



Chomp – Group Proposal Form

For Office Use Only	
Imd code	
Imd Name	
Mobile No	

Application No

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
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 and full premium has been realized by Us.

PROPOSER DETAILS

Name of the Proposer: (First Name) (Middle Name) (Last Name)

Address:

Landmark: City: Pin Code:

Group Type: Employer-Employee Non Employer-Employee **Nature of Business:**

Contact No.: **Permanent Account Number (PAN No.)**

I have eIA No.: **I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL.**

GST No.

Details of persons Proposed to be Insured

S. No.	Name	Date of Birth (dd/mm/yyyy)	Gender (M/F/TG)	Relationship with Proposer	Nominee Name, Relationship & Address	Appointee Name, Relationship & Address (If Nominee is a minor)
1						
2						
3						
4						
5						
6						

POLICY DETAILS

Policy Type: Individual Family

Policy Tenure 1 Year

Policy Period From _____ To _____

COVERAGE DETAILS

Please select required dental treatments and valued added services (VAS) from the table below

Section 1: Dental Treatments

Please select the Cover, Network type, No. of claims per year and Sublimit (if any)

Select the Network Type: Network Non Network

Network – You can visit our Health Service Provider or Network Provider for claims on cashless basis
Non Network – You can visit a dentist of your choice and submit claim on reimbursement basis

S.No.	Covers & Sub Covers	Select the required Covers	Waiting Period (in months)	Per Claim Payout (in INR)	Choose number of claims in a year /unit	Choose Sublimit (in INR) If sublimit is opted, per claim payout will be restricted to the sublimit amount for all claims within network or outside network																							
1.	Restorative Treatment Cover (In Simple Terms – Fillings) <input type="checkbox"/>																												
	a. Silver Amalgam OR GIC cement		6	Upto 1,000	Per Tooth	Choose from the below options Amount upto, <table border="1"> <tr> <td></td> <td>Opt. 1 <input type="checkbox"/></td> <td>Opt. 2 <input type="checkbox"/></td> </tr> <tr> <td>1a</td> <td>1000</td> <td>1000</td> </tr> <tr> <td>1b</td> <td>1000</td> <td>1200</td> </tr> </table>		Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>	1a	1000	1000	1b	1000	1200														
	Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>																											
1a	1000	1000																											
1b	1000	1200																											
	b. GIC Light Cure or Composite			Upto 1,540	Min. – 1 Max. – 10																								
Periodontal Treatment Cover (In Simple Terms – Gum Related Problems) <input type="checkbox"/> No. of claims in a year /unit should be same across all sub-covers																													
2.	a. Curettage – Manual or Laser		6	Laser - Upto 5,060 Manual – Upto 3,500	Per Quadrant Min. – 1 Max. – 4	Choose from the below options Amount upto, <table border="1"> <tr> <td></td> <td>Opt. 1 <input type="checkbox"/></td> <td>Opt. 2 <input type="checkbox"/></td> </tr> <tr> <td>2a</td> <td>2500</td> <td>3500</td> </tr> <tr> <td>2b</td> <td>2000</td> <td>3000</td> </tr> <tr> <td>2c</td> <td>2000</td> <td>3000</td> </tr> <tr> <td>2d</td> <td>3000</td> <td>5000</td> </tr> <tr> <td>2e</td> <td>1500</td> <td>2500</td> </tr> </table>		Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>	2a	2500	3500	2b	2000	3000	2c	2000	3000	2d	3000	5000	2e	1500	2500					
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	2a	2500	3500																										
	2b	2000	3000																										
	2c	2000	3000																										
2d	3000	5000																											
2e	1500	2500																											
	b. Gingivectomy or Gingivoplasty – Manual		6	Upto 4,400	Per Quadrant Min. – 1 Max. – 4																								
	c. Gingivectomy for Orthodontic – Laser		6	Upto 5,500	Per Quadrant Min. – 1 Max. – 4																								
	d. Gingival flap procedure/Osseous surgery (including root planing) – Manual		6	Upto 6,600	Per Quadrant Min. – 1 Max. – 4																								
	e. Crown Lengthening – Manual or Laser		6	Upto 6,600	Per Tooth Min. – 1 Max. – 4																								
Endodontic Treatment Cover (In Simple Terms – Root Canal and Crowning) <input type="checkbox"/>																													
3.	a. Root Canal Treatment		12	• Posterior – upto 5000 • Anterior – upto 4500	Per Tooth Min. – 1 Max. – 10	Choose from the below options Amount upto, <table border="1"> <tr> <td></td> <td></td> <td>Opt. 1 <input type="checkbox"/></td> <td>Opt. 2 <input type="checkbox"/></td> <td>Opt. 3 <input type="checkbox"/></td> </tr> <tr> <td rowspan="2">3a</td> <td>Posterior</td> <td>2000</td> <td>3500</td> <td>4500</td> </tr> <tr> <td>Anterior</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">3b</td> <td>Metal</td> <td>1500</td> <td>2500</td> <td>3300</td> </tr> <tr> <td>Ceramic</td> <td></td> <td></td> <td>3500</td> </tr> </table>			Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>	Opt. 3 <input type="checkbox"/>	3a	Posterior	2000	3500	4500	Anterior				3b	Metal	1500	2500	3300	Ceramic			3500
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	Anterior																												
3b	Metal	1500	2500	3300																									
	Ceramic			3500																									
	b. Crowning		12	• Metal – upto 3300 • Ceramic – upto 5000	Per Tooth Min. – 1 Max. – 10																								

