Optima Super
Proposal Form

Application Number : _____

Please read all questions carefully and provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy, even after issuance. It is not obligatory for us to accept any risk or issue policy to anyone. Regulations mandate that the coverage can incept only after we have received the full amount of premium and have explicitly accepted the risk.
Note: In case any details mentioned in this Proposal Form is incorrect, please contact us immediately.

1. PROPOSER DETAILS

Proposer : (Mr./Ms./Mrs.)																																	
First Name														Middle Name											Last Name									
Date of Birth (DD/MM/YYYY)																								Gender*:		M		F		T			
Telephone																				Mobile No.:													
GSTIN/ UIN (if any) of Policy Holder																				E Mail :													
Current Address:																																	
District:															City/Town :																		
Pin Code:															State :																		

***Gender Code: M (Male), F(Female), T(Third Gender)**

Please submit a certified copy of any of the below Officially Verified Document (OVD):

ID Proof Type : Pan ☐ Aadhar ☐ Passport ☐ Driving License ☐ Voter's Card ☐ NREGA Job Card ☐

If Others (Any document notified by Central Government), please specify_____

ID Proof No.: | | | | | | | | | | | | | | | |

Highest Qualification: Under Matriculate ☐ Matriculate ☐ Graduate ☐ Post-Graduate ☐ Higher ☐

Profession: Salaried ☐ Self Employed ☐ Others ☐ Details _____

Nationality _____ Marital Status _____ Annual Income_____

Please tell us how would you like to have Policy Schedule –

I choose to have verified & digitally signed policy document accessible anytime, anywhere at my fingertips. Yes ☐ No ☐

I choose e-insurance account to view or download policy details from an Insurance Repository & hereby give my consent to share my KYC details including Aadhaar No.(if provided) & PAN with the Insurance Repository. Yes ☐ No ☐

2. PLAN DETAILS

Coverage: Individual* ☐ **Family Floater#** ☐

Sum Insured: ☐ RS. 500,000 ☐ RS. 700,000 ☐ RS. 1,000,000

Policy Tenure: ☐ 1 Year ☐ 2 Years

Deductible: ☐100,000 ☐ 200,000 ☐ 300,000 ☐ 400,000 ☐500,000 ☐ 600,000 ☐ 700,000 ☐1,000,000

Proposed Policy Period:	From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y

3. DETAILS OF THE PERSON PROPOSED TO BE INSURED

Insured 1: Name (Mr./Ms/Mrs)					
Relationship with Proposer		##Gender	M/F/T	Date of Birth	DDMMYYYY
Basic Sum Insured#		Height (cms)		Weight (kgs)	
Deductible#	ABHA ID (if available):				
Insured 2: Name (Mr./Ms/Mrs)					
Relationship with Proposer		##Gender	M/F/T	Date of Birth	DDMMYYYY
Basic Sum Insured#		Height (cms)		Weight (kgs)	
Deductible#	ABHA ID (if available):				
Insured 3: Name (Mr./Ms/Mrs)					
Relationship with Proposer		##Gender	M/F/T	Date of Birth	DDMMYYYY
Basic Sum Insured#		Height (cms)		Weight (kgs)	
Deductible#	ABHA ID (if available):				
Insured 4: Name (Mr./Ms/Mrs)					
Relationship with Proposer		##Gender	M/F/T	Date of Birth	DDMMYYYY
Basic Sum Insured#		Height (cms)		Weight (kgs)	
Deductible#	ABHA ID (if available):				
Insured 5: Name (Mr./Ms/Mrs)					
Relationship with Proposer		##Gender	M/F/T	Date of Birth	DDMMYYYY
Basic Sum Insured#		Height (cms)		Weight (kgs)	
Deductible#	ABHA ID (if available):				

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Insured 6: Name (Mr./Ms/Mrs)					
Relationship with Proposer		##Gender	M/F/T	Date of Birth	DDMMYYYY
Basic Sum Insured#		Height (cms)		Weight (kgs)	
Deductible#	ABHA ID (if available):				

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

##Gender Code: M (Male), F(Female), T(Third Gender) *Individual policy will have same deductible for all members. #Family Floater policy will have same basic Sum Insured & Deductible for all members (See brochure for floater policy details)

4. PHOTOGRAPHS

Please paste the photographs in sequence [Insured 1, Insured 2, Insured 3, Insured 4, Insured 5 and Insured 6] as specified in section 3 Details of the person proposed to be insured.

