

## HDFC ERGO General Insurance Company Limited

## Proposal Form

## HDFC ERGO Group Health Insurance

HDFC  
ERGO

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

1. Please fill the form in BLOCK LETTERS. All details with\* are mandatory.
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.

For Office Use Only	
Imd code	
Imd Name	
Mobile No	

## PROPOSER DETAILS

Name of the Proposer:

Address:

E-Mail:

Nationality :  Date of Birth:  Contact Number:

Group Type: ☐ Employer- Employee ☐ Non-Employer-Employee

GSTIN / UIN (if any):  CKYC Number:

Permanent Account number (PAN No.)  I have eIA No. ☐ Yes ☐ No

I have eIA No: I would like to apply for eIA with 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

Income proof:

Is the proposer a Politically Exposed Person: ☐ Yes ☐ No

Occupation:

☐ Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife

☐ Retired ☐ if Others, please specify \_\_\_\_\_

Industry Type

☐ Jewellery ☐ Import-Export ☐ Mining ☐ Shipping ☐ Scrap Dealing

☐ Agriculture ☐ Stock Broking ☐ BFSI ☐ Real Estate ☐ Manufacturing

☐ if Others, please specify \_\_\_\_\_

## DETAILS OF PERSON PROPOSED TO BE INSURED

Sr. 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	
Policy Period	From _____ To _____
Policy Type	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 ₹
2.	A.	Base Indemnity Coverage			
	I.	Hospitalization Expenses	<input type="checkbox"/>	<input type="checkbox"/> 50,000 to 10,00,000 (in multiples of 50,000) <input type="checkbox"/> 10,00,000 to 5crore	
	a.	✓ Medical Expenses (Room Rent & ICU: at actuals)			
	b.	✓ Pre Hospitalization Medical Expenses Cover (30 days)			
	c.	✓ Post Hospitalization Medical Expenses Cover (60 days)			
	d.	✓ Domiciliary Hospitalization			
	e.	✓ Organ Donor Expenses			
	f.	✓ Day Care Treatment			
	g.	✓ Road Ambulance Cover (upto ₹ 2000 per hospitalization)			
2.	A.II.	Optional Covers Under Section 2.A.I. 'Hospitalization Expenses'			
	1.	Pre-Existing diseases (PED) waiting period modification option	<input type="checkbox"/>	<input type="checkbox"/> 4 Years to 3 Years <input type="checkbox"/> 4 Years to 2 Years <input type="checkbox"/> 4 Years to 1 Years <input type="checkbox"/> 4 Years to 0 Years	
	2.	Specified Disease / Procedure Waiting Period Modification Option	<input type="checkbox"/>	<input type="checkbox"/> 1 Years to 2 Years <input type="checkbox"/> 1 Years 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"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 180	
		Post Hospitalization Medical Expenses Cover (Days)	<input type="checkbox"/>	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180	
		Post Hospitalization Medical Expenses Cover (Days)	<input type="checkbox"/>		
	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	
		Intensive Care Unit (ICU) [room rent]	<input type="checkbox"/>	<input type="checkbox"/> Limit for ICU will be double of that opted for Normal Room Category	
		Room rent / ICU additional option	<input type="checkbox"/>	<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"/> 15 <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 (% of Base Sum Insured of Section 2.A.I.)	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 100		
	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% <input type="checkbox"/> (+/-) 10% of Base Sum Insured of Section 2.A.I., max. upto 100% <input type="checkbox"/> (+/-) 10% of Base Sum Insured of Section 2.A.I., max. upto 200%						
		Only one amongst Cumulative Bonus OR Plus Benefit can be opted								
	14.	Maternity Expenses	<input type="checkbox"/>							
		Benefit Limit – Normal Delivery	<input type="checkbox"/>	<input type="checkbox"/> 10,000 <input type="checkbox"/> 30,000 <input type="checkbox"/> 60,000	<input type="checkbox"/> 15,000 <input type="checkbox"/> 35,000 <input type="checkbox"/> 75,000	<input type="checkbox"/> 20,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 1,00,000	<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000			
		Benefit Limit – Caesarean Delivery	<input type="checkbox"/>	<input type="checkbox"/> 10,000 <input type="checkbox"/> 30,000 <input type="checkbox"/> 60,000	<input type="checkbox"/> 15,000 <input type="checkbox"/> 35,000 <input type="checkbox"/> 75,000	<input type="checkbox"/> 20,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 1,00,000	<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000			
		Waiting Period Modification Option	<input type="checkbox"/>	<input type="checkbox"/> Nil	<input type="checkbox"/> 9 Months	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years		
		Benefit Limit – Caesarean Delivery	<input type="checkbox"/>							
		15.	Pre & Post Natal Expenses	<input type="checkbox"/>	Covered upto the Base Sum Insured of Section 2.A.I.					
	16.	Baby Cover from Day 1	<input type="checkbox"/>	Covered upto the Base Sum Insured of Section 2.A.I.						
	17.	Infertility Cover	<input type="checkbox"/>	<input type="checkbox"/> Upto Maternity Limit <input type="checkbox"/> Upto Base Sum Insured of Section 2.A.I.						
	18.	Corporate Buffer	<input type="checkbox"/>							
		Corporate Buffer (options)	<input type="checkbox"/>	<input type="checkbox"/> Corporate Buffer restricted to Critical Illness upto Sum Insured <input type="checkbox"/> Corporate Buffer restricted to Critical Illness without Sum Insured restriction <input type="checkbox"/> Corporate Buffer upto Sum Insured <input type="checkbox"/> Corporate Buffer with no restriction on Sum Insured						
	19.	Outpatient Treatment (OPD) Cover	<input type="checkbox"/>	₹ 500 to 5000 (in multiples of 500)						
	20.	Aggregate Deductible	<input type="checkbox"/>							
		Deductible Options* (in Lakh ₹)		25,000 to 50,00,000						
Sum Insured Options (in Lakh ₹)		1 Lac to 5 Crore								
Interpolation options available for Sum Insured										

