

**Proposal Form**  
**HDFC ERGO Group Health Insurance**

For Office Use Only	
Imd code	
Imd Name	
Mobile No	

**Application No** \_\_\_\_\_

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". Please leave one box blank between two words while writing address.

**Our** liability does not commence until the acceptance of the proposal has been formally intimated to the **Insured Person** and full premium has been realized by **Us**.

**Proposer Details**

Sr. No.	Particulars	Details
1.	Name of the Proposer	
2.	Nationality	
3.	Date of Birth	
4.	Residential Status	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI / OCI
5.	Address	
6.	<input type="checkbox"/> Please tick if your permanent address is same as above. If not, kindly fill in Permanent address below:	
7.	Permanent Address	
8.	E-Mail	
9.	Contact Number	
10.	Group Type	<input type="checkbox"/> Employer - Employee <input type="checkbox"/> Non- Employer-Employee
11.	GSTIN / UIN (if any)	
12.	CKYC Number	
13.	Permanent Account Number (PAN)	
14.	I have eIA No.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL	
16.	Is your total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Do you have investable assets for more than INR 5 crores? ( <i>Investable assets like cash holdings, deposits, stocks and bonds etc.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Is your total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited INR 5 lakhs or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Education Level	

**20. Annual Income**

<input type="checkbox"/> Upto 2.5 Lac	<input type="checkbox"/> 2.5 Lac to 5 Lac	<input type="checkbox"/> 5 Lac to 15 Lac	<input type="checkbox"/> 15 Lac to 30 Lac	<input type="checkbox"/> Above 30 Lac
---------------------------------------	---	--	---	---------------------------------------

**21. Income proof** \_\_\_\_\_

**22. Is the proposer a Politically Exposed Person:**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

*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*

**23. Occupation:**

<input type="checkbox"/> Salaried	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife
<input type="checkbox"/> Retired	<input type="checkbox"/> if Others, please specify _____			

**24. Industry Type:**

<input type="checkbox"/> Jewellery	<input type="checkbox"/> Import-Export	<input type="checkbox"/> Mining	<input type="checkbox"/> Shipping	<input type="checkbox"/> Scrap Dealing
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Stock Broking	<input type="checkbox"/> BFSI	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> if Others, please specify _____				

## DETAILS OF THE PERSONS PROPOSED TO BE INSURED

S. No	Name	Date of Birth	Gender (M/F/TG)	Height	Weight	Relationship with Proposer	Occupation details	Politically Exposed person	ABHA ID (if available)
1									
2									
3									
4									
5									
6									

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

## Policy Details

<b>Policy Period</b>	From _____ To _____
<b>Policy Type</b>	Individual <input type="checkbox"/> Family Floater <input type="checkbox"/>

## Loan Account Details

Loan Amount:  
 Loan Account Number:  
 Loan Tenure:  
 Other loan details:

## COVERAGES

Main Section as per PWs	Sub-Section as per PWs	Name of the benefit		Coverage / Base Sum Insured options / Sub-Limits in ₹	Opted Base SI / Limit in ₹
<b>2.</b>	<b>A.</b>	<b>Base Indemnity Coverage</b>			
	I.	Hospitalization Expenses	<input type="checkbox"/>		
	a.	✓ Medical Expenses (Room Rent & ICU: at actuals)			
	b.	✓ Pre Hospitalization Medical Expenses Cover (30 days)			
	c.	✓ Post Hospitalization Medical Expenses Cover (60 days)		<input type="checkbox"/> 50, 000 to 10,00,000 (in multiples of 50,000)	
	d.	✓ Domiciliary Hospitalization		<input type="checkbox"/> 10,00,000 to 5 crore	
	e.	✓ Organ Donor Expenses			
	f.	✓ Day Care Treatment			
	g.	✓ Road Ambulance Cover (upto ₹ 2000 per hospitalization)			
<b>2.</b>	<b>A.II.</b>	<b>Optional Covers Under Section 2.A.I. 'Hospitalization Expenses'</b>			
	1.	Pre-Existing diseases	<input type="checkbox"/>		

