

Application No.

1. PROPOSER DETAILS

Proposer: (Mr/Mrs/Ms): (First Name) (Middle Name) (Last Name)

Address:

City/Town: District: Pin Code:

State:

Date of Birth: Mobile No.: Telephone:

Email ID :

Nationality: Marital Status: _____ Annual Income: _____

Profession: Salaried Self Employed Others Details _____

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

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

2. DETAILS OF THE PERSON PROPOSED TO BE INSURED

Sr. No.	Name of the insured person	Height	Weight	Relationship to Policyholder	Gender*	Date of Birth	Occupation (Designation/Exact nature of duties)	Premium Tier (applicable for my health suraksha)	ABHA ID (if available)
1		(cms)	(Kg)		M / F / TG	<input type="text"/>			
2		(cms)	(Kg)		M / F / TG	<input type="text"/>			
3		(cms)	(Kg)		M / F / TG	<input type="text"/>			
4		(cms)	(Kg)		M / F / TG	<input type="text"/>			
5		(cms)	(Kg)		M / F / TG	<input type="text"/>			
6		(cms)	(Kg)		M / F / TG	<input type="text"/>			

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), TG (Transgender) ** Family Floater policy will have same Sum Insured for all members (See brochure for floater policy details)

- Notes Family is restricted and limited to spouse and dependent children only for e@Secure Insurance
- Family definition is not applicable for **HDFC ERGO Bharat Griha Raksha**
- *Classification of Cities for Premium Tier
 - Tier 1a: Delhi and NCR region
 - Tier 1b: Mumbai, Mumbai Suburban and Navi Mumbai, Pune, Surat, Ahmedabad, Varodara
 - Tier 2: Rest of India
- On payment of Tier 1a premiums, an Insured Person can avail treatment all over India without any co-payment.
- On payment of Tier 1b premium, an Insured Person can avail treatment at Tier1b cities and Tier 2 cities without any Co-Payment. However if an Insured Person avails a treatment in Tier 1a cities , 20% Co-Paymentshall be applicable on admissible claim amount.
- On payment of Tier 2 premium, an Insured Person can avail treatment at Tier 2 cities without any Co-Payment. However if an Insured Person avails a treatment in Tier 1a or Tier1b cities, 20% Co-Paymentshall be applicable on admissible claim amount.
- Co-Paymentunder ii and iii above will not be applied If an Insured Person opts for Hospitalization with Room Rent up to Rs 2,500 per day or on Hospitalization for Medically Necessary treatment following an Accident

Family Floater policy will have same premium tier for all members. For details regarding applicability of premium tier please refer to the policy wording.

*Family Floater policy will have same Sum Insured for all members (See brochure for floater policy details)

Sr. No.	Product	Product Opted (Y/N)
1	my:health Suraksha	Y/N
2	my:heath Critical Suraksha Plus	Y/N
3	my: health Medisure Super Top Up Insurance	Y/N
4	my:health Hospital Cash Benefit Add-On	Y/N

Sr. No.	Product	Product Opted (Y/N)
5	my:health Koti Suraksha-Personal Accident	Y/N
6	Travel Insurance	Y/N
7	HDFC ERGO Bharat Griha Raksha	Y/N
8	e@Secure Insurance	Y/N

Type of Policy: Individual Family Floater Policy Tenure (in years): 1 Year 2 Years 3 Years

(Only individual in case of my:health Critical Suraksha Plus, my:health Koti Suraksha Personal Accident Insurance and Travel Insurance)

Name	My health Suraksha Sum Insured	My:health Critical Surkasha Plus Sum Insured	My:health Hospital Cash Benefit - Add On Sum Insured	My:health Medisure Super Top up Sum insured	My:health Koti Suraksha - Personal Accident Insurance Sum insured	Travel Insurance Sum insured	HDFC ERGO Bharat Griha Raksha Sum insured	E@Secure Sum Insured

