



Proposal Form

Application No _____	
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1. Please fill the form in BLOCK LETTERS.
 2. Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.
 Our liability does not commence until the acceptance of the proposal has been formally intimated to the Insured Person and full premium has been realized by Us.

Intermediary Code	Intermediary Name	Mobile Number

PROPOSER DETAILS

Name of the Proposer:

Address:

City/Town: **District:**

State: **Contact No.:**

Email:

Nature of Business: **PAN No.:**

I have eIA (Y/N): Yes No I would like to apply for eIA: Karvy CAMS NSDL CDSL

GST No.: **Group Type:** Employer- Employee Non-Employer-Employee

DETAILS OF THE PERSON(S) PROPOSED TO BE INSURED

S. No	Name	Date of Birth	Gender (M/F/TG)	Height (in cms)	Weight (in kgs)	Relationship with Proposer
1						
2						
3						
4						
5						
6						

*M – Male /F – Female /TG - Transgender

POLICY DETAILS

Policy Period	From _____ To _____
Policy Type	Individual <input type="checkbox"/> Family Floater <input type="checkbox"/>
Tenure	<input type="checkbox"/> 1 Year <input type="checkbox"/> For Loan linked: _____ Loan Tenure maximum upto 5 Years

COVERAGE & SUM INSURED

Section I — Hospitalization Expenses: Y N

Sr. No	Sub Sec.	Coverage Details	Sum Insured Limits (INR)	
A	a	In Patient Treatment (INR)	INR 1Lac to 5 Crores	Base Sum Insured (INR) _____
		Room Rent and ICU Limits (per day)	Room Rent (Non ICU) Limit	
		i	1% of Base SI, max up to INR 3000 per day	<input type="checkbox"/>
		ii	1% of Base SI, max up to INR 5000 per day	<input type="checkbox"/>
		iii	1% of Base SI	<input type="checkbox"/>
		iv	1.5 % of Base SI, max up to INR 3000 per day	<input type="checkbox"/>
		v	1.5% of Base SI, max up to INR 5000 per day	<input type="checkbox"/>

			vi	1.5% of Base SI				<input type="checkbox"/>	
			vii	2 % of Base SI, max up to INR 3000 per day				<input type="checkbox"/>	
			viii	2 % of Base SI, max up to INR 5000 per day				<input type="checkbox"/>	
			ix	2 % of Base SI				<input type="checkbox"/>	
			x	Up to INR 3000				<input type="checkbox"/>	
			xi	Up to INR 5000				<input type="checkbox"/>	
			xii	At Actuals				<input type="checkbox"/>	
			Room Rent (ICU) Limit - 2 X						
			X= Amount selected for room rent (non ICU)						
	b	Pre-Hospitalization Expenses (days)	15 <input type="checkbox"/>	30 <input type="checkbox"/>	60 <input type="checkbox"/>	90 <input type="checkbox"/>	180 <input type="checkbox"/>		
	c	Post-Hospitalization Expenses (days)	15 <input type="checkbox"/>	30 <input type="checkbox"/>	60 <input type="checkbox"/>	90 <input type="checkbox"/>	180 <input type="checkbox"/>		
			1.5% of claim amount (Benefit Based) <input type="checkbox"/>						
	d	Domiciliary Hospitalization	Covered upto 100% of Base SI						
	e	Organ Donor Expenses	Covered upto 100% of Base SI						
	f	Day Care Treatment	Covered upto 100% of Base SI						
	g	Road Ambulance Cover (Per hospitalization limit in INR)	0 <input type="checkbox"/>	2000 <input type="checkbox"/>	3000 <input type="checkbox"/>	5000 <input type="checkbox"/>	At Actuals <input type="checkbox"/>		
	h	Aggregate Deductible (INR)	1Lac to 50 Lacs			INR _____			
	i	General Waiting period [30-day waiting period] (days)	0 <input type="checkbox"/>	7 <input type="checkbox"/>	15 <input type="checkbox"/>	30 <input type="checkbox"/>			
	j	Specified Disease/Procedure [Specific Illness] waiting period (years)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>				
	k	Pre-existing Diseases waiting period (years)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		
B	Optional Covers under Hospitalization Expenses								
	a	Alternative Treatment (inbuilt in Section I - Hospitalization Expenses)	Covered upto 100% of Sum Insured of Section I – Hospitalization Expenses						
<input type="checkbox"/>	b	Preventive Health Check-Up (Per member basis for individual & Per policy basis for FF)	1.	Payable at					
			<input type="checkbox"/>	The end of block of continuous 3 claim free years					
			<input type="checkbox"/>	Every renewal irrespective of claim					
			2.	Benefit Limit					
			<input type="checkbox"/>	Upto 1% of SI subject to max ₹10,000					
			<input type="checkbox"/>	_____] {₹500 to ₹10,000 (in multiples of 500)}					
<input type="checkbox"/>	c	Co-Payment (%)	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>	30 <input type="checkbox"/>	
<input type="checkbox"/>	d	Second Opinion in respect for Critical Illness (CI)	Covered once per insured person per policy year						
<input type="checkbox"/>	e	Restore Benefit (Times this benefit will trigger in a year)	Once only <input type="checkbox"/>		Twice only <input type="checkbox"/>		Unlimited times <input type="checkbox"/>		
<input type="checkbox"/>	f	Cumulative Bonus (%)	<input type="checkbox"/> Increase of 10% per policy year subject to Maximum of 50%						
			<input type="checkbox"/> Increase of 10% per policy year subject to Maximum of 100%						
			<input type="checkbox"/> Increase of 50% per policy year subject to Maximum of 100%						
<input type="checkbox"/>	g	Recovery Benefit (Benefit based)	INR 2000 (once in a policy year)						
<input type="checkbox"/>	h	Air Ambulance Cover (Indemnity based & policy year limit)	Upto INR 1 Lac <input type="checkbox"/>	Upto INR 2 Lac <input type="checkbox"/>	Upto INR 3 Lac <input type="checkbox"/>	Upto INR 5 Lac <input type="checkbox"/>	Upto INR 10 Lac <input type="checkbox"/>		

