

Application No.

### FOR OFFICE USE ONLY

IMD Name

IMD Code  Mobile No.

### INSTRUCTIONS

- (All fields are mandatory and fill in CAPITALS only)
- 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.ds while writing address.

### PROPOSER DETAILS

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

Address\*:

Landmark:  City:  Pin Code:

State:  Nationality

Date of Birth\*  (D D M M Y Y Y Y) Marital Status: Married  Single  Others  Mobile No.\*

Email ID\*

Profession: Salaried  Self Employed  Others Detail  PAN No.:

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

### DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Sr. No.	Name	Gender	Date of Birth	Height	Weight	Relationship with Proposer	Basic Sum Insured
1		M/F/TS					
2		M/F/TS					
3		M/F/TS					
4		M/F/TS					
5		M/F/TS					
6		M/F/TS					
7		M/F/TS					
8		M/F/TS					
9		M/F/TS					
10		M/F/TS					

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

### NOMINEE DETAILS

Name	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

### PLAN DETAILS

Policy Type: Individual/Floater

Policy Period: From  To  Policy Period:  1 Year  2 Years  3 Years

**SUM INSURED IN ₹**

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 Yes  No

Policy Period: 1  2  3  4

**EXISTING/PREVIOUS INSURANCE POLICY DETAILS**

Is the proposer or the persons proposed, already insured under a plan with HDFC ERGO Health Insurance Company Limited or any other insurance company? If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal.)

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

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.

**MEDICAL AND LIFE STYLE INFORMATION**

**Medical History:** Please answer the below mentioned questions in MM - YY of diagnosed date.

**Section A:** Has any of the persons 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:

Section B: 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, Chest Pain, or any other cardiac disorder?	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>
II. Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>
III. Ulcer (Stomach/Duodenal), liver or gall bladder disorder or any other digestive tract disorder?	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>
IV. Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/urinary tract disorder	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>
V. Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc) disorder	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>
VI. Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder?	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>
VII. Tumor (Swelling)-benign or malignant, any external ulcer/growth/ cyst/mass anywhere in the body?	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>
VIII. Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>



**PAYMENT & BANK ACCOUNT 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	D D M M Y Y Y Y
Cheque No.:		Date:			
Bank Name:		Amount (₹):			D D M M Y Y Y Y
Credit Card / Debit Card No.:		Card Type:	<input type="checkbox"/> Master <input type="checkbox"/> Visa	Expiry Date:	
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.
- 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.

**DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED**

**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 Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹ 10 Lakhs.

Place:		
Date:	D D M M Y Y Y Y	

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 witnessed by someone other than agent/employee of the company)

The content of this form and its particulars have been explained in vernacular to the Proposer who has understood and confirmed the same.

Name of the Translator:

Place:

D D M M Y Y Y Y

Date:

Signature of the Translator

Name of the Insured:

Place:

D D M M Y Y Y Y

Date:

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:

D D M M Y Y Y Y

Date:

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

### FOR OFFICE USE ONLY

Channel Partner Code: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Signature of Channel Partner: \_\_\_\_\_



### ACKNOWLEDGMENT 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.

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: [D][D][M][M][Y][Y][Y][Y] 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.