SECTION 1: MY:HEALTH SURAKSHA

Premium: Tier: 1A 1B 2

Sum Insured – 1 lac to 5 crs

PLAN NAME

<input type="checkbox"/> Silver Smart	<input type="checkbox"/> Gold Essential	<input type="checkbox"/> Gold Smart	<input type="checkbox"/> Platinum Smart	<input type="checkbox"/> Diamond	<input type="checkbox"/> Global Smart
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OPTIONAL COVERS

Optional Cover	Sum Insured	Silver Smart	Gold Essential	Gold Smart	Platinum Smart	Diamond	Global Smart
Parent and Child Care Cover - Booster	Normal - 15,000 C section - 25,000 Termination - 15,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x	x	x
	Normal - 25,000 C section - 40,000 Termination - 25,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x	x
	Normal - 50,000 C section - 75,000 Termination - 50,000	x	x	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Normal - 1,00,000 C section - 1,50,000 Termination - 1,00,000	x	x	x	x	<input type="checkbox"/>	<input type="checkbox"/>
Non-Medical Expenses cover		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Cumulative Bonus	25% subject to max 200%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x	x	x
	50% subject to max 200%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Rent Modification option	Room Rent, boarding & Nursing – limit of 1% of the Basic Sum Insured subject to maximum of 5,000 per day	<input type="checkbox"/>	x	x	x	x	x
	Intensive care unit – limit of 2% of the Basic Sum Insured subject to maximum of 10,000 per day	<input type="checkbox"/>	x	x	x	x	x
Co-Payment	10%	<input type="checkbox"/>	x	x	x	x	x
	15%	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20%	<input type="checkbox"/>	x	x	x	x	x
	25%	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 –MY:HEALTH CRITICAL SURAKSHA PLUS

Plan: Critical Illness Multi pay Critical Illness

COVERAGES OPTED

Section A I - Critical Illness		
1	Cancer Cover	<input type="checkbox"/>
2	Heart Cover	<input type="checkbox"/>
3	Heart Cover +Nervous System Cover	<input type="checkbox"/>
4	Other Major Organ Cover	<input type="checkbox"/>

Section A II - Multi pay Critical Illness		
1	Cancer Cover+ Heart Cover	<input type="checkbox"/>
2	Cancer Cover+ Heart Cover+ Nervous System Cover	<input type="checkbox"/>
3	Cancer Cover+ Heart Cover+ Nervous System Cover + Other Major Organ Cover	<input type="checkbox"/>

OPTIONAL COVERS

Pre Diagnosis Cover	<input type="checkbox"/>	
Post Diagnosis Support	<input type="checkbox"/>	
Loss of Job Benefit	<input type="checkbox"/>	Sum Insured (max Up to 70% of Gross Monthly Income)
		No of Months (Max up to 12 months)

SECTION 3 – MY:HEALTHMEDISURE SUPER TOP UP INSURANCE

Aggregate Deductible	Sum Insured			
2 Lakh	<input type="checkbox"/> 3 Lakh	<input type="checkbox"/> 8 Lakh		
3 Lakh	<input type="checkbox"/> 7 Lakh	<input type="checkbox"/> 12 Lakh		
4 Lakh	<input type="checkbox"/> 6 Lakh	<input type="checkbox"/> 11 Lakh	<input type="checkbox"/> 16 Lakh	
5 Lakh	<input type="checkbox"/> 5 Lakh	<input type="checkbox"/> 10 Lakh	<input type="checkbox"/> 15 Lakh	<input type="checkbox"/> 20 Lakh

SECTION 4: MY:HEALTH HOSPITAL CASH BENEFIT ADD ON

SUM INSURED IN ₹ (PER DAY BENEFIT)

