HDFC ERGO General Insurance Company Limited

Proposal Form

my:health Suraksha Gold Smart Plus

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.

FOR OFFICE USE ONLY

IMD Code

IMD Name

Mobile No.

PROPOSER DETAILS

Name of the Proposer*: (First Name) (Middle Name) (Last Name)

Address:*

Landmark: City: Pin Code:

State: Nationality

Date of Birth* (D D M M Y Y Y Y) Marital Status: Married Unmarried Mobile No.:*

Email ID*

Profession: PAN No.:

Aadhaar No.: CKYC No.:

I have eIA No.: I would like to apply for eIA with Karvy CAMS NSDL CDSL

Annual Income: 2.5 lakh 2.5 - 5 lakh 5 - 15 lakh 15-30 lakh 30 lakh and above

Income proof: Politically Exposed Person: Yes No

Occupation: Salaried Professional Self Employed Student Housewife Retired Others

Industry Type: Jewellery Import-Export Mining Shipping Scrap Dealing Real Estate Agriculture Stock Broking BFSI

Manufacturing/Others:

GSTIN / UIN (if any) Employee ID (Employees of HDFC and ERGO group companies)

Policy Number of any active HDFC ERGO Policy where you are the Policyholder

DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Sr. No.	Name	Gender	Date of Birth	Height	Weight	Relationship with Proposer	Premium Tier	Policy Exposed person	Basic Sum Insured	ABHA ID (if available)
1		M/F/TG								
2		M/F/TG								
3		M/F/TG								
4		M/F/TG								
5		M/F/TG								
6		M/F/TG								
7		M/F/TG								
8		M/F/TG								
9		M/F/TG								
10		M/F/TG								

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

*Classification of Cities for Premium Tier

- Tier 1: Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara
- Tier 2: Rest of India- All other cities

i. On payment of Tier 1 premiums, an Insured Person can avail treatment all over India without any co-payment.

ii. On payment of Tier 2 premium, an Insured Person can avail treatment at Tier 2 cities without any Co-Payment. However if an Insured Person avails a treatment in Tier 1 cities, 20% Co-Payment shall be applicable on admissible claim amount.

iii. Co-Payment under 'ii' above will not be applied If an Insured Person opts for Hospitalization with Room Rent up to Rs 2,500 per day or on Hospitalization for Medically Necessary treatment following an Accident

*Family Floater policy will have same premium tier for all members. For details regarding applicability of premium tier please refer to the policy wording.

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

DETAILS OF THE PERSONS PROPOSED TO BE INSURED FOR ADD-ON COVERS

Sr. No	Name	my: health Critical Illness Sum Insured	my:health Hospital Cash Sum Insured Per Day Sum Insured in ₹	
			3,000	5,000
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

my:health Critical Illness	Plan 1 (9 Illnesses)	Plan 2 (12 Illnesses)	Plan 3 (15 Illnesses)	Plan 4 (18 Illnesses)
	Plan 5 (25 Illnesses)	Plan 6 (40 Illnesses)	Plan 7 (51 Illnesses)	

Unlimited Restore (Add on) Yes ☐ No ☐

*my:health critical illness add-on can be opted by adults (persons over 18yrs of age) only

* Sum Insured for add-on covers is on individual basis only (except for Unlimited Restore (Add on) & my:health Hospital Cash)

NOMINEE DETAILS

Name of Insured	Name of Nominee	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

POLICY DETAILS

Policy Type: Individual/Floater

Policy Period: From ☐☐☐☐☐☐☐☐ To ☐☐☐☐☐☐☐☐ **Policy Period:** ☐ 1 Year ☐ 2 Years ☐ 3 Years

SUM INSURED IN ₹

7.50 Lacs	10 Lacs	15 Lacs

OPTIONAL COVERS

Optional Covers	Option	Sum Insured in ₹ /Sub Limit Options	
Non Medical Expenses Cover	Yes / No		
Extended Cumulative Bonus	Yes / No	25% subject to max 200% ☐	50% subject to max 200% ☐
Room Rent Modification option	Yes / No	I. Room Rent, boarding & Nursing - limit of 1% of the Basic Sum Insured subject to maximum of ₹ 5,000 per day	
		ii. Intensive care unit - limit of 2% of the Basic Sum Insured subject to maximum of ₹ 10,000 per day	
Co-payment	Yes / No	15% ☐	25% ☐

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Does any person proposed to be insured presently hold any Health Insurance/Critical Illness Insurance Policies from any other Insurer? Yes ☐ No ☐
If Yes, please provide below details
Since when you are continuously insured: Do you want us to consider these details for continuity*? Yes ☐ No ☐

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

* 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.

Does any person proposed to be insured presently hold any Health Insurance/Critical Illness Insurance Policies from HDFC ERGO? Yes ☐ No ☐
If Yes please provide below details

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

If no, please tick below declaration:

☐ I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that I/We do not hold any Critical Illness policy from HDFC ERGO.

MEDICAL AND LIFE STYLE INFORMATION

Medical History: Please answer the below mentioned questions in MM - YY of diagnosed date.

