



MOSQUITO DISEASE PROTECTION POLICY – GROUP (COMPREHENSIVE PLAN) PROPOSAL FORM

Application No.

FOR OFFICE USE ONLY

Imd Name
 Imd Code Mobile No.

NOTICE TO THE APPLICANT

- Please fill the form in BLOCK LETTERS. All details with* are mandatory.
- 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.

PROPOSER DETAILS

Name of the Proposer: (First Name) (Middle Name) (Last Name)
 Address:
 Landmark: City: Pin Code:
 State:
 Nature of Business:
 Product Manufactured / Services Offered:
 Email ID: GST No:
 Group Type: Employer – Employee Non Employer - Employee
 Mobile: PAN:
 I have eIA No: I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL. Employee ID:

DETAILS OF THE PERSONS PROPOSED TO BE INSURED

S. No.	Name	Date of Birth	Gender	Relationship with Proposer
1.		<input type="text"/>		
2.		<input type="text"/>		

NOMINEE DETAILS

Name	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

COVERAGE DETAILS

Policy Period	From _____ To _____
Basis of Sum Insured	<input type="checkbox"/> Indemnity <input type="checkbox"/> Benefit
Type of Policy	<input type="checkbox"/> Individual <input type="checkbox"/> Family Floater*
Family Definition	<input type="checkbox"/> Self <input type="checkbox"/> Self + Spouse + Dependent Children <input type="checkbox"/> Self + Spouse <input type="checkbox"/> Self + Spouse + Dependent Children + Dependent Parents

*Family floater option is not applicable for Coverage option BENEFIT BASIS – LUMPSUM PAYOUT

SUM INSURED DETAILS

FOR SUM INSURED ON INDEMNITY BASIS			
Sum Insured	<input type="checkbox"/>	<input type="checkbox"/> 30,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 400,000 <input type="checkbox"/> 500,000	
SUM INSURED ON BENEFIT BASIS – LUMPSUM PAYOUT		SUM INSURED ON BENEFIT BASIS – PER DAY PAYOUT	
Sum Insured (Minimum Rs. 1000 and Maximum Rs. 100,000)	<input type="checkbox"/> Rs. _____	Per Day Benefit Amount (Minimum Rs. 1000 per day and Maximum Rs. 10,000 per day)	<input type="checkbox"/> Rs. _____
—	—	Annual Aggregate days limit	<input type="checkbox"/> 10 day <input type="checkbox"/> 15 day <input type="checkbox"/> 25 days <input type="checkbox"/> 30 days

OPTIONAL COVERS

FOR SUM INSURED ON INDEMNITY BASIS

Outpatient Treatment	<input type="checkbox"/>	50% of the Sum Insured, subject to maximum of Rs. 5,000
Recovery Benefit	<input type="checkbox"/>	Rs. 20,000
Co-payment	<input type="checkbox"/>	<input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25%
Waiting Period Options	<input type="checkbox"/>	<input type="checkbox"/> 7 days <input type="checkbox"/> 15 days

FOR SUM INSURED ON BENEFIT BASIS – LUMP SUM PAYOUT

FOR SUM INSURED ON BENEFIT BASIS – PER DAY PAYOUT

Outpatient Treatment	<input type="checkbox"/>	50% of the Sum Insured, subject to maximum of Rs. 5,000	Outpatient Treatment	<input type="checkbox"/>	50% of the Sum Insured, subject to maximum of Rs. 5,000
Waiting Period Options	<input type="checkbox"/>	<input type="checkbox"/> 7 days <input type="checkbox"/> 15 days	Waiting Period Options	<input type="checkbox"/>	<input type="checkbox"/> 7 days <input type="checkbox"/> 15 days
Time Deductible	<input type="checkbox"/>	<input type="checkbox"/> 1 day deductible <input type="checkbox"/> 2 days deductible	Time Deductible	<input type="checkbox"/>	<input type="checkbox"/> 1 day deductible <input type="checkbox"/> 2 days deductible
—	—	—	ICU Multiplier	<input type="checkbox"/>	<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 5x

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Health Insurance Details

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

PRE EXISTING DECLARATION

Are you suffering from LYMPHATIC FILARIASIS: Y N

If yes, please provide details _____

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount (₹) _____ (In words) _____

Premium Payment Options - Monthly Quarterly Half Year Annual

Premium Payment Options - Cash Cheque DD Card

Cheque No.:

Bank Name:

Credit Card / Debit Card No.:

Relationship with Proposer:

Date:

Amount (₹):

Card Type: Master Visa Expiry Date:

WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM) 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 there fund 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.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name as in Bank Account:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank Account No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch Name:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IFSC Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cheque Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MICR Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cheque Amount for ₹:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

*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 & WARRANTY ON BEHALF OF ALL PERSONS 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.

INSURER'S DECLARATION

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 ₹ 10 Lakhs.

Go Green declaration: Would you like to Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail id. The soft copy is valid for lodging claims or any other service needs. Pls reconfirm your registered mail id & mobile no (If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care).

Place:

Date: D D M M Y Y Y Y

Signature of the Proposer

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is illiterate (to be certified by someone other than agent / employee of the company)

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.

Name of the Translator:

Place:

Date: D D M M Y Y Y Y

Signature of the Translator

Name of the Insured:

Place:

Date: D D M M Y Y Y Y

Signature of the Insured

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: _____



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Channel Partner Code: _____ Branch Location: _____

Signature of Channel Partner: _____

ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs. _____ Cheque No: _____

Dated: _____ 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 30 days.

PLAN DETAILS

Vector Borne Diseases Covered	Comprehensive Plan - Indemnity	Comprehensive Plan - Benefit - Lump Sum Insured	Comprehensive Plan - Benefit Per day Sum Insured
Dengue	Y	Y	Y
Malaria	Y	Y	Y
Chikungunya	Y	Y	Y
Japanese Encephalitis	Y	Y	Y
Kala Azar	Y	Y	Y
Lymphatic Filariasis	Y	Y	Y
Zika	Y	Y	Y
Inbuilt Covers			
In Patient Hospitalization Expenses	Y	Y	Y
Health Care at Home	Y	—	—
Reinstatement of Sum Insured	Y	Y	Y
Pre and Post Hospitalization Cover	Y	—	—
Other Options and Covers			
Outpatient Treatment	Y	Y	Y
Recovery Benefit	Y	Y	Y
Waiting Period Options	Y	Y	Y
Co-payment	Y	—	—
Time Deductible	—	Y	Y
ICU Multiplier	—	—	Y
My: Health Active	Y	Y	Y

ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs. _____ Cheque No: _____

Dated: _____ 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 30 days.