Select Option	Normal	ICU	Companion Benefit	Select Option	Global Cover
<input type="checkbox"/>	500	1,000	500	<input type="checkbox"/>	2,500
<input type="checkbox"/>	1,000	2,000	1,000	<input type="checkbox"/>	5,000
<input type="checkbox"/>	1,500	3,000	1,500	<input type="checkbox"/>	7,500
<input type="checkbox"/>	2,000	4,000	2,000	<input type="checkbox"/>	10,000
<input type="checkbox"/>	2,500	5,000	2,500	<input type="checkbox"/>	12,500
<input type="checkbox"/>	3,000	6,000	3,000	<input type="checkbox"/>	15,000
<input type="checkbox"/>	5,000	10,000	5,000	<input type="checkbox"/>	25,000
<input type="checkbox"/>	7,500	15,000	7,500	<input type="checkbox"/>	37,500
<input type="checkbox"/>	10,000	20,000	10,000	<input type="checkbox"/>	50,000

Waiting period modification cover Y N Option: 1 2 3 4

SECTION 5: my:health KOTI SURAKSHA PERSONAL ACCIDENT INSURANCE

Risk Details:

Number of dependent children:

Nature of employment (Income sources): Salaried Self-employed Student Other Please Specify _____

Education Level _____

If Salaried, please specify occupation: _____

Annual Income: _____

Dependent Parents: Y N If Yes, please provide details _____

Types of Discount

1) Long Term Policy Discount 2) Online Discount 3) Loyalty Discount 4) Employee Discount

Maximum cap on Family, Online, Loyalty and Employee discounts combined is 20%

SECTION B: PERSONAL ACCIDENT

I	Coverages		Sum Insured/Sub Limits	Sum Insured
1	Accidental Death	<input type="checkbox"/>	INR (10,000 to 100,000,000)	
I	Disappearance			
ii	Comatose Benefit		(50% of Sum Insured, max 25 lacs)	
	Optional Cover under Accidental Death			
I	Burns		< Up to INR 10 lacs>	
2	Permanent Disablement	<input type="checkbox"/>	INR (10,000 to 100,000,000)	
3	Temporary Total Disability	<input type="checkbox"/>	INR (500 - 1,00,000) Upto 104 weeks	
I	Temporary Total Disability - Accident Only	<input type="checkbox"/>		
ii	Temporary Total Disability - Accident & Sickness	<input type="checkbox"/>		
4	Broken Bones	<input type="checkbox"/>	INR (100,000 to 25,00,000)	
5	Emergency Medical Expenses	<input type="checkbox"/>	INR (50,000 to 10,000,000)	
I	Optional Covers under Emergency Medical Expenses			
I	Emergency Medical Expenses - Global	<input type="checkbox"/>	INR (750,000 to 7,500,000)	
ii	Co-Payment	<input type="checkbox"/>	10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/>	
6	Hospital Cash - Accident Only	<input type="checkbox"/>	INR (500 - 20,000) per day 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> 15 days <input type="checkbox"/> 20 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/>	
I	Optional Covers under Hospital Cash - Accident Only			
i	Companion Benefit	<input type="checkbox"/>	0.5x <input type="checkbox"/> 1x <input type="checkbox"/> x =Sum Insured selected in Hospital cash	
ii	Hospital Cash - ICU	<input type="checkbox"/>	2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 5x <input type="checkbox"/> 10x <input type="checkbox"/> x =Sum Insured selected in Hospital cash	
iii	Time Deductible modification Option	<input type="checkbox"/>	3 days <input type="checkbox"/> 5 days <input type="checkbox"/>	
iv	Hospital Cash - Global	<input type="checkbox"/>	2x <input type="checkbox"/> 3x <input type="checkbox"/> 5x <input type="checkbox"/> x =Sum Insured selected in Hospital cash	
7	Chauffeur Benefit	<input type="checkbox"/>	INR 250 <input type="checkbox"/> INR 750 <input type="checkbox"/> INR 750 <input type="checkbox"/> INR 1000 <input type="checkbox"/> 7 days <input type="checkbox"/> 15 days <input type="checkbox"/> 30 days <input type="checkbox"/>	
I	Optional Cover under Personal Accident Cover			

