HDFC ERGO General Insurance Company Limited

Proposal Form

Easy Health

Photograph

Proposal Number _____

Please read all questions carefully and provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy, even after issuance. It is not obligatory for us to accept any risk or issue policy to anyone.

Regulations mandate that the coverage can incept only after we have received the full amount of premium and have explicitly accepted the risk.

Note: In case any details mentioned in this Proposal Form is incorrect, please contact us immediately.

1. Please fill the form in BLOCK LETTERS.
2. Please answer all the questions fully and correctly. If a particular question is not applicable to you, please mark that question as Not Applicable "N/A".
3. 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.

1. PROPOSER DETAILS

Proposer: (Mr/Mrs/Ms)

Date of Birth D D M M Y Y Y Y **Gender:** Male ☐ Female ☐ Third Gender ☐

Telephone **Mobile No.**

GSTIN/ UIN (if any) of Policy Holder

E-Mail

Current Address

☐ Please tick if your permanent address is same as above. If not, kindly fill the below:

Permanent Address

City District

State Pin Code

Residential Status ☐ Resident Indian ☐ NRI

Current Country of Residence

Permanent Account Number (PAN)

I have eIA ☐ Y ☐ N

I would like to apply for eIA ☐ Karvy ☐ CAMS ☐ NSDL ☐ CDSL

Annual Income ☐ Upto 2.5 Lac ☐ 2.5 Lac to 5 Lac ☐ 5 Lac to 15 Lac ☐ 15 Lac to 30 Lac ☐ Above 30 Lac

Occupation	☐ Salaried	☐ Self Employed	☐ Business Owner
	☐ Student	☐ Housewife	☐ Retired
	☐ Others _____		
	If others, please select source of income whichever is applicable:		
	☐ Rentals		☐ Interest
	☐ Pension		☐ Investment
Industry Type	☐ Antique dealer	☐ Art dealer	☐ Jewellery
	☐ Import-Export	☐ Mining	☐ Shipping
	☐ Scrap Dealing	☐ Agriculture	☐ Stock Broking
	☐ BFSI	☐ Real Estate	☐ Manufacturing
	☐ if Others, please specify _____		
CKYC No.			
Is your total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs?	☐ Y		☐ N
Do you have investable assets for more than INR 5 crores? (Investable assets like cash holdings, deposits, stocks and bonds etc.)	☐ Y		☐ N
Is your total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited INR 30 lakhs or more?	☐ Y		☐ N
Are you a Politically Exposed Person (PEP) or family member/ close relative / associate of PEP	☐ Y		☐ N

Note: Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

Note: Premium will be dependent on the current address as provided above in the Proposal Form.

Please submit a certified copy of any of the below Officially Verified Document (OVD):

ID Proof Type: PAN ☐ Aadhaar ☐ Passport ☐ Driving License ☐ Voter's Card ☐ NREGA Job Card ☐

If Others (Any document notified by Central Government), please specify _____

ID Proof No. ☐☐☐☐☐☐☐☐☐☐

Highest Qualification: Under Matriculate _____ Matriculate _____

Graduate _____ Post-Graduate _____ Higher _____

Profession: Salaried ☐ Self Employed ☐ Others ☐ Details _____

Nationality _____ Marital Status _____

Please tell us how would you like to have Policy Schedule-

I choose to have verified & digitally signed policy document accessible anytime, anywhere at my fingertips.

Yes ☐ No ☐

I choose e-insurance account to view or download policy details from an Insurance Repository & hereby give my consent to share my KYC details (including Aadhaar No./PAN, if provided) with the Insurance Repository.

Yes ☐ No ☐

2. PLAN DETAILS

Coverage: Individual ☐ Family Floater ☐

Policy Period: 1 Year ☐ 2 Year ☐

Plan: Standard ☐ Exclusive ☐

Proposed Policy Period: From D D M M Y Y Y Y To D D M M Y Y Y Y

3. PROPOSED INSURED(S) DETAILS

S. No	Name of Insured Person	Relationship with Proposer	Gender* (M/F/T)	Date of Birth (dd/mm/yyyy)	Height (cms)	Weight (kgs)	Sum Insured (Rs.)**	Critical Illness Sum Insured****	Mobile Number	Politically Exposed person (Y / N)	ABHA ID (if available)
1											
2											
3											
4											
5											
6											

* Gender Code - M (Male), F (Female), T (Third Gender)

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

****Critical Illness Sum Insured would be 50% or 100% of the Sum Insured subject to a minimum of Rs. 100,000 and maximum of Rs. 10 Lacs and the same rule is applicable to all members.