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

5. NOMINEE DETAILS

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 the Nominee

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

Appointee Name	Relationship	Address of the Appointee

6. MEDICAL & LIFESTYLE INFORMATION:

Important: You must answer the following questions truthfully. Not doing so affects your coverage in case of a Claim

Medical History: Please answer the below mentioned questions individually in Yes(Y)/No (N):

Section A : Does any of the following health statement hold true for any of the members proposed to be insured.	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Have you ever been diagnosed with Diabetes/Heart disease/Stroke or paralysis/Cancer, Rheumatoid Arthritis, Ankylosing spondylosis/ Any organ failure or transplant/ HPV(Human Papilloma Virus), EBV (Epstein Barr Virus), Hep BV (Hepatitis B Virus) or Hep CV (Hepatitis C Virus)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Note: If any of the below Medical conditions is answered as Yes (Y), please answer the Questions in Annexure A.						
Have you undergone any surgery OR hospitalization for more than 10 days at a time in the past OR are you awaiting any treatment or surgery that you have been advised	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have you been consulting a doctor regularly for any disease or complaint OR been under any medication regularly for more than 2 weeks or noticed any growth or tumor in the body?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have you experienced pain for more than 7 days in any part of body OR restriction of any movement OR difficulty in swallowing or breathing OR any difficulty in carrying out your daily activities?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Did you ever have fits, HIV (Human Immune deficiency virus), persistent headache or persistent cough OR blood in stool (frequency) or any bleeding from any other orifice / body opening for more than 5 days?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Section B: Do you or any of the Insured members	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Consume alcohol/tobacco in any form (if Yes, please answer the following)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
How many days in a week do you consume alcohol?						
Since how many years have you been smoking?						

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How many Cigarettes/Bidi/Cigars do you smoke in a day?						
How many packets of chewing tobacco/pan masa-la/gutkha do you consume in a day?						

7. ADDITIONAL INFORMATION

8. EXISTING/PREVIOUS INSURANCE DETAILS

Is the proposer or the persons proposed, already insured under a plan with HDFC ERGO General Insurance Company Limited or any other insurance company?

If yes, please provide details as per the portability form.

Do you want Us to consider these details for continuity? Yes ☐ No ☐

9. PREMIUM PAYMENT DETAILS:

Mode of Payment Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Net Banking ☐ Others _____

Instrument No.	Name of the Premium Payor	Relationship of Payor with Proposer	Bank Details	Date	Amount (in Rs.)

Please make a A/c Payee Cheque/DD/Pay Order in favour of 'HDFC ERGO General Insurance Company Limited' only.
In case Premium is more than 50,000 please provide PAN details

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

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 insurers.
2. 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.

10. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

☐ I 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 am authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurer and that the policy will come into force only after full receipt of the premium chargeable.

I further declare that I 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.

I declare and consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any Insurer to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records of the Insured/Proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority.

Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.

I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Signature of Proposer: _____

11. SPECIFIED PERSON / 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 (in vernacular if required), 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) :

Signature of Agent: Place: Date: D D M M Y Y Y Y

12. 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 the Proposer : _____

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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 the Proposer :	Signature of the witness :
Date : D D M M Y Y Y Y	Name of the witness :
Place :	

13. FOR OFFICE USE ONLY

HDFC ERGO General Insurance Company Limited Office Code:		Advisor Code and Name	:
Branch receipt date	:	Channel Type	:
Business Type	: Urban/ Rural/ Social		

CHECKLIST

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

i. ID Proof : Passport/ Pan Card/Voter id card/Driving License/ Letter from a recognized public authority/Adhaar card
ii. Proof of residence : Telephone Bill/ Bank Account Statement/ letter from any recognized public authority/Electricity Bill/ Ration Card
iii. Age Proof : Passport/PAN card/Driving licence/School or college certificate/Birth Certificate/Government issued ID proof
iv. Renewal Notice with claim details
v. Certification of previous insurer for previous claim details
vi. Photocopies of all previous policies and endorsements

Annexure A

The below questionnaire is an addendum to the medical questions under Section A of Medical and Lifestyle questions. These are to be answered only if any of those questions is answered as Yes (Y).

Note: Please provide the supporting documents (Discharge summary if hospitalized/Doctor Consultation/Investigation reports/Follow up reports/biopsy reports) for the conditions answered as Yes(Y) for medical underwriting.