1	Preventive Health Check Up	Y <input type="checkbox"/> N <input type="checkbox"/>
2	Last Rites	Y <input type="checkbox"/> N <input type="checkbox"/>
3	Dependent Child Education Benefit	Y <input type="checkbox"/> N <input type="checkbox"/>
4	Renewal Premium Benefit	Y <input type="checkbox"/> N <input type="checkbox"/>
5	Parental Care Benefit	Y <input type="checkbox"/> N <input type="checkbox"/>
6	Medical Evacuation	Y <input type="checkbox"/> N <input type="checkbox"/>

SECTION 6 - TRAVEL INSURANCE

Annual Multi Trip: Plan A: \$250,000 \$500,000 Plan B: \$250,000 \$500,000 Plan C: \$250,000 \$500,000

Purpose of visit: Business Holiday Places to be visited:

Estimated No. of Trips: Estimated Total No. of Travel Days: Maximum Trip Duration: 30 Days 45 Days

Passport No.

MEDICAL AND LIFE STYLE INFORMATION

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

Section A: Has any of the person proposed to be insured ever suffered from/ are currently suffering from any of the following : If Yes, Please fill the relevant details as mentioned below:

Health Conditions	Insured 1 MM - YY	Insured 2 MM - YY	Insured 3 MM - YY	Insured 4 MM - YY	Insured 5 MM - YY	Insured 6 MM - YY
i. High or low blood pressure viz Hypertension or Hypotension, Chest Pain with Heart disorder / Angina , Heart Valve disease, Congenital Heart conditions /Angioplasty/PTCA/By Pass Surgery / Valve replacement etc or any other Cardiac disorder ?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
ii. Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
iii. Ulcer (Stomach/Duodenal), liver or gall bladder disorder or any other digestive tract disorder?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
iv. Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/urinary tract disorder	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
v. Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc) disorder	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
vi. Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
vii. Tumor (Swelling)-benign or malignant, any external ulcer/growth/cyst/mass anywhere in the body?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
viii. Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
ix. Diseases of the Ear/Nose/Throat/Teeth/ Eye (please mention Dioptres in case of refractory error) ?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
x. HIV/AIDS or sexually transmitted diseases or any immune system disorder	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xi. Anaemia, Leukaemia, Lymphoma or any other blood/ lymphatic system disorder	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xii. Psychiatric/Mental illnesses or sleep disorder	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xiii. Uterine Fibroid, Fibroadenoma breast or any other Gynaecological (Female reproductive system)/Breast disorder?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y

xiv. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xv. Been under any regular medication (self/ prescribed)?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xvi. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years other than routine health check-up or pre-employment check-up?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xvii. Undertaken any surgery or a surgery been advised and have surgery still pending?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xviii. Suffered from any other disease/illness/accident/injury other than common cold or viral fever?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xix. Is any of the insured pregnant? If yes please mention the expected date of delivery	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xx. Any complaint of Diabetes, Hypertension or any complication during current or earlier pregnancy?	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y
xxi. Any history ,complaints or symptoms ,have being diagnosed , treated or underwent surgery for any Congenital Defect / Birth Defects or Conditions or Any Genetic Disease/Physical deformity/disability	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y	<input type="checkbox"/> Y <input type="checkbox"/> N M M Y Y

Section B : Additional medical History

Section C: Name and details of Illness/ Medicine/Test/Surgery/ Dioptr grade (for questions answered as Yes in Section A & B above)	Exact diagnosis	Diagnosis date	Date of last consultation	Treatment in/outpatient and details of treatment given	Doctor/Hospital Name and Phone No.
Insured 1					
Insured 2					
Insured 3					
Insured 4					
Insured 5					
Insured 6					

