASE PROVIDE DETAILS OF YOUR BANK ACCOUNT (REQUIRED FOR REFUNDS IF ANY/CLAIMS)

Would you like your refund (Excess Premium/PPC reimbursement) By Cheque* or Credited directly into your bank account. (Tick as applicable)

* Cheque will be issued in the name of the Proposer only.

Vernacular Declaration:

Certification in case the proposer has signed in vernacular (*to be witnessed by someone other than agent/employee of the company*):

Name of Proposer:

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: _____

Signature of the witness: _____

Date: _____

Name of the witness: _____

Place: _____

Insurance is the subject matter of solicitation**9. AGENT'S DECLARATION**

I, _____ (*Full Name*) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (*Advisor/Corporate Agent/Broker/Relationship Officer*)

Place:

Date: _____ Signature of Agent: _____

10. CHECKLIST

Please check the following documents are attached along with the proposal form

- ID Proof: Passport/ Pan Card/Voter id card/Driving License/ Letter from a recognized public authority
- Proof of residence: Telephone Bill/ Bank Account Statement/ letter from any recognized public authority/Electricity Bill/ Ration Card
- Age Proof: Passport/Driving License/PAN Card/School/College Certificate/Municipal Birth Certificate/Employment Certificate showing DOB from Govt/Public Sector/Domicile Certificate/ Baptism or Marriage Certificate (for Catholics only)
- Renewal Notice with claim details
- Certification of previous insurer for previous claim details
- Photocopies of all previous policies and endorsements

11. FOR OFFICE USE ONLY

HDFC ERGO General Insurance Company Limited Office Code: _____

Advisor Code and Name: _____

Channel Type: _____

Branch receipt Date: _____

Business Type: _____

Urban/ Rural/ Social

ACKNOWLEDGEMENT

Application Number _____

Name of Proposer _____ We acknowledge with thanks the receipt of your application and amount by cash/ cheque/ demand draft/ others _____ of amount Rs. _____.

Signature and Seal: _____

Date: _____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realised. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days.