HDFC ERGO General Insurance Company Limited

Hospital Cash Insurance Proposal Form

Application No.

FOR OFFICE USE ONLY INSTRUCTIONS

IMD Name

IMD Code Mobile No.

PROPOSER DETAILS

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

Address:

Landmark: City: Pin Code:

State:

Date of Birth* D D M M Y Y Y Marital Status: Married Single Others

Email ID* Nationality

Mobile No.:* Profession:

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

SECTION - I

Name of Primary Insured (First Name) (Middle Name) (Last Name)

Residence Address - 1

City State Pin Code

Phone No's. Email ID

Residence Address - 2

City State Pin Code

Phone No's. Email ID

Office Address: - 1

City State Pin Code

Phone No's. Email ID

Office Address: - 2

City State Pin Code

Phone No's. Email ID

Correspondence Address: Residence Address Office Address

Please provide the information below for Persons desired to be covered under the plan :

Name of the Insured Person	Relationship with Primary Insured Person	Date of Birth	Existing Injury/ Disability/Sickness	Name of the Beneficiary	Relation of Beneficiary to Insured Person	ABHA ID (if available)
	Self					
	Husband/ Wife					
	Son/ Daughter					
	Son/ Daughter					
	Dependent Father					
	Dependent Mother					

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: https://healthid.ndhm.gov.in/register

PF/Ver - 1 JAN2024

Printing Code: HospitalCash/PF/200/JAN2024

SECTION - II

Plan Opted:	Plan A	Plan B	Plan C

Details of any major illnesses contracted requiring hospitalization by persons proposed for insurance in the previous 5 years:

Persons Name

Dates of Treatment D D M M Y Y Y

Current Medical Condition

Follow-up action, if any

SECTION - III

- I accept the Terms and Conditions of the insurance policy
- I authorize the insurance company to obtain any records or references, be they medical or otherwise, in consideration of this insurance or any potential claims in the future.
- I certify that all the information provided in this proposal and any attachments are true and correct. I understand that all information provided in this proposal and any attachments is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information.

FRAUD WARNING: 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 Rs.10 Lakhs

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.

Place:

Date: D D M M Y Y Y Y

Signature of the Proposer

SECTION - IV

To be completed by anyone who assists the applicant in completing this proposal

I certify that I have explained the contents of this proposal to the applicant and that the applicant fully understands the contents of the proposal. I recorded the applicant's replies to the questions contained in this proposal as per the information provided by the applicant. I read these replies aloud to the applicant, who fully understands them and confirms that they are accurate.

Name

ID / PP #

Date: D D M M Y Y Y Y

Signature

SECTION - V

Details of any friends / relatives who would be interested to protect themselves against Hospital Cash Products:

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

Address

City State Pin Code

Phone No's. Email ID

Would you be interested in any of our other products?

☐ Personal Accident ☐ Motor Insurance ☐ Home Insurance