21.	Disease Capping	<input type="checkbox"/>	Per disease Per Policy Year Sub-Limit (₹): <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> 1,50,000 <input type="checkbox"/> 2,50,000 <input type="checkbox"/> 3,00,000 <input type="checkbox"/> 5,00,000	
	Disease Category I			
	✓ Heart			
	✓ Cataract			
	✓ Cholecystectomy			
	✓ Hysterectomy			
	✓ Joint Replacement			
	✓ Genito Urinary			
	✓ Cancer (All types)			
	✓ Appendicitis			
	✓ Chronic Renal Failure			
	✓ Intervertebral Disc			
	Disease Category II	<input type="checkbox"/>	Per disease Per Policy Year Sub-Limit (₹): <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 1,00,000	
	✓ Hernia			
	✓ Amputation			
	✓ Long bone fractures			
	✓ Fissure and Fistula			
	✓ Accident			
	✓ Coma			
	✓ Deviated Nasal Septum			
22.	Double Sum Insured for Critical Illness (CI) [4 Listed CI's]	<input type="checkbox"/>		
23.	Preventive Health Check Up	<input type="checkbox"/>	On a Per member basis for Individual policies & Per policy basis for family floater policies	
	Payable at		<input type="checkbox"/> Post completion of a block of 3 continuous claim free years <input type="checkbox"/> Post completion of every policy year irrespective of claim	
	Coverage Limit		<input type="checkbox"/> Upto 1% of Base SI of Section 2.A.I. subject to max ₹10,000 <input type="checkbox"/> ₹500 to ₹10,000 (in multiples of 500)	
24.	Air ambulance (India only)	<input type="checkbox"/>	At Actuals	
25.	Air ambulance (Outside India only)	<input type="checkbox"/>	At Actuals	
	Can be opted only if Air ambulance (India only) is opted AND Can be opted only if Global Emergency Hospitalization Cover (outside India only) OR Global Hospitalization Cover (outside India only) has been opted			
26.	Home Healthcare	<input type="checkbox"/>	Covered upto Sum Insured of Section 2.A.I.	
27.	Convalescence Benefit	<input type="checkbox"/>	<input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> 20K <input type="checkbox"/> 40K <input type="checkbox"/> 50K <input type="checkbox"/> 1L	
28.	Plus Benefit	<input type="checkbox"/>		
	Can be opted only if Base SI of Section 2.A.I. is ₹ 5Lac or more Only one amongst Cumulative Bonus OR Plus Benefit can be opted			
29.	Protect Benefit	<input type="checkbox"/>	Non-Medical Expenses listed under List I of Annexure I shall be covered at actuals	
30.	Cumulative Bonus Protector	<input type="checkbox"/>		
	Can be opted only if Cumulative Bonus has been opted			
31.	Inflation Protector	<input type="checkbox"/>		
32.	Compassionate Visit	<input type="checkbox"/>		
33.	Global Emergency Hospitalization Cover (outside India only)	<input type="checkbox"/>		
	This cover can only be opted if Base SI for Section 2.A.I. is 25 Lacs or more Only one amongst Global Emergency Hospitalization Cover (outside India only) OR Global Hospitalization Cover can be opted			
34.	Global Hospitalization Cover (outside India only)	<input type="checkbox"/>		
	This cover can only be opted if Base SI for Section 2.A.I. is 25 Lacs or more Only one amongst Global Emergency Hospitalization Cover (outside India only) OR Global Hospitalization Cover can be opted			
35.	Secure Benefit	<input type="checkbox"/>	100% of Base Sum Insured of Section 2.A.I.	
	Can be opted only if Base SI of Section 2.A.I. is ₹ 5Lac or more			