Section D: Name, Address, Qualification and Contact details of the Family Doctor

Name: (First Name) (Middle Name) (Last Name)

Address:

City/Town: District: Pin Code:

Qualification: Email ID:

Phone Number: Mobile:

Section E: Does any person proposed to be insured smoke or consume gutkha/pan masala or alcohol. If yes please indicate the name and quantity per week. (Alcohol/smoke/pan masala/others)

Section F: In respect of any of the persons proposed to be insured:	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
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?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

SECTION 7 – HDFC ERGO BHARAT GRIHARAKSHA

I.	Is there any policy in place for the same property?	<input type="checkbox"/> Y <input type="checkbox"/> N								
II	If Yes, please provide the details.									
Covers Opted										
III	Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹10 Lakh [Rupees Ten Lakh] is automatically provided).	Cover								
		Please tick								
		<input type="checkbox"/> Y <input type="checkbox"/> N								
		<input type="checkbox"/> Y <input type="checkbox"/> N								
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N								
Location of Home Building										
IV	Location of Home Building - full postal address with Pin Code.	Pin Code:								
V	Is it in a multi-storey building or is it a standalone house?									
VI	In case of multi-storey building, please provide the floor number of Your house.									
VII	Is there a basement to Your house?									
Details of Home Building										
VIII	<p>Sum Insured (SI) for Home Building:</p> <p>Please note the following: (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</p> <p>a. For residential structure of Your Home including fittings and fixtures:</p> <p>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</p> <p>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</p> <p>b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</p>	<p>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</p> <p>b. SI for additional structures (in ₹):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Additional structure</th> <th style="width:50%;">Sum insured (In INR)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Additional structure	Sum insured (In INR)						
Additional structure	Sum insured (In INR)									
IX	Carpet area of structure of Home in square metres									
X	Rate of Cost of Construction per square metre at the policy Commencement Date									
XI	Age of Home Building	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Less than 5 years</td> <td style="width:50%;"> </td> </tr> <tr> <td>5-0 years</td> <td> </td> </tr> <tr> <td>10-20 years</td> <td> </td> </tr> <tr> <td>Above 20 years</td> <td> </td> </tr> </table>	Less than 5 years		5-0 years		10-20 years		Above 20 years	
Less than 5 years										
5-0 years										
10-20 years										
Above 20 years										
XII	<p>Construction Details</p> <p>Please note the following: (Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/ plastic/cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction. Construction other than Kutcha Construction is a 'Pucca Construction')</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:50%; text-align:center;">Construction*</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">Walls</td> <td style="text-align:center;">Kutcha/Pucca</td> </tr> <tr> <td style="text-align:center;">Floor</td> <td style="text-align:center;">Kutcha/Pucca</td> </tr> <tr> <td style="text-align:center;">Roof</td> <td style="text-align:center;">Kutcha/Pucca</td> </tr> </tbody> </table> <p>(*strike out what is not applicable)</p>		Construction*	Walls	Kutcha/Pucca	Floor	Kutcha/Pucca	Roof	Kutcha/Pucca
	Construction*									
Walls	Kutcha/Pucca									
Floor	Kutcha/Pucca									
Roof	Kutcha/Pucca									
Details of Home Contents										
XIII	<p>If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured</p> <p>OR</p> <p>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)</p>	<p>Item wise Sum Insured for General Contents (in ₹):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align:center;">Items</th> <th style="width:50%; text-align:center;">Sum insured</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">Furniture, Fixtures and Fittings (Home furnishings)</td> <td> </td> </tr> <tr> <td style="text-align:center;">Electrical / Electronic</td> <td> </td> </tr> <tr> <td style="text-align:center;">Others</td> <td> </td> </tr> </tbody> </table>	Items	Sum insured	Furniture, Fixtures and Fittings (Home furnishings)		Electrical / Electronic		Others	
Items	Sum insured									
Furniture, Fixtures and Fittings (Home furnishings)										
Electrical / Electronic										
Others										
XIV	In case of Basement, If there are contents in it, please provide the Sum Insured.									