Section A

Has any of the persons proposed to be insured ever suffered from / are currently suffering from any of the following:
If Yes, Please fill the relevant details as mentioned below:

Health Conditions	Insured 1 MM – YY	Insured 2 MM – YY	Insured 3 MM – YY	Insured 4 MM – YY	Insured 5 MM – YY	Insured 6 MM – YY
I. High or low blood pressure, Chest Pain, or any other cardiac disorder?	–	–	–	–	–	–
II. Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder	–	–	–	–	–	–
III. Ulcer (Stomach/Duodenal),liver or gall bladder disorder or any other digestive tract disorder?	–	–	–	–	–	–

Health Conditions	Insured 1 MM – YY	Insured 2 MM – YY	Insured 3 MM – YY	Insured 4 MM – YY	Insured 5 MM – YY	Insured 6 MM – YY
IV. Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/urinary tract disorder	–	–	–	–	–	–
V. Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc) disorder	–	–	–	–	–	–
VI. Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder?	–	–	–	–	–	–
VII. Tumor (Swelling)-benign or malignant, any external ulcer/growth/ cyst/mass anywhere in the body?	–	–	–	–	–	–
VIII. Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	–	–	–	–	–	–
IX. Diseases of the Ear/Nose/Throat/Teeth/ Eye (please mention Dioptresin case of refractory error)?	–	–	–	–	–	–
X. HIV/AIDS or sexually transmitted diseases or any immune system disorder	–	–	–	–	–	–
XI. Anaemia, Leukemia, Lymphoma or any other blood/ lymphatic system disorder	–	–	–	–	–	–
XII. Psychiatric/ Mental illnesses or sleep disorder	–	–	–	–	–	–
XIII. Uterine Fibroid, Fibro adenoma breast or any other Gynaecological (Female reproductive system)/Breast disorder?	–	–	–	–	–	–
XIV. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy?	–	–	–	–	–	–
XV. Been under any regular medication (self/ prescribed)?	–	–	–	–	–	–
XVI. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years other than routine health check-up or pre-employment check-up?	–	–	–	–	–	–
XVII. Undertaken any surgery or a surgery been advised and have surgery still pending?	–	–	–	–	–	–
XVIII. Suffered from any other disease/ illness/ accident/ injury other than common cold or viral fever?	–	–	–	–	–	–
XIX. Is any of the insured pregnant? If yes please mention the expected date of delivery	–	–	–	–	–	–
XX. Any complaint of Diabetes, Hypertension or any complication during current or earlier pregnancy?	–	–	–	–	–	–

SECTION A.2

Are you having any disability/ deformity including accidental or congenital ?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If Yes, Kindly tick the specific boxes that are applicable	Amputation	Amputation	Amputation	Amputation	Amputation	Amputation
	Musculoskeletal / Locomotor	Musculoskeletal / Locomotor	Musculoskeletal / Locomotor	Musculoskeletal / Locomotor	Musculoskeletal / Locomotor	Musculoskeletal / Locomotor
	Neurological / Cerebral Palsy	Neurological / Cerebral Palsy	Neurological / Cerebral Palsy	Neurological / Cerebral Palsy	Neurological / Cerebral Palsy	Neurological / Cerebral Palsy
	Polio	Polio	Polio	Polio	Polio	Polio
	Spinal cord	Spinal cord	Spinal cord	Spinal cord	Spinal cord	Spinal cord

If Yes, Kindly tick the specific boxes that are applicable	☐ Stroke	☐ Stroke	☐ Stroke	☐ Stroke	☐ Stroke	☐ Stroke
	☐ Visual / Hearing disability	☐ Visual / Hearing disability	☐ Visual / Hearing disability	☐ Visual / Hearing disability	☐ Visual / Hearing disability	☐ Visual / Hearing disability
	☐ Others	☐ Others	☐ Others	☐ Others	☐ Others	☐ Others
Kindly provide a detailed description for all boxes ticked above:						

SECTION B : ADDITIONAL MEDICAL HISTORY

SECTION C : NAME, ADDRESS, QUALIFICATION AND CONTACT DETAILS OF THE FAMILY DOCTOR

Name: (First Name) (Middle Name) (Last Name)

Mobile No.:

Reg. No. of the Family Doctor:

SECTION D : DOES ANY PERSON PROPOSED TO BE INSURED SMOKE OR CONSUME TOBACCO /GUTKHA / PAN MASALA OR ALCOHOL. IF YES PLEASE INDICATE THE TYPE AND QUANTITY PER WEEK

SECTION E : IN RESPECT OF ANY OF THE PERSONS PROPOSED TO BE INSURED (PLEASE TICK (✓) THE CHECK BOX):

	Insured 1 Yes / No	Insured 2 Yes / No	Insured 3 Yes / No	Insured 4 Yes / No	Insured 5 Yes / No	Insured 6 Yes / No
Has any application for life, health, hospital daily cash or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	☐ – ☐	☐ – ☐	☐ – ☐	☐ – ☐	☐ – ☐	☐ – ☐
If the answer is Yes, please provide the details						

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount (₹) (In words)

Premium Payment Options - ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual

Premium Payment Options - ☐ Cash ☐ Cheque ☐ DD ☐ Card

Cheque No.: Date: D D M M Y Y Y Y

Bank Name: Amount (₹):

Credit Card / Debit Card No.: Card Type: ☐ Master ☐ Visa Expiry Date: D D M M Y