Notes:

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

Total premium payable (including tax & cess): _____

RIDER DETAILS:

Plan Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Critical Advantage Rider Sum Insured (USD)#						

Individual Personal Accident Rider##	Y/N	Not Applicable				
Protector Rider ^	Y ☐ / N ☐					
Hospital Daily Cash Rider Sum Insured (in Rs.)^	☐ 1000 per day ☐ 2000 per day ☐ 3000 per day					
Parenthood^^	☐ ₹ 50K ☐ ₹ 100K ☐ ₹ 150K ☐ ₹ 200K					
ABCD Chronic Care **(If opted kindly tick)**	☐	☐	☐	☐	☐	☐

Notes pertaining to Add-on covers

a) Critical advantage rider will be offered if base policy Sum Insured is Rs. 10 lacs & above. The rider will be offered on individual sum insured basis. Rider can be opted by adult dependent only if primary insured also opts for the same. In case of dependent children and dependent parents rider can be opted on all or none basis.

b) ## Sum Insured under Individual Personal Accident rider will be 5 (five) times the Sum Insured of Easy Health (Base Plan) up to a maximum of Rs. 1 Crore and this rider will be offered only to the Proposer.

c) ^Protector Rider, Hospital Daily Cash Rider Add-on will be offered on individual sum insured basis if the base plan is on individual sum insured basis or floater sum insured basis if the base plan is on floater sum insured basis.

d) ^^ 'Parenthood' can be opted if at least 1 female of 18 year or above is insured under the Base plan.

Total premium payable (including tax & cess) for Easy Health & Riders: _____

***PHOTOGRAPHS**

Please paste the photographs in sequence [Insured 1, Insured 2, Insured 3, Insured 4, Insured 5 and Insured 6] as specified in section 3

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

*For regulatory reference
If policy is purchased offline, then this field will be applicable.

4. NOMINEE DETAILS

Name of Person Proposed to be insured	Name of Nominee	Relationship	Address of the Nominee	Permanent Address of Nominee (If same not required to be filled)	e-mail of Nominee	Mobile number of Nominee	Bank account number of Nominee	IFSC Code	Name of the Bank	% Share of Nomination

Where Nominee is a minor, please give the details of Appointee

Name of the Appointee	Relationship to Nominee	Address of the Appointee

Note:

1. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.
2. Name of Nominee should be as per bank records to ensure smooth processing

Other Items

Go Green and make a difference to our planet! We shall provide you with soft copy of your Policy at your registered e-mail id.

Note: Soft copy of your policy can be easily accessed at your fingertips to refer to terms and conditions, for lodging claims and for any other service needs.

☐ Additionally, by ticking the check box we understand that you wish to have a physical copy of your policy.

For details on the process to receive your physical policy kindly visit “Help” section on www.hdfcergo.com or contact our customer care for the same.

5. EXISTING/PREVIOUS INSURANCE DETAILS

Is the proposer or the persons proposed, already insured under a plan with HDFC ERGO General Insurance Company Limited or any other insurance company?

If yes, please provide details as per the portability form.

Do you want Us to consider these details for continuity? Yes ☐ No ☐

6. MEDICAL AND LIFESTYLE QUESTIONS

Important: You must answer the following questions truthfully. Not doing so affects your coverage in case of a Claim

Medical History: Please answer the below mentioned questions individually in Yes(Y)/No (N):

Section A : Does any of the following health statement hold true for any of the members proposed to be insured.	Insured person 1	Insured person 2	Insured person 3	Insured person 4	Insured person 5	Insured person 6

Have you ever been diagnosed with Diabetes/ Heart disease/ Stroke or paralysis/Cancer, Rheumatoid Arthritis, Ankylosing spondylosis/ Any organ failure or transplant/ HPV(Human Papilloma Virus), EBV (Epstein Barr Virus), Hep BV (Hepatitis B Virus) or Hep CV (Hepatitis C Virus)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Note: If any of the below Medical conditions is answered as Yes (Y), please answer the Questions in Annexure A.						
Have you undergone any surgery OR hospitalization for more than 10 days at a time in the past OR are you awaiting any treatment or surgery that you have been advised	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Have you been consulting a doctor regularly for any disease or complaint OR been under any medication regularly for more than 2 weeks or noticed any growth or tumor in the body?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Have you experienced pain for more than 7 days in any part of body OR restriction of any movement OR difficulty in swallowing or breathing OR any difficulty in carrying out your daily activities?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Did you ever have fits, HIV (Human Immune deficiency virus), persistent headache or persistent cough OR blood in stool (frequency) or any bleeding from any other orifice / body opening for more than 5 days?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