4.	Prosthetic Treatment Cover – Bridges	<input type="checkbox"/>	12	a. Metal – upto 11200 b. Ceramic – upto 15000	Per Bridge Unit Min. – 1 Max. – 10	Choose from the below options Amount upto, <table border="1"> <thead> <tr> <th></th> <th>Opt. 1 <input type="checkbox"/></th> <th>Opt. 2 <input type="checkbox"/></th> <th>Opt. 3 <input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td>a</td> <td>6500</td> <td>8500</td> <td>11200</td> </tr> <tr> <td>b</td> <td>6500</td> <td>8500</td> <td>11500</td> </tr> </tbody> </table>		Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>	Opt. 3 <input type="checkbox"/>	a	6500	8500	11200	b	6500	8500	11500												
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b	6500	8500	11500																											
5.	Prosthetic Treatment Cover – Partial Dentures	<input type="checkbox"/>	12	Cast Partial Denture - Upto 16,500	Per Partial Denture Unit Min. – 1 Max. – 2	Choose from the below options Amount upto, <input type="checkbox"/> Opt. 1 - 8500 <input type="checkbox"/> Opt. 2 - 12000 <input type="checkbox"/> Opt. 3 – 15000																								
6.	Prosthetic treatments – Complete Dentures (accidental only)	<input type="checkbox"/>	0	a. Indian Material – upto 24200 b. Imported Material – upto 34300	1 Both arches	Choose from the below options Amount upto, <table border="1"> <thead> <tr> <th></th> <th>Opt. 1 <input type="checkbox"/></th> <th>Opt. 2 <input type="checkbox"/></th> <th>Opt. 3 <input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td>a</td> <td>12000</td> <td>15000</td> <td>24200</td> </tr> <tr> <td>b</td> <td>12000</td> <td>15000</td> <td>24500</td> </tr> </tbody> </table>		Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>	Opt. 3 <input type="checkbox"/>	a	12000	15000	24200	b	12000	15000	24500												
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b	12000	15000	24500																											
7.	Minor Surgical Procedures	<input type="checkbox"/>	6	a. Normal Extraction – upto 1100 b. Molar including soft tissue impaction – upto 3400 c. Surgical Extraction – 2420 d. Impaction; completely bony – upto 6000 e. Cyst Enucleation – upto 5000	Per Tooth Min. – 1 Max. - 4 (Unit for Cyst Enucleation will be on Per Procedure basis)	Choose from the below options Amount upto, <table border="1"> <thead> <tr> <th></th> <th>Opt. 1 <input type="checkbox"/></th> <th>Opt. 2 <input type="checkbox"/></th> <th>Opt. 3 <input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1100</td> <td>1100</td> <td>1100</td> </tr> <tr> <td>b</td> <td>1200</td> <td>1500</td> <td>2500</td> </tr> <tr> <td>c</td> <td>1200</td> <td>1500</td> <td>2420</td> </tr> <tr> <td>d</td> <td>1200</td> <td>1500</td> <td>2500</td> </tr> <tr> <td>e</td> <td>1200</td> <td>1500</td> <td>2500</td> </tr> </tbody> </table>		Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>	Opt. 3 <input type="checkbox"/>	a	1100	1100	1100	b	1200	1500	2500	c	1200	1500	2420	d	1200	1500	2500	e	1200	1500	2500
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d	1200	1500	2500																											
e	1200	1500	2500																											
Major Surgeries Cover (Requires hospitalization) <input type="checkbox"/>																														
8.	a. Fracture of Jaws and other facial bones b. Tumour excision c. Space Infections d. OSMF -Excision of Bands e. TMJ Surgeries	<input type="checkbox"/>	9	Upto 55,000	1 Procedure	Choose from the below options Amount upto, <table border="1"> <thead> <tr> <th></th> <th>Opt. 1 <input type="checkbox"/></th> <th>Opt. 2 <input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td>8a</td> <td>30000</td> <td>35000</td> </tr> <tr> <td>8b</td> <td>25000</td> <td>30000</td> </tr> <tr> <td>8c</td> <td>25000</td> <td>30000</td> </tr> <tr> <td>8d</td> <td>25000</td> <td>30000</td> </tr> <tr> <td>8e</td> <td>25000</td> <td>30000</td> </tr> </tbody> </table>		Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>	8a	30000	35000	8b	25000	30000	8c	25000	30000	8d	25000	30000	8e	25000	30000						
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Major Surgeries Cover (Requires hospitalization) <input type="checkbox"/>																														
9.	a. Fracture Jaws and other facial bones requiring hospitalization b. TMJ Surgeries requiring hospitalization	<input type="checkbox"/>	0	Upto 55,000	1 Procedure	Choose from the below options Amount upto, <table border="1"> <thead> <tr> <th></th> <th>Opt. 1 <input type="checkbox"/></th> <th>Opt. 2 <input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td>9a</td> <td>30000</td> <td>35000</td> </tr> <tr> <td>9b</td> <td>25000</td> <td>30000</td> </tr> </tbody> </table>		Opt. 1 <input type="checkbox"/>	Opt. 2 <input type="checkbox"/>	9a	30000	35000	9b	25000	30000															
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9a	30000	35000																												
9b	25000	30000																												

