

Education



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Nationality:

Post Grad / Grad / Diploma / 12th Pass / 10th Pass / Below 10th / Others:





Name of Organiza	tion (if worl	king)																														
Designation												N	Vature	of	Duty																	
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2. PLAN DETAILS	;																															
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3. EXISTING/PRE	VIOUS INS	URANC	E DE	TAIL	.S*																											
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*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.

4. MEDICAL AND LIFESTYLE INFORMATION

This policy not only provides you with coverage against unforeseen health emergencies but also seeks to help you manage health using a wellness program that includes medical tests, doctor visits and expert advice. Hence, it is critical for you to provide an accurate update of your medical history and lifestyle.





Section A: Medical details

1	Has any application for life, health, hospital depostponed, loaded or been made subject to a		Y □/N □	onset diabetes ind										
2	please specify details including reason Are you currently suffering from diabetes?		which is characterize resistance or relative											
	If Yes, please specify whether it is Type 1 diabetes □ Type 2 diabetes □	Y □/N □	Quick Help Type 1 Diabetes also called juvenile											
	Please specify		insulin-dependent di	iabetes indicates a										
3	Are you currently suffering from Hyperten	Y □/N □	condition in which Beta cell of pa are destroyed causing insulin defi											
4	Have you ever suffered from or currently s	Y □/N □	secretion usually pre											
a)	Coma, Unconsciousness, Stroke, Paralysis, Sother disorder of nervous system		illipalied Lastilly Olucose											
b)	Feeble/Absent pulse, Chest pain/Angina, Heart failure or any other disorder of Heart/Ci		t bypass surgery, Heart angiopla	asty, Y 🗆 /N 🗆	impaired level of glunder which a pers glucose value between	son has a plasma								
c)	Asthma, Bronchitis, Pneumonia, Tuberculosis	or any other disorder of lu	ing	Y □/N □	dl after overnight fast									
d)	Hepatitis B/C, Cirrhosis, Inflammatory bowel disorder of gastro-intestinal tract	disease, Pancreatitis, Alcol	holic liver disease or any other	Y □/N □	Impaired Glucose a condition under when the condition under when the condition under when the condition are conditions as a condition under when the conditions are conditions as a condition under when the conditions are conditions as a condition under when the conditions are conditions as a condition under when the conditions are conditions as a condition under when the conditions are conditions as a condition under when the conditions are conditions as a condition under when the conditions are conditions as a condition under when the conditions are conditions are conditions are conditions as a condition under when the conditions are conditions are conditions as a condition under when the conditions are conditions are conditions as a condition under when the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditionally as a condition of the condition o	Tolerance (IGT) is								
e)	Arthritis, Spondylosis or any other disorder of	the muscle/bone/joint		Y □/N □	overnight fasting, has a plasma glucos									
f)	Retinopathy, Cataract, Glaucoma, Sinusitis or	r any other eye, ear, nose o	or throat disorder	Y □/N □	value between 110 & 125 and 2 hours after 75gm glucose tolerance test, the									
g)	Numbness, Tingling, Painful sensation, Ulcer	in the limbs		Y □/N □	value is between 140									
h)	Kidney (Protein or albumin in urine), Kidney a any other disorder of kidney, urinary tract and	nt or Y□/N□	Gestational diabet	es is a condition										
i)	Hypothyroidism, Hyperthyroidism or any othe	Y □/N □	diagnosed diabetes											
j)	Fibroid, Fibroadenoma, Lymphoma, Cancer o	Y □/N □	glucose levels during pregnancy. Hypertension is defined as a rep											
k)	HIV/AIDS, Sexually transmitted disease or ar	Y □/N □	elevated blood pres											
I)	Leukemia, Anemia, Thallasemia, Hemophilia	Y □/N □	pressure is above											
m)	Depression, Bipolar disorder or any other psy	Y □/N □	pressure above 90 guidelines seventh											
n)	Psoriasis or any other skin disorder													
o)	Rhematoid arthritis, Systemic sclerosis or any	other auto-immune disorc	der	Y □/N □	National Committee).	•								
p)	Congenital (since birth) disorder			Y □/N □										
q)	Any other health condition (other than commo	on cold), not specified abov	/e	Y □/N □										
3	Are you currently pregnant? If yes, please	specify (For female pro	posed insured only)	Y □/N □										
a)	Duration in number of weeks since last period	d.												
b)	Suffering from Gestational diabetes or any ot	her pregnancy related com	plications?	Y □/N □										
Secti	on B: Lifestyle details													
Pleas	se specify which of the following activities		you to control and manage	your health condit	ion? (Please mention na	ame of the medicines,								
	dosage, in case if option b or c has been et and lifestyle modification including exer													
_	al medications Y \bigsim \bigsim \bigsim	UISC T [] IN []												
	sulin Y N													
	Frequency (Tick)													
	Name of the medicine	Afternoon	Evening	Night										
			Morning	7										





