

**Accident Protection Plan - Hospital Cash - Proposal Form**

(All fields are mandatory and fill in CAPITALS only)

**CUSTOMER INFORMATION**

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

Occupation  Clerical/Administrative  Professional - Service / Business  Engineer/Worker/Supervisor  Driver/Daily Wage Labourer

Persons engaged in military service, professional sports, mine workers, fire workers, fire fighters, water vessel crew, oil field/oil rig workers, structural workers, window cleaners, junk/salvage workers, saw mill workers, security guards and similar hazardous occupations are excluded under the plan.

Address

City  Pin Code

State  Sex Male  Female

Tel. (Res.)  (STD Code)  (Off.)  (STD Code)  Mobile

Email

**PREMIUM DETAILS**

Amount Rs.  Rupees \_\_\_\_\_

**SOURCES OF FUND**

Salary  Business  Other  (Please Specify) \_\_\_\_\_

**BANK ACCOUNT DETAILS**

Bank Account No.  Bank Name \_\_\_\_\_

Branch Name & Address \_\_\_\_\_

Annual Gross Income Rs.

Please provide the information below for persons to be covered

	First Name of Insured Person	Surname of Insured Person	Date of Birth	Name of Beneficiary	Relationship of Beneficiary to Insured Person
Self			D D M M Y Y Y Y		
Spouse			D D M M Y Y Y Y		
Dependent			D D M M Y Y Y Y		
Dependent			D D M M Y Y Y Y		

**ACCIDENT INSURANCE**

(All figures in Rs. All premiums are inclusive of service tax and education cess.)

PLAN	15 LAKH	25 LAKH	35 LAKH	50 LAKH	75 LAKH
<b>Premium Payable Yearly</b>					
Self Plan	<input type="checkbox"/> 2,695	<input type="checkbox"/> 4,345	<input type="checkbox"/> 5,995	<input type="checkbox"/> 8,470	<input type="checkbox"/> 12,595
Self & Family Plan*	<input type="checkbox"/> 3,979	<input type="checkbox"/> 6,485	<input type="checkbox"/> 8,991	<input type="checkbox"/> 12,750	<input type="checkbox"/> 19,014
<b>Add-on Premium</b>					
Hospital Cash Rs. 1,000/day	<input type="checkbox"/> 414	<input type="checkbox"/> 414	<input type="checkbox"/> 414	<input type="checkbox"/> 414	<input type="checkbox"/> 414
<b>Benefits Payable</b>					
Accident Death	15,00,000	25,00,000	35,00,000	50,00,000	75,00,000
Permanent Total Disablement	15,00,000	25,00,000	35,00,000	50,00,000	75,00,000
Temporary Total Disablement**	3,750	3,750	7,500	12,500	18,750
Broken Bones	50,000	50,000	50,000	50,000	50,000
Last Rites	5,000	7,500	7,500	10,000	12,000

\* Family plan benefits : Accidental death & permanent total disability - Spouse 50%, Children (max 2) 10%. \*\* Maximum upto 52 weeks; time deductible 1 week.