Section II — EMI Hospitalization: Y N

Sr. No	Sub Sec.	Coverage Details	Sum Insured Limits (INR)										
A	a	EMI – Hospitalization	a. 500 to 50 Lacs (opted amount)						INR _____				
			OR										
			b. Exact EMI amount										
			Fraction of EMI/Limit chosen to be paid every time claim triggers										
			x <input type="checkbox"/>	2x <input type="checkbox"/>	3x <input type="checkbox"/>	4x <input type="checkbox"/>	5x <input type="checkbox"/>	6x <input type="checkbox"/>	7x <input type="checkbox"/>	12x <input type="checkbox"/>	(1/2)x <input type="checkbox"/>	(1/3)x <input type="checkbox"/>	(1/4)x <input type="checkbox"/>
			Payout every 'n' days of continuous Hospitalization										
			<input type="checkbox"/> _____ (n = 1/2/3/5/7/10/15/20/30)						<input type="checkbox"/> _____ Please specify the payout schedule in case of any other combination				
			Capping on no. of EMIs payable in a policy year										
			3x <input type="checkbox"/>		4x <input type="checkbox"/>		6x <input type="checkbox"/>		12x <input type="checkbox"/>		No Cap <input type="checkbox"/>		

	b	General Waiting period [30-day waiting period] (days)	0 <input type="checkbox"/>	7 <input type="checkbox"/>	15 <input type="checkbox"/>	30 <input type="checkbox"/>
	c	Specified Disease/Procedure [Specific Illness] waiting period (years)	0 <input type="checkbox"/>	1 <input type="checkbox"/>		2 <input type="checkbox"/>
	d	Pre-existing Diseases waiting period (years)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
B		Optional Covers under EMI Hospitalization				
<input type="checkbox"/>	a	Maternity coverage	Yes			
	a.i.	Maternity Waiting Period (years)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
<input type="checkbox"/>	b	Cumulative Bonus for EMI Hospitalization benefit (%)	Increase of 10% every claim free year subject to Maximum of 50% <input type="checkbox"/>			

Section III — Wellness Services: Y N

OTHER DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Total number of persons to be insured	Expiring Loss Ratio	Type of cover	
		Compulsory	<input type="checkbox"/>
		Voluntary	<input type="checkbox"/>

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing/previous Insurance Policy providing similar coverages as per this proposal

Policy No. / Application No.	Name of the Insurer	Period of Insurance		Sum Insured	Claims lodged during the preceding years (Y/N)
		DD/MM/YYYY	To DD/MM/YYYY		

PAYMENT DETAILS

Premium Details: Amount Rs. _____

Premium Payment Options –Single/Monthly / Quarterly / Half Yearly / Annual _____

Premium Payment Options - Cash / Cheque / DD / Card /ECS/Wallet _____

Cheque No: _____ date _____ Bank Name _____ Amount: Rs _____

Credit Card/ Debit Card No _____ Card Type: Master _____ Visa _____ Expiry Date _____

Relationship with Proposer _____

WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM/PPC REIMBURSEMENT) BY CHEQUE* OR CREDITED DIRECTLY INTO YOUR BANK ACCOUNT?

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

In case of payment made through credit card therefund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Cheque No		Name as in Bank Account	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		MICR Code	
Cheque Amount for ₹			



Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

DECLARATION, CONSENT & WARRANTY ON BEHALF OF ALL PERSON(S) PROPOSED TO BE INSURED

- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements 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.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.
- 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.
- I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- I/We authorize 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

Signature of the Proposer

Place

Time

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.)

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect to 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 prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.

AGENT'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized 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 here in 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 favor 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: _____

FOR OFFICE USE ONLY

Channel Partner Code: _____ Branch Location: _____

Signature of Channel Partner: _____



ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs

Cheque No: _____ Cheque Date: _____

Drawn on Bank for a sum of ₹ _____ towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Date: _____

Signature & Seal: _____

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 realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days.