Section C: Name and details of Illness/Medicine/Test/Surgery/ Diopter grade (for questions answered as Yes in Section A above)	Exact di Conditio		I	Diagno	osis dat	е	Dat	e of la	st consu	iltation	and o		outpatient treatment I and		Doctor/Hospital Name and Phone Number					
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Section D: Name, address, quality Name:	ficati	on and co	ontact d	etails of	the famil	y docto	r													
Address:									-			+			+					
Qualification:						E	mail id:													
Phone Number:						M	obile:													
	Section E: Do you smoke or consume gutkha/pan masala alcohol? If yes, please indicate the quantity per week.							r/bottle	s of	Smoke (No. of		tes/bid	li sticks)		sala/Gutkha Pouches)	Others				
5. PLEASE TELL US WHO YOU WOULD LIKE TO NOMINATE UNDER THE POLICY																				
In the event of the death of an Insured Person any payment due under the Policy shall become payable must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured s												ordance	e with the	Policy term	ns and conditi	ons. The nominee				
Nominee Nam		Relationship									Addre	ss of Nomi	nee							
*If the Nominee is minor, Name and	Addr	ess of App	pointee a	and Relat	ionship w	th Mino	r:													
Appointee Nar	me				ı	nship			Address of Appointee											
6. PAYMENT DETAILS									·											
Mode of payment: Cash Chee	que [Debit C	ard 🔲	Credit Ca	ard 🔲 Ele	ectronic	Clearing S	system (ECS))#	ACH 🗌	Others								
#If ECS is selected please submit th	ne sta	nding inst	truction for	orm avail	able at ou	r brancl	nes	•	,	•										
Cheque Number	Name	of the Pr	emium	Rela	tionship		r with	В	ank de	etails			Date		Amou	ınt (in Rs.)				
	Payor Proposer																			
Please make an A/c Payee Cheque		-									y.				l					
I want to opt for Auto Renewal Facili	-	-			-						٠.									
No person shall allow or offer to to lives or property in India, any or continuing a Policy accept at	o allo y reba	w, either o	directly o whole or	r indirect part of th	ly, as an ir ne commis	nducem ssion pa	ent to any yable or a	person ny rebai	to take e of th	e out or re ne premiu	enew or one m show	n on th	e policy, ı	nor shall an	y person takir					
2. Any person making default in c		-							-	-	tend to	ten lakl	h rupees.							
7. PLEASE PROVIDE DETAILS O										•										
Would you like your refund (Excess * Cheque will be issued in the name				sement) [l By Che	eque* or	· 🔲 Credi	ted dire	ctly int	o your ba	ink acco	unt. (Ti	ick as app	olicable)						





In case of payment made through credit card the refund 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)