In-Built Covers					
XV	<table border="1"> <tr> <td>Loss of rent</td> <td></td> </tr> <tr> <td>Rent for alternative accommodation</td> <td></td> </tr> </table>	Loss of rent		Rent for alternative accommodation	
Loss of rent					
Rent for alternative accommodation					
	Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured: II. Number of Months:				
Optional Covers					
XVI	Do You require 'Personal Accident Cover' for Yourself and Your spouse? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, Name & age of Your spouse: Your age: <input type="text"/> <input type="text"/>				
XVII	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': (Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) (You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh). <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please attach list of items and Sum Insured: Valuation certificate attached? <input type="checkbox"/> Y <input type="checkbox"/> N				

Additional/Add-on Covers (over and above optional covers available on payment of additional premium)

Sl. No	Name of Add-on cover	Sum insured

SECTION 8 - E@Secure INSURANCE

Do you wish to cover your family under this policy? Yes No

*(Please note: Family is restricted and limited to spouse and dependent children only)

Politically Exposed Person (PEP) Status:-

I am PEP I am related to PEP Not Applicable

PEP are defined as individual who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of Status or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, Important political party officials etc.

Do you wish to opt for Data restoration costs for the loss of data due to malware introduction? Cover is limited to 10% of the Limit of liability opted. Yes No

*(Please note: Add on cover is available only for Limit of Liability Rs. 500,000 and above)

*Aggregate Sum Insured: 50,000 100,000 500,000 2,000,000 5,000,000 10,000,000

*Family Floater cover available only on Sum Insured of Rs. 500,000 onwards

Security Incident and Loss History

1. Have any Computer System (e.g. incl. Smartphone) owned by you or your family (if applicable) ever got hacked or compromised in past?

Yes No If "Yes", please provide details

2. Have you or your family (if applicable) ever made a demand, claim, and complaint or filed a lawsuit against any third party alleging invasion or interference of rights of privacy or the inappropriate disclosure of personal information.

Yes No If "Yes", please provide details of matter, current status of the claim and amount of damage.

3. Are you or your family (if applicable) aware of any circumstances which is likely to lead to you suffering a loss or a claim being made against you which would be covered under this policy you applying for?

Yes No "Yes", please provide details

4. Have you or your family (if applicable) ever been a victim of online-fraud and/or online-defamation?

Yes No If "Yes", please provide details

Declaration

I, the undersigned, declare and acknowledge:

- that I understand that I am required to disclose in this form, fully and faithfully, all the facts that I know or ought to know, otherwise the policy issued hereunder shall become voidable at the option of the Insurer;
- that I undertake not to use any illegal software that undermine the security of my system.
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a contract of insurance is entered into, I am obliged to inform the Company of any changes to any information supplied or of any new information that is relevant;
- that I understand Company relies on the accuracy of the information and documentation supplied proposing this insurance;
- that if a contract is entered into, all information and documentation supplied for proposing this insurance shall be incorporated into and form part of such contract of insurance;
- that I have read and understood the important notices which form part of this proposal;
- that I have understood, no insurance is in force until a contract of insurance is entered into, which is conditional upon acceptance of my proposal for insurance by the Company;
- that signing of this proposal does not bind the undersigned to purchase the insurance, but it is agreed that this proposal shall be the basis of insurance should a policy be issued and will be attached to form part of the insurance policy

4. 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 Nominee

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

Appointee Name	Relationship	Address of Appointee

5. EXISTING / PREVIOUS INSURANCE POLICY DETAILS

Does any person proposed to be insured presently hold any Health Insurance/Critical Illness/any other Insurance Policies from HDFC ERGO/any other Insurer? Y N

If Yes please provide below details _____

Since when you are continuously insured: _____ Do you want us to consider these details for continuity*? Y N

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

*Please note that continuity of benefits shall NOT be considered if the above question of want of continuity is not replied affirmative, details are not provided and Portability form and relevant supporting documents are not submitted

If no, please tick below declaration:

I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that I/We do not hold any Critical Illness policy from HDFC ERGO.