		(PED) waiting period modification option		<input type="checkbox"/> 3 Years to 2 Years <input type="checkbox"/> 3 Years to 1 Year <input type="checkbox"/> 3 Years to 0 Years					
	2.	Specified Disease / Procedure Waiting Period Modification Option	<input type="checkbox"/>	<input type="checkbox"/> 1 Year to 2 Years <input type="checkbox"/> 1 Year to 0 Years					
	3.	Modification of General Waiting Period	<input type="checkbox"/>	<input type="checkbox"/> 30 days to 15 days <input type="checkbox"/> 30 days to 7 days <input type="checkbox"/> 30 days to 0 days					
	4.	Modification of Pre and Post Hospitalization Medical Expenses (Days)	<input type="checkbox"/>						
Pre Hospitalization Medical Expenses Cover (Days)		<input type="checkbox"/>	<input type="checkbox"/> 15 <input type="checkbox"/> 90	<input type="checkbox"/> 60 <input type="checkbox"/> 180					
Post Hospitalization Medical Expenses Cover (Days)		<input type="checkbox"/>	<input type="checkbox"/> 15 <input type="checkbox"/> 90	<input type="checkbox"/> 30 <input type="checkbox"/> 180					
	5.	Room Rent and ICU Modification Option	<input type="checkbox"/>						
Normal Room (room rent)		<input type="checkbox"/>	<input type="checkbox"/> 1% of Base SI per day						
			<input type="checkbox"/> 1% of Base SI, max up to ₹ 3000 per day						
			<input type="checkbox"/> 1% of Base SI, max up to ₹ 5000 per day						
			<input type="checkbox"/> 1.5 % of Base SI per day						
			<input type="checkbox"/> 1.5% of Base SI, max up to ₹ 3000 per day						
			<input type="checkbox"/> 1.5% of Base SI, max up to ₹ 5000 per day						
			<input type="checkbox"/> 2 % of Base SI per day						
			<input type="checkbox"/> 2 % of Base SI, max up to ₹ 3000 per day						
			<input type="checkbox"/> 2 % of Base SI, max up to ₹ 5000 per day						
		<input type="checkbox"/> Up to ₹ 3000 per day							
		<input type="checkbox"/> Up to ₹ 5000 per day							
		Intensive Care Unit (ICU) [room rent]	<input type="checkbox"/>	Limit for ICU will be double of that opted for Normal Room Category					
		Room rent / ICU additional option	<input type="checkbox"/>	Normal Room: Up to ₹ 5000 per day & ICU: At actuals					
	6.	Road Ambulance Modification Option (Per Hospitalization limit)	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> At actuals		
	7.	Co-Payment	<input type="checkbox"/>						
✓ Co-Payment on All Claims (%)		<input type="checkbox"/>	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 30	
✓ Employee Only (%)		<input type="checkbox"/>	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 30	
✓ Dependent Only (%)		<input type="checkbox"/>	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 30	
✓ Only for Employee Spouse Children (%)		<input type="checkbox"/>	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 30	
✓ Parents Only (%)		<input type="checkbox"/>	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 30	
	8.	Alternative treatment (inbuilt in Section 2.A.I.)		Covered upto 100% of Sum Insured of Section 2.A.I.					
	9.	Deletion of Domiciliary Hospitalization	<input type="checkbox"/>						
	10.	Second Medical Opinion for Major Illness	<input type="checkbox"/>	One per Policy Year (irrespective of Individual or Floater Policies)					
	11.	Restore Benefit	<input type="checkbox"/>						
	12.	Double Restore Benefit	<input type="checkbox"/>						
Double Restore Benefit can only be opted if Restore Benefit has been opted Only one amongst Double Restore Benefit OR Unlimited Restore Benefit can be opted									
	13.	Cumulative Bonus	<input type="checkbox"/>	<input type="checkbox"/> 10% of Base Sum Insured of Section 2.A.I., max. upto 50% <input type="checkbox"/> 10% of Base Sum Insured of Section 2.A.I., max. upto 100%					

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Product Name: HDFC ERGO Group Health Insurance. Product URN: HE/Group/Health/23-24/246. Product UIN: HDFHI GP24095V022324