S.No	Section A : Does Any of the follow-ing heath statements hold true for any of the members proposed to be insured :	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Have you undergone any surgery OR hospitalization for more than 10 days at a time in the past OR are you awaiting any treatment or surgery that you have been advised	Ligament tear of Knee	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture Femur(thigh bone)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture Humerus (arm)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture Radius/Ulna (forearm)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture Tibia/Fibula (leg)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture (unspecified)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Total Knee Replacement (TKR)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Total Hip Replacement(THR)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Renal and ureteric calculus (Kidney Stone)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fibroid uterus (female only)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Cholelithiasis (Gall bladder stone)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Haemorrhoids (Piles)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Inguinal Hernia (Hernia in groin)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Appendicitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Cataract	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Deviated Nasal Septum	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Other Medical Condition						
Have you been consulting a doctor regularly for any disease or complaint OR been under any medication regularly for more than 2 weeks or noticed any growth or tumor in the body?	Hypertension	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Dyslipidemia (High cholesterol)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Anemia	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Hypothyroidism	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Hyperthyroidism	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Allergy	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Benign prostatic hypertrophy (BPH)/Benign Hyperplasia of Pros-tate	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fibroadenoma breast (benign breast tumor)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Acid peptic disease (Acidity and ulcers)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Retinal Detachment	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Other Medical Condition						

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Have you experienced pain for more than 7 days in any part of body OR restriction of any movement OR difficulty in swallowing or breathing OR any difficulty in carrying out your daily activities?	Gout/hyperuricemia	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Polio (Residual poliomyelitis)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Disc prolapse (PIVD / Slip Disc)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Osteoarthritis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Spondylitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Back Pain	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Blindness	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Hearing Loss	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Other Medical Condition						
Did you ever have fits, HIV (Human Immune deficiency virus), persistent headache or persistent cough OR blood in stool (frequency) or any bleeding from any other orifice / body opening for more than 5 days?	Tuberculosis (TB)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Asthma	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Allergic bronchitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Chronic Sinusitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Migraine	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Other Medical Condition						

For all the answers marked as Yes in the table above (Annexure A), for each illness/condition please provide the below details.

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Condition/ Illness (Exact Diagnosis/ name of illness marked as Yes in Annexure A)						
*Disease Type (please select from list below)						
Date of diagnosis (YYYY) – Only year to be provided						
Treatment (Medical/Surgical/No Treatment)						
#Current Status (Please select from list below)						
Complications/ Recurrences (Yes/No/NA)						
Date of last episode/consultation (Date/Month/YYYY)						
##Biopsy/Histopathology report (Only in surgeries involving removal of organ/tissue) – Please select from list below						

***Disease Type:**	☐ Cancer ☐ Tuberculosis ☐ Infection ☐ Accident ☐ If Others (please specify)
#Current Status	☐ Cured ☐ Under Treatment ☐ Pending Surgery ☐ Ongoing Symptoms ☐ Not Cured ☐ Hospitalized ☐ Defaulter (left medicine on own)
##Biopsy/Histopathology report (Only in surgeries involving removal of organ/tissue)	☐ Not Applicable (Medically treated) ☐ No Cancer/Borderline Cancer/TB ☐ Detected Cancer/Borderline Cancer/TB ☐ Others (specify)

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NEFT details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account

Please select any one of the below options

I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:

- ☐ Bank account details as mentioned on the cheque* being submitted along with the Proposal Form towards premium payment for insurance Policy should be used by the Company for electronic fund transfer as mode of payment.
- ☐ I do not have any existing bank account. I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of payment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever is earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer after receipt of aforesaid pending bank details from me.
- ☐ Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the Company for electronic fund transfer as mode of payment. (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Particulars of Bank Account:

Name as in Bank Account:																							
Bank Name:																							
Bank Branch:																							
Bank Account Number:																							
MICR No. :										**IFSC Code:**													

I agree and undertake to intimate in writing to HDFC ERGO General Insurance Company Limited about any change in bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's Signature ☑

Date : D D M M Y Y

DISCLAIMER: HDFC ERGO General Insurance Company Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation- failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder. Aforesaid NEFT transaction shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. HDFC ERGO General Insurance Company Limited shall be indemnified against any loss/damage/claims caused to HDFC ERGO General Insurance Company Limited in carrying out your aforesaid NEFT instructions.

Instructions:

- It is important for these electronic payment systems that the Policy Holder's name in the Policy must exactly match with the name in the Bank Account records/details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required.
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFS Code, which is applicable for NEFT only. (a number allotted to each participating banks branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case cancelled blank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required
- NEFT Form needs to be complete in all respect.

* in case the premium payment cheque does not have all the details required for electronic fund transfer, please fill the above table

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Acknowledgement

Application No : _____ Date : _____

Name of Proposer : _____

We acknowledge with thanks the receipt of your application and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____.

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 or non-fulfillment of Pre Policy Check-up. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Signature of the receiver and official seal

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: Optma Super HDHHLIP21340V022021. URN: AM/HLT/0033/A/062018