

Please paste the photographs in sequence (Insured 1, Insured 2, Insured 3, Insured 4, Insured 5 & Insured 6) as specified in section 3 - Proposed insured details

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

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. For all other persons proposed to be insured, the proposer shall be the nominee.

Nominee Name	Relationship	Address of the Nominee

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

Appointee Name	Relationship	Address of the Appointee

5. EXISTING/PREVIOUS INSURANCE DETAILS

Is the proposer or any of the persons proposed, already insured under a plan with HDFC ERGO General Insurance Company Limited or any other insurer or is a proposal pending for Policy issuance? Yes No

If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal.)

Since when are you continuously insured:

Do you want us to consider these details for continuity? Yes No Member ID Employee ID

Policy No./Application No.	Insurer	Period of Insurance												Sum Insured (Rs.)	Claims lodged during the preceding 3 years
		From						To							
		D	D	M	M	Y	Y	D	D	M	M	Y	Y		
		D	D	M	M	Y	Y	D	D	M	M	Y	Y		
		D	D	M	M	Y	Y	D	D	M	M	Y	Y		
		D	D	M	M	Y	Y	D	D	M	M	Y	Y		
		D	D	M	M	Y	Y	D	D	M	M	Y	Y		
		D	D	M	M	Y	Y	D	D	M	M	Y	Y		

6. MEDICAL AND LIFE STYLE INFORMATION

IMPORTANT: You must answer these questions truthfully. Not doing so affects your coverage in case of a Claim

Signature of the Proposer

Medical History: Please answer the below mentioned questions Yes (Y) or No (N) ONLY:

Section A : Have any of the persons proposed to be insured ever suffered from/are currently suffering from any of the following :		Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
i.	Hypertension, chest pain, Ischemic heart disease or any other cardiac disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
ii.	Tuberculosis, asthma, bronchitis or any other lung/respiratory disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
iii.	Ulcer (stomach/duodenal), hepatitis, cirrhosis or any other Digestive or Liver/ Gallbladder disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
iv.	Renal failure, calculus or any other Kidney/Urinary tract or Prostate disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
v.	Dizziness, Stroke, Epilepsy, Paralysis or other brain/ nervous system disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
vi.	Diabetes, Thyroid disorder or any other endocrine disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
vii.	Tumor-benign or malignant, any ulcer/growth/cyst	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
viii.	Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
ix.	Diseases of the Nose/Ear/Throat/Teeth/ Eye (please mention Diopters)	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
x.	HIV/AIDS or sexually transmitted diseases or any immune system disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□
xi.	Anaemia, Leukaemia or any other blood/lymphatic system disorder	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□	Y□/N□

ADDITIONAL INFORMATION

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

8. 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, answers and/or particulars given by me 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 Insurance 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 consent to the company seeking medical information from any hospital who at anytime 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 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 claims settlement and with any Governmental and/or Regulatory Authority.
- I/We have understood the purpose of Aadhaar authentication and hereby state that I/We have no objection in providing my Aadhaar details.
- 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.

Date :

Place :

Signature of the Proposer :

VERNACULAR DECLARATION

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of the Proposer : _____

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same :

Signature of the Proposer :

Signature of the witness :

Date :

Place :

Name of the witness :

9. 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) :

Date :

Place :

Signature of Agent :

10. 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 : Proof of Age
4. Renewal Notice with claim details
5. Certification of previous insurer for previous claim details
6. Photocopies of all previous policies and endorsements

11. FOR OFFICE USE ONLY

HDFC ERGO General Insurance Company Limited Office Code	:	Advisors Code & Name :
Branch Receipt Date	:	Channel Type :
Business Type	:	Urban/ Rural/ Social