		[4 Listed CI's]																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
--	--	-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\*In case Aggregate Deductible of INR 10 Lac or above is opted Insured Person cannot opt for any of the below mentioned benefits

- i. Cumulative bonus
- ii. Inflation Protector
- iii. Secure Benefit
- iv. Restore benefit
- v. Double Restore benefit OR Unlimited Restore Benefit

2.	B.	Other Base Coverages					Opted Base SI / Limit in ₹	
Main Section as per PWs	Sub-Section as per PWs	Name of the benefit	Base Sum Insured options / Sub-Limits in ₹					
2.B.	1.	Hospital Cash	<input type="checkbox"/>					
		Per day benefit amount	₹ 500 to 5000 (in multiples of 50)					
		PED W.P. (years)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
		Specified Disease / Procedures W.P. (years)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
		30-Day Waiting Period (days)	<input type="checkbox"/> 0	<input type="checkbox"/> 7	<input type="checkbox"/> 15	<input type="checkbox"/> 30		
		Max. Number of days in a Policy Year	<input type="checkbox"/> 15	<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 90	<input type="checkbox"/> 180	
		Time Deductible	<input type="checkbox"/> Not Applicable		<input type="checkbox"/> 24 hours		<input type="checkbox"/> 48 hours	
	2.	Personal Accident Cover	<input type="checkbox"/>					
		Accidental Death	₹ 50,000 to 50,00,000					
		Permanent Disablement						
		Permanent Disablement Table	<input type="checkbox"/> Table A	<input type="checkbox"/> Table B	<input type="checkbox"/> Table C	<input type="checkbox"/> Table D		
	3.	Critical Illness (Benefit Based)	<input type="checkbox"/> ₹ 50,000 to 50,00,000 Coverage for 12 listed Critical Illnesses					
		Home Nursing Cover	<input type="checkbox"/>					
	4.	PED W.P. (years)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
		Specified Disease / Procedures W.P. (years)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
		30-Day Waiting Period (days)	<input type="checkbox"/> 0	<input type="checkbox"/> 7	<input type="checkbox"/> 15	<input type="checkbox"/> 30		
		Per day indemnification limit	₹ 1000 to 20,000 per day					
		Max. Days In A Policy Year	<input type="checkbox"/> 7	<input type="checkbox"/> 15	<input type="checkbox"/> 30			
		Loss Of Income Due To TTD (Injury Only)	<input type="checkbox"/> ₹ 500 to 10,00,000 per week					
		Max. Number of weeks	1 week to 104 weeks					
		Time Deductible (weeks)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	6.	Loss Of Income Due	<input type="checkbox"/> ₹ 500 to 10,00,000 per week					

	To TTD (Illness Only)							
	PED W.P. (years)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	4	
	Specified Disease / Procedures W.P. (years)		<input type="checkbox"/> 0		<input type="checkbox"/> 1		<input type="checkbox"/> 2	
	30-Day Waiting Period (days)		<input type="checkbox"/> 0		<input type="checkbox"/> 7		<input type="checkbox"/> 15	
	Max. Number of weeks		1 week to 104 weeks					
	Time Deductible (weeks)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7.	Loss Of Income Due To TTD (Illness and Injury)	<input type="checkbox"/>	₹ 500 to 10,00,000 per week					
	PED W.P. (years)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	4	
	Specified Disease / Procedures W.P. (years)		<input type="checkbox"/> 0		<input type="checkbox"/> 1		<input type="checkbox"/> 2	
	30-Day Waiting Period (days)		<input type="checkbox"/> 0		<input type="checkbox"/> 7		<input type="checkbox"/> 15	
	Max. Number of weeks		1 week to 104 weeks					
	Time Deductible (weeks)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8.	Vector Borne Disease Cover (Indemnity)	<input type="checkbox"/>	<input type="checkbox"/> 30,000		<input type="checkbox"/> 50,000		<input type="checkbox"/> 75,000	
			<input type="checkbox"/> 1,00,000		<input type="checkbox"/> 2,00,000		<input type="checkbox"/> 2,50,000	
			<input type="checkbox"/> 3,00,000		<input type="checkbox"/> 4,00,000		<input type="checkbox"/> 5,00,000	
	Disease Plan options		<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C					
8.II.	Optional covers under Vector Borne Disease Cover (Indemnity)	<input type="checkbox"/>						
a.	Outpatient Treatment Expenses	<input type="checkbox"/>						
b.	Recovery Benefit	<input type="checkbox"/>						
c.	Co-payment (%)	<input type="checkbox"/>	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	
d.	Waiting Period Modification Options	<input type="checkbox"/>	<input type="checkbox"/> 7 days			<input type="checkbox"/> 15 days		
9.	Vector Borne Disease Cover (Fixed Benefit)	<input type="checkbox"/>	₹ 1,000 to 1,00,000					
	Disease Plan options		<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C					
9.I.	Optional covers under Vector Borne Disease Cover	<input type="checkbox"/>						