Section B: Do you or any of the Insured members	**Insured**	**Insured**	**Insured**	**Insured**	**Insured**	**Insured**
Consume alcohol/tobacco in any form (if Yes, please answer the following)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
How many days in a week do you consume alcohol	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Since how many years have you been smoking	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
How many Cigarettes/Bidi/Cigars do you smoke in a day	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
How many packets of chewing tobacco/pan masala/gutkha do you consume in a day	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

7. PREMIUM PAYMENT DETAILS –

Premium payment option: Single ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Annual ☐

Instrument Type: Cheque ☐ Debit Card ☐ Credit Card ☐ Net Banking ☐ Others_____

Instrument Number	Name of the Premium Payor	Relationship of Payor with Proposer	Bank Details	Date	Amount (Rs.)

In case Premium is more than Rs.50,000, please provide PAN details. ☐☐☐☐☐☐☐☐☐☐

Please make a A/c Payee Cheque/DD/Pay Order/Online transfers in favour of 'HDFC ERGO General Insurance Company Limited' only.

For refund (Excess Premium/PPC reimbursement) and for payment of claims credited directly into your bank account

Please provide the following bank details and a copy of a Cancelled Cheque for direct credit into your bank account:

Cheque No		Name as in Bank Account	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		MICR Code	
Cheque Amount for ₹			

Note:

1. The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.
2. Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly
3. Name on Cancelled Cheque should match with Proposer Name to ensure smooth refund / claim processing
4. If ECS is selected, please submit the standing instruction form available at our branches.

8. DECLARATION, CONSENT & WARRANTY ON BEHALF OF ALL PERSON(S) 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 including the minor/s insured, if any.
- I/ We understand that the information provided by me/ us 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 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 Insurance Company.
- I/We declare and further consent to the Insurance Company to seek medical and other relevant information from any hospital who at any time has attended the person to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the person to be insured / proposer and seeking information from any insurance company to which an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- I/ We declare and provide my unconditional consent that, pursuant to a claim filed by me/ us, the Insurance Company can seek medical and other relevant information/ documents for me/ us from any Doctor and/ or Hospital where I, or other Insured, had taken treatment i.e. OPD and/ or hospitalization etc.
- I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/ or claims.
- I/ We authorize the Company to process my/ our Personal information for profiling purposes and contact me/ us for (i) communicating for renewal of the Policy, (ii) upsell and/ or cross sale of other insurance products.
- I/ We authorize the Insurance Company to share my/ our Personal Information and other relevant records details with (i) the Law Enforcement Agencies, as and when demanded and (ii) any other vendor as per the requirement etc. like printing the Insurance policy/ renewal reminders or any other such activity.
- I/ We authorize the Insurance Company to share my/ our Personal Information and/ or medical Information/ records with any Government and/ or Statutory authorities/ bodies, including but not limited to Insurance

Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and/ General Insurance Council etc.

- Customer Satisfaction Surveys: I/ We hereby consent to the Insurance Company to use and share my/ our Personal Information with the vendors for the purpose of conducting customer satisfaction surveys and related activities aimed at improving service quality and enhancing the overall customer experience.
- 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/We hereby consent that, in any of the above scenarios, my/ our Personal Information and the medical documents etc. can be shared, and/ or accessed, as the case may be, without any intimation to me/ us.
- 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.

Signature of the Proposer: _____ **Date:** _____

Time: _____ **Place:** _____

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 Rs. 10 Lakhs.

9. WHATSAPP DECLARATION

☐ I authorize HDFC ERGO General Insurance to contact me via Whatsapp.

HDFC ERGO General

*The Proposer has provided consent through CCC (customer Confirmation Code)/OTP (One Time Password) to issue this policy on the basis of information shared by him/her in this Proposal Form.

Date: _____ Time: _____ Place: _____

*For regulatory reference

If policy is purchased offline, then this field would not be applicable and will be replaced by:

Signature of Proposer: _____

10. SPECIFIED PERSON/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 (in vernacular if required), 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)

*Signature of Agent: _____ Date: _____

Place: _____

*For regulatory reference

If policy is purchased offline, then the above field would be applicable.

11. VERNACULAR / ASSISTANCE DECLARATION

Declaration in case the proposal is filled by other than the Proposer if the proposer is illiterate or having disability and requires assistance in completing the proposal form (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 to the Proposer who has understood and confirmed the same)

Name of the Translator / Representative: _____

Place: _____

Date: _____

_____

Signature of the Translator / Representative

Name of the Proposer: _____

Place: _____

Date: _____

_____

Signature of the Proposer

12. *CHECKLIST

Please check the following documents are attached along with the proposal form.

i. ID Proof: Passport/ Pan Card/Voter id card/Driving License/ Letter from a recognized public authority

ii. Proof of residence: Telephone Bill/ Bank Account Statement/ letter from any recognized public authority/ Electricity Bill/ Ration Card

iii. Age Proof: Proof of Age

iv. Renewal Notice with claim details

v. Certification of previous insurer for previous claim details

vi. Photocopies of all previous policies and endorsements

*For regulatory reference

If policy is purchased offline, then this field will be applicable.

