

Hospital Cash Insurance Proposal Form

Application No.

- Please fill the form in BLOCK LETTERS.
- 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".

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.

Intermediary Name

Intermediary Code Intermediary Number

PROPOSER DETAILS

Name of the Proposer			
Date of Birth	Nationality	Residential Status	<input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI <input type="checkbox"/> OCI
Current Country of Residence			
Address			

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

Permanent Address			
E-mail	GSTIN / UIN (if any)		
Marital Status	Contact No.	Permanent Account Number (PAN)	
I have eIA <input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to apply for eIA <input type="checkbox"/> Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL		
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		
Education Level	CKYC No.		
Employee ID (Employees of HDFC Group and Munich Re Group)			
Policy Number of any active HDFC ERGO Policy where you are the Policyholder			
Are you a Politically Exposed Person (PEP) or family member/ close relative/ associate of PEP <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	
Occupation		<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Others If others, please select source of income whichever is applicable: <input type="checkbox"/> Rentals <input type="checkbox"/> Interest <input type="checkbox"/> Pension <input type="checkbox"/> Investment	
Industry Type		<input type="checkbox"/> Antique dealer <input type="checkbox"/> Art dealer <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 if Others, please specify _____	
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	Do you have investable assets for more than INR 5 crores? (Investable assets like cash holdings, deposits, stocks and bonds etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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

SECTION - I

Name of Primary Insured (First Name) (Middle Name) (Last Name)

Residence Address - 1

City State Pin Code

Phone No's. Email ID

SECTION - IV

Details of any friends / relatives who would be interested to protect themselves against Hospital Cash Products:

Name																															
	(First Name)										(Middle Name)										(Last Name)										
Address																															
City																State						Pin Code									
Phone No's.											Email ID																				
Would you be interested in any of our other products? <input type="checkbox"/> Personal Accident <input type="checkbox"/> Motor Insurance <input type="checkbox"/> Home Insurance																															

PAYMENT DETAILS

Premium Details: Amount Rs. _____
 Premium Payment Options – Single/Monthly / Quarterly / Half Yearly / Annual
 Instrument Details: _____ Date _____
 Premium Payment Options - Cheque / DD / Card / ECS/Wallet

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:** 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.

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

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.

Place:																Signature of the Proposer	
Date:	D	D	M	M	Y	Y	Y	Y	Time:	D	D	M	M	Y	Y		Y