	36.	Unlimited Restore Benefit	<input type="checkbox"/>		
		Unlimited 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			
	37.	Road Ambulance Cover (outside India only) [per hospitalization limit]	<input type="checkbox"/>	<input type="checkbox"/> 35,000 <input type="checkbox"/> At actuals	
		Can be opted only if Road ambulance (India only) is opted AND Can be opted only if Global Emergency Hospitalization Cover (outside India only) OR Global Hospitalization Cover (outside India only) has been opted			

\*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 OR Plus Benefit
- ii. Inflation Protector
- iii. Secure Benefit
- iv. Restore benefit
- v. Double Restore benefit OR Unlimited Restore Benefit

#### OTHER BASE COVERAGES

Main Section as per PWs	Sub - Section as per PWs	Name of the benefit		Base Sum Insured options / Sub-Limits in ₹	Opted Base SI / Limit in ₹
2.B.	1.	Hospital Cash			
		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 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
		Specified Disease / Procedures W.P. (years)	<input type="checkbox"/>	<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			
		Accidental Death			
		Permanent Disablement	<input type="checkbox"/>	₹ 50,000 to 50,00,000	
		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	
	4.	Home Nursing Cover			
		PED W.P. (years)		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
		Specified Disease / Procedures W.P. (years)	<input type="checkbox"/>	<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	
	5.	Loss Of Income Due To TTD (Injury Only)		₹ 500 to 10,00,000 per week	
		Max. Number of weeks	<input type="checkbox"/>	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 To TTD (Illness Only)		₹ 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 <input type="checkbox"/> 4	
		Specified Disease / Procedures W.P. (years)	<input type="checkbox"/>	<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 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.	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"/> 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"/>	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	
9.I.	Optional covers under Vector Borne Disease Cover (Fixed Benefit)	<input type="checkbox"/>		
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"/>	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> 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 days <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 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/YYYY					

#### PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount Rs.
Premium Payment Options - Monthly / Quarterly / Half Yearly / Single
Premium Payment Options - Cash / Cheque / ECS / DD / Card / Wallet
Cheque No: _____ date _____ Bank Name _____ Amount: Rs _____
Credit Card/ Debit Card No _____ Card Type: Master _____ Visa _____ Expiry Date _____
Instrument details: _____
Date: _____

**WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM) 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)

<b>Cheque No</b>		<b>Name as in Bank Account</b>	
<b>Bank Name</b>		<b>Bank Account No</b>	
<b>Branch Name</b>		<b>IFSC Code</b>	
<b>Cheque Date</b>		<b>MICR Code</b>	
<b>Cheque Amount for ₹</b>			

\*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.
- 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 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.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of the Proposer: \_\_\_\_\_

**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 Rs.10 Lakhs.

#### 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: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

#### FOR OFFICE USE ONLY

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

#### 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 & 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.