6. TYPE OF DISCOUNT

No. of Products/Sections Opted.

No of Products/Sections Opted	Discounts
2	2.5%
3 to 4	5.0%
> 4	7.5%

*These are additional discounts applicable over and above the discounts available in the individual products.

7. PREMIUM PAYMENT DETAILS

Premium Details: Amount (₹) _____ (In words) _____	
Premium Payment Options - <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Year <input type="checkbox"/> Annual	
Premium Payment Options - <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Card	
Cheque No.: <input style="width: 100px;" type="text"/>	Date: <input style="width: 100px;" type="text"/>
Bank Name: <input style="width: 300px;" type="text"/>	Amount (₹): <input style="width: 100px;" type="text"/>
Credit Card / Debit Card No.: <input style="width: 150px;" type="text"/>	Card Type: <input type="checkbox"/> Master <input type="checkbox"/> Visa Expiry Date: <input style="width: 100px;" type="text"/>
Relationship with Proposer: <input style="width: 100px;" type="text"/>	

8. BANK A/C DETAILS

* 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 style="width: 100px;" type="text"/>	Name as in Bank Account: <input style="width: 300px;" type="text"/>
Bank Name: <input style="width: 300px;" type="text"/>	Bank Account No.: <input style="width: 100px;" type="text"/>
Branch Name: <input style="width: 300px;" type="text"/>	IFSC Code: <input style="width: 100px;" type="text"/>
Cheque Date: <input style="width: 100px;" type="text"/>	MICR Code: <input style="width: 100px;" type="text"/>
Cheque Amount for ₹: <input style="width: 100px;" 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.

9. DECLARATION FOR TRAVEL INSURANCE

- I hereby declare that the Insured Person(s) listed above –
- Is/Are not be travelling against the advice of a physician, Is/Are not on the waiting list for any medical treatment, Is/Are not travelling for the purpose of medical treatment, Have not received a Terminal Prognosis for a medical condition before this day.

10. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS 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 underwriting policy of the Company and that the policy will come into force only after full receipt of 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 doctor or hospital who at anytime has attended on the life to be insured/ proposer or from any pastor present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for 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 claim 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.

11. 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 Form by HDFC ERGO General Insurance Company Ltd. along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Ltd. 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 Ltd., such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Ltd. along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Ltd 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 Ltd. receives premium payment.) You are obliged to inform HDFC ERGO General Insurance Company Ltd. without any delay & in writing of all doctors or other members of medical profession whom you or any of the proposed member have consulted & all changes in your or any other proposed members' state of health between the filing of this application form & inception of your insurance cover. If you are in any doubt, please seek the advice of your insurance advisor.

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 defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for 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 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 prospectus or tables of the insurer.

Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Ten Lakh Rupees.

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 _____

Signature of the Proposer _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

12. 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:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of the insured : _____ Signature of the insured: _____

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

13. 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: _____

14. CHECKLIST

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

1. ID Proof : Passport/ PAN Card/ Voter ID/ Driving License/ Letter from a recognized public authority
2. Proof of Residence : Telephone Bill/ Bank Account Statement/ Letter from any recognized public authority/Electricity Bill/ Ration Card
3. Age Proof : Birth certificate / School Leaving Certificate/ PAN Card/ Driving License/ Passport
4. Renewal Notice with claim details
5. Photocopies of all previous policies and endorsements

15. FOR OFFICE USE ONLY

Channel Partner Code:

Branch Location: _____

Signature of Channel Partner: _____

16. PERFORATED ACKNOWLEDGEMENT

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.

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

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.