13. FOR OFFICE USE ONLY

HDFC ERGO Office Code: _____ Advisor Code and Name: _____

Branch receipt Date: _____ Channel Type: _____

Business Type: _____ Urban/ Rural/ Social

Annexure A

The below questionnaire is an addendum to the medical questions under Section A of Medical and Lifestyle questions. These are to be answered only if any of those questions is answered as Yes (Y).

Note: Please provide the supporting documents (Discharge summary if hospitalized/Doctor Consultation/ Investigation reports/Follow up reports/biopsy reports) for the conditions answered as Yes(Y) for medical underwriting.

S. No.	Section A : Does Any of the following heath statements hold true for any of the members proposed to be insured :	Insured person 1	Insured person 2	Insured person 3	Insured person 4	Insured person 5	Insured person 6
Have you undergone any surgery OR hospitalization for more than 10 days at a time in the past OR are you awaiting any treatment or surgery that you have been advised	Ligament tear of Knee	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Fracture Femur(thigh bone)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Fracture Humerus (arm)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Fracture Radius/Ulna (forearm)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Fracture Tibia/Fibula (leg)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Fracture (unspecified)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Total Knee Replacement (TKR)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Total Hip Replacement(THR)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Renal and ureteric calculus (Kidney Stone)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Fibroid uterus (female only)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Cholelithiasis (Gall bladder stone)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Haemorrhoids (Piles)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Inguinal Hernia (Hernia in groin)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Appendicitis	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Cataract	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Deviated Nasal Septum	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Other Medical Condition						
Have you been consulting a doctor regularly for any disease or complaint OR been under any medication regularly for more than 2 weeks or noticed any growth or tumor in the body?	Hypertension	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Dyslipidemia (High cholesterol)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Anemia	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Hypothyroidism	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Hyperthyroidism	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Allergy	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Benign prostatic hypertrophy (BPH) / Benign Hyperplasia of Prostate	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Fibroadenoma breast (benign breast tumor)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Acid peptic disease (Acidity and ulcers)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Retinal Detachment	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Other Medical Condition						

S. No.	Section A : Does Any of the following heath statements hold true for any of the members proposed to be insured :	Insured person 1	Insured person 2	Insured person 3	Insured person 4	Insured person 5	Insured person 6
Have you experienced pain for more than 7 days in any part of body OR restriction of any movement OR difficulty in swallowing or breathing OR any difficulty in carrying out your daily activities?	Gout/hyperuricemia	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Polio (Residual poliomyelitis)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Disc prolapse (PIVD / Slip Disc)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Osteoarthritis	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Spondylitis	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Back Pain	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Blindness	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Hearing Loss	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Other Medical Condition						
Did you ever have fits, HIV (Human Immune deficiency virus), persistent headache or persistent cough OR blood in stool (frequency) or any bleeding from any other orifice / body opening for more than 5 days?	Tuberculosis (TB)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Asthma	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Allergic bronchitis	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Chronic Sinusitis	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Migraine	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Other Medical Condition						

For all the answers marked as Yes in the table above (Annexure A), for each illness/condition please provide the below details.

	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
Condition/ Illness (Exact Diagnosis/ name of illness marked as Yes in Annexure A)						
*Disease Type (please select from list below)						
Date of diagnosis (YYYY) – Only year to be provided						
Treatment (Medical/Surgical/No Treatment)						
#Current Status (Please select from list below)						
Complications/						
Recurrences (Yes/No/NA)						
Date of last episode/consultation (Date/Month/ YYYY)						

##Biopsy/Histopathology report						
(Only in surgeries involving removal of organ/ tissue) – Please select from list below						

*Disease Type:	■ Cancer ■ Tuberculosis ■ Infection ■ Accident ■ If Others (please specify)
#Current Status	■ Cured ■ Under Treatment ■ Pending Surgery ■ Ongoing Symptoms ■ Not Cured ■ Hospitalized ■ Defaulter (left medicine on own)
##Biopsy/Histopathology report (Only in surgeries involving removal of organ/tissue)	■ Not Applicable (Medically treated) ■ No Cancer/Borderline Cancer/TB ■ Detected Cancer/Borderline Cancer/TB ■ Others (specify)