Please Note:

- If “Prosthetic Treatment Cover - Complete Denture” is opted , claim will be paid only once during the lifetime of Insured Person(s)
- If “Prosthetic Treatment Cover - Partial Denture” is opted, claim will be paid as per the option chosen during the lifetime of Insured Person(s)

Section 2 : Value Added Services (VAS) (Available only in our Health Service Provider Network)

S. No.	Value Added Services	Select the required services	Number of claims in a year
1.	Preventive Consultation Preventive Investigation		
2.	(Intraoral Periapical X-ray) Preventive Cleaning		
3.	(Prophylactic Cleaning)		

Please Note : Waiting Period of 3 months will be applicable on Value Added Services

Other Details Of Proposer

Type of Cover
Compulsory <input type="checkbox"/>
Voluntary <input type="checkbox"/>
Group Size _____

Expected Enrolments:

Please provide details of your existing/previous insurance policy providing similar coverage as this proposal (Dental OPD Policy or Dental Treatment in any other OPD Policy)

Policy No. / Application No.	Insurer Name	Period of Insurance	Sum Insured	Claims lodged during the preceding years	Type of Cover	No. of Persons Insured	Expiring Loss Ratio (Dental OPD Policy or Dental treatment in any other OPD Policy)
		DD/MM/YYYY To DD/MM/YY					

Payment & Account Details

- Note:**
1. Please provide a cancelled copy of cheque of your bank account.
 2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

PREMIUM DETAILS

Amount (INR)	<input type="text"/>	GST (INR)	<input type="text"/>
Premium including tax (INR)	<input type="text"/>	Rupees in words	<input type="text"/>

PAYMENT DETAILS

Cheque NEFT	<input type="text"/>	Instrument No.	<input type="text"/>
Instrument Date:	<input type="text"/>	Bank Account No.	<input type="text"/>
Account Type:	Savings <input type="checkbox"/> Current <input type="checkbox"/> Other <input type="checkbox"/> . If others, please specify _____		
Branch Name & Address:	<input type="text"/>		
IFSC Code	<input type="text"/>	MICR Code	<input type="text"/>

BANK DETAILS

Bank details for refund of premium in case of cancellation to be considered as above

Yes No

If NO, please provide additional bank details in below provided space:

Bank Account No.	<input type="text"/>	Instrument No.	<input type="text"/>
Instrument Date:	<input type="text"/>	Bank Account No.	<input type="text"/>
Account Type:	Savings <input type="checkbox"/> Current <input type="checkbox"/> Other <input type="checkbox"/> . If others, please specify _____		
Branch Name & Address:	<input type="text"/>		
IFSC Code	<input type="text"/>	MICR Code	<input type="text"/>

Are you a Political Exposed Person or related to Political Exposed Person:

Yes No (appropriate tick) If Yes, give details _____

TYPE OF ORGANIZATION

Corporation Governments Society Private Organizations
 International Organization Partnership Trust Others:

SOURCES OF FUND

Salary Business Other

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 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"/>	Name as in Bank Account	<input type="text"/>
Bank Name	<input type="text"/>	Bank Account No.	<input type="text"/>
Branch Name	<input type="text"/>		
IFSC Code	<input type="text"/>	MICR Code	<input type="text"/>
Cheque Date	<input type="text"/>	Cheque Amount for ₹	<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 general health and dental 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/dental clinic 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.

Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail. The soft copy is valid for lodging claims or any other service needs. (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: _____

Signature of the Proposer

Declaration & Warranty on behalf of insurance company

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/Enrollment 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.

Place: _____

Date: _____

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: _____ Signature of the Translator: _____

Place: _____

Date: _____

Name of the Proposer: _____ Signature of the Proposer: _____

Place: _____

Date: _____

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: _____

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 15 days.