	(Fixed Benefit)						
a.	Outpatient Treatment Expenses	<input type="checkbox"/>					
b.	Recovery Benefit	<input type="checkbox"/>					
c.	Waiting Period Modification Options	<input type="checkbox"/>	<input type="checkbox"/> 7 days	<input type="checkbox"/> 15 days			
10.	Vector Borne Disease Cover (per day benefit)	<input type="checkbox"/>	₹ 1,000 per day to 10,000 per day				
	Disease Plan options	<input type="checkbox"/>	Plan A Plan B Plan C				
	Maximum number of days in a Policy Year	<input type="checkbox"/>	<input type="checkbox"/> 10 days	<input type="checkbox"/> 15 days	<input type="checkbox"/> 30 days		
	Time Deductible	<input type="checkbox"/>	<input type="checkbox"/> Nil	<input type="checkbox"/> 1 day	<input type="checkbox"/> 2 days		
10.I.	Optional covers under Vector Borne Disease Cover (per day benefit)	<input type="checkbox"/>					
a.	Recovery Benefit	<input type="checkbox"/>					
b.	Waiting Period Modification Options	<input type="checkbox"/>	<input type="checkbox"/> 7 days	<input type="checkbox"/> 15 days			
c.	ICU Multiplier	<input type="checkbox"/>	<input type="checkbox"/> 1x	<input type="checkbox"/> 2x	<input type="checkbox"/> 3x	<input type="checkbox"/> 4x	<input type="checkbox"/> 5x

**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](http://www.hdfcergo.com) or contact our customer care for the same

**Other Details of the Persons Proposed to be insured**

Total number of persons to be insured

Expiring Loss Ratio

Type of cover	
Compulsory	<input type="checkbox"/>
Voluntary	<input type="checkbox"/>

**Existing/Previous Insurance Policy Details**

Please provide details of your existing/previous Insurance Policy providing similar coverages as per this proposal

Policy No. / Application No.	Insurer Name	Period of Insurance	Sum Insured	Claims lodged during the preceding years
		DD/MM/YYYY To DD/MM/YY		

--	--	--	--	--	--	--	--

### PAYMENT DETAILS

Premium Details: Amount (INR) _____			
Premium Payment Options	<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Half - Yearly		<input type="checkbox"/> Single
Premium Payment Options	<input type="checkbox"/> Cheque	<input type="checkbox"/> Card	<input type="checkbox"/> ECS
	<input type="checkbox"/> Demand Draft		<input type="checkbox"/> Wallet
Instrument details: _____			
Date: _____			

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

\*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, CONSENT & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- i 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 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 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 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 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 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 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 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 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.
- i 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.
- i 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 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 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.

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.

Date

Signature of the Proposer

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 misrepresentation, 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 Rs.10 Lakhs.

#### INTERMEDIARY DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Intermediary/ 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.

Place		Signature of the Intermediary
Date		
Time		

## FOR OFFICE USE ONLY

Intermediary Code		Signature of the Intermediary
Branch Location		

## 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 &amp; 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 15 days.

## 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		Signature of the Translator / Representative
Place		
Date		

Name of the Proposer		Signature of the Proposer
Place		
Date		