HDFC ERGO General Insurance Company Limited

my:health Medisure Super Top Up - Proposal Form

Application No.

1. Please fill the form in BLOCK LETTERS.
2. Please answer all the questions fully and correctly. If a particular question isnot applicable to you, please mark that question as Not Applicable "N/A".

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

Intermediary Name

Intermediary Code Intermediary Number

PROPOSER DETAILS

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

Address

District City Pin Code

State #Mobile Nationality

Email Get Policy on Email: Yes No

Date of Birth: D D M M Y Y Y Y Gender: Male Female TG Marital Status: Married Unmarried

Profession: Salaried Self Employed Others Detail PAN No.:

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

PROPOSED POLICY DETAILS

Type: Individual Floater Policy Period: From D D M M Y Y Y Y to D D M M Y Y Y Y

Policy Duration: 1 Year 2 Years 3 Years Politically Exposed Person Yes No

#Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

DEDUCTIBLE & SUM INSURED

Aggregate Deductible (₹)	Sum Insured (₹)			
2 lakhs	3 lakhs	8 lakhs		
3 lakhs	7 lakhs	12 lakhs		
4 lakhs	6 lakhs	11 lakhs	16 lakhs	
5 lakhs	5 lakhs	10 lakhs	15 lakhs	20 lakhs

PROPOSED INSURED(S) INFORMATION

Sr. No.	Name	Relationship with Proposer	Date of Birth (DDMMYY)	Gender (M/F/TG)	Profession/ Occupation	Name of Pre-existing illness (If any)	Height (in cms)	Weight (in kgs)	Sum Insured (₹)	ABHA ID (if available)

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: MDSTU/PF/0081/JAN2024

NOMINEE DETAILS

Name of Insured	Name of Nominee	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

ADD-ON COVERS

1	**my:health Critical Illness** (You can opt for a Sum Insured from 1 Lakh to 500 Lakhs)	**Plan 1** (9 Illnesses)	**Plan 2** (12 Illnesses)	**Plan 3** (15 Illnesses)	**Plan 4** (18 Illnesses)
		Plan 5 (25 Illnesses)	**Plan 6** (40 Illnesses)	**Plan 7** (51 Illnesses)	
2	**my:health Hospital Cash Benefit:**	☐ Yes ☐ No			
2 (a)	**Hospital Cash benefit - Global (Optional cover)**	☐ Yes ☐ No			

Sr. No.	Name	my:health Critical Illness Sum Insured	my:health Hospital Cash Sum Insured Per Day Sum Insured in ₹								
			500	1,000	1,500	2,000	2,500	3,000	5,000	7,500	10,000
1											
2											
3											
4											
5											
6											

my:health critical illness add-on can be opted by adults (persons over 18 yrs of age) only.

Sum Insured for add-on covers is on individual basis only.

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Medidaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

Since when you are continuously insured:
Do you want us to consider these details for continuity*? ☐ Yes ☐ No

Sr. No.	Policy No.	Insurer	From Date (DDMMYY)	To Date (DDMMYY)	Sum Insured	Previous Health Card Number
1.						
2.						
3.						
4.						
5.						
6.						

Claim Details			Cumulative Bonus Earned	
No. of Claims	Amount	Ailment	%	Amount (₹)

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 / Migration details 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 Health Insurance / Critical Illness Policy from HDFC ERGO or any other insurer.

MEDICAL AND LIFE STYLE INFORMATION

Please answer the below mentioned questions in Yes (Y)/No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper

Does any person, proposed to be insured, suffer from or have been treated for any heart relatedailment/blood pressure? ☐ Yes ☐ No

Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? ☐ Yes ☐ No

Does any person, proposed to be insured, suffer from any other disease/ailment? ☐ Yes ☐ No

Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability?

☐ Yes ☐ No Please provided details of hereditary medical history, if any .....

If answer to the above questions is Yes, please elaborate:

Sr.No.	Name of the person proposed to be insured	Name of illness/injury suffering from or suffered in the past *Treatment/medication received/receiving	Date first diagnosed /treated	Name of attending Medical Practitioner/ Surgeon with address & Tel. No./Hospital details	Whether fully cured
1.					
2.					
3.					
4.					
5.					

PAYMENT & BANK ACCOUNT DETAILS

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

Premium Payment Options - ☐ Monthly ☐ Quarterly ☐ Half Year ☐ Annual

Premium Payment Options - ☐ Cash ☐ Cheque ☐ DD ☐ Card ☐ ECS

Cheque No.: ☐☐☐☐☐☐☐ Date: D D M M Y Y Y Y

Bank Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Amount (₹): ☐☐☐☐☐☐☐

Credit Card / Debit Card No.: ☐☐☐☐☐☐☐☐ Card Type: ☐ Master ☐ Visa Expiry Date: D D M M Y Y Y Y

Relationship with Proposer: ☐☐☐☐☐☐☐☐

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.: ☐☐☐☐☐☐☐☐☐☐ Name as in Bank Account: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Bank Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cheque Date: D D M M Y Y Y Y MICR Code: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cheque Amount for ₹: ☐☐☐☐☐☐☐☐☐☐

***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.
- 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

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 HDFCERGO 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 Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10Lakhs.

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: D D M M Y Y Y Y

Signature of Agent

CHECK LIST

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. Photocopies of all previous policies and endorsements

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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 30 days.