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Name as in Bank Account:																								
Bank Name:								Bar	nk Bran	ch:														
Bank Account number:								IFS	C Code	:														
MICR No. :																								
lote: The Proposer agrees and undertak	es to intir	mate i	n writing to	HDF(C ERG	GO Ger	eral	Insura	ance Co	mpany	Limite	ed :	about	any	chan	ge in	ba	ink acc	oun	t deta	ıils.			
Signature Proposer:						_						D	ate								_			
additional Informat																								
(If there is insufficient space to provide	additional	relev	ant inioim	auon, [,]	wneur	er as re	eque	sieu d	or other	vise, pie	ase a	alla	CII EX	ia S	neet (auly s	sigr	iea.)						
8. DECLARATION & WARRANTY ON I I/ We hereby declare, on my behalf all respects to the best of my knowle I understand that the information propolicy will come into force only after	and on be dge and ovided by full receip	ehalf of that I/ me wort of the	of all perso We am/ ar ill form the se premiun	ns pro e auth e basis n char	oposed orized s of ins geable	d to be I to pro surance	insui pose e pol	red the on be	at the a ehalf of subjec	these of to the f	her p Board	ers I ap	ons.	d ur	nderw	riting	ро	olicy of	the	Insur	ance	e com	npany a	and tha
/ We further declare that I/We will no before communication of the risk accommunication of the risk accommunication.	-	-			ing in	the occ	upat	ion or	genera	l health	of the	e life	e to be	ins	ured/	prop	ose	er after	the	prop	osal	has b	een su	ıbmitte
I/We declare and further consent to present employer concerning anythi an application for insurance on the li	ng which	affect	s the phys	ical ar	nd mei	ntal he	alth c	of the	life to b	e assure	d/pro	ро	ser ar	d se	ekin	g info	rma	ation fr	rom					
I/ We authorize the company to shar with any Governmental and/or Regu	e informa	ation p	ertaining t								-									ing a	nd/o	r claii	ms set	tlement
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I hereby grant consent to Agent/Brok ERGO General Insurance Company								•	o share	my KY(C (Kno	OW	your (Cust	omer)	and	cus	stomer	· due	dilig	ence	infor	matior	with HI
Date:								_	Signa	ature of	he Pr	rop	oser:											
Place:																								
Timo:																								





Vernacular Declaration: Certification in case the proposer has signed in vernacular (to be witnessed by	y someone other than agent/employee of the company):												
Name of Proposer:													
The content of this form and its particulars have been explained by me in verna	acular to the proposer who has understood and confirmed the same.												
Signature of Proposer:	Signature of the witness:												
Date:	Name of the witness:												
Place:													
Insurance is the subject matter of solicitation													
9. AGENT'S DECLARATION													
Authorised employee of the Broker/Relationship Officer, do hereby declare that Proposal Form to the Proposer including statement(s), information and respon will form the basis of the Contract of Insurance between the Company and the that if any untrue statement(s)/ information/response(s) is/are contained in this Company shall have the right to vary the benefits which may be payable and fur to this Proposal may be treated by the Company as null and void and all premi	(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ I have explained all the contents of this Proposal Form, including the nature of the questions contained in this ise(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein e Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained is Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the rther more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant iums paid under the Policy may be forfeited to the company.												
License No.(Advisor/Corporate Agent/Broker/Relationship Officer)													
Place:													
Date: Sign	nature of Agent:												
10. CHECKLIST													
Please check the following documents are attached along with the proposal fo	m												
ID Proof: Passport/ Pan Card/Voter id card/Driving License/ Letter from a													
Proof of residence: Telephone Bill/ Bank Account Statement/ letter from a	any recognized public authority/Electricity Bill/ Ration Card												
 Age Proof: Passport/Driving License/PAN Card/School/College Certificate/ Baptism or Marriage Certificate (for Catholics only) 	icate/Municipal Birth Certificate/Employment Certificate showing DOB from Govt/Public Sector/Domicile												
Renewal Notice with claim details													
Certification of previous insurer for previous claim details													
Photocopies of all previous policies and endorsements													
11. FOR OFFICE USE ONLY													
HDFC ERGO General Insurance Company Limited Office Code:	Advisor Code and Name:												
Channel Type:													
Branch receipt Date:													
Business Type:	Urban/ Rural/ Social												
ACKNOWLEDGEMENT													
Application Number													
Name of Proposer	We acknowledge with thanks the receipt of your												
application and amount by cash/ cheque/ demand draft/ others	of amount Rs												
Signature and Seal:													
Date:													
Neither the submission to us of a completed proposal for insurance nor any particle.	yment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our												

not received by us in full and in time, or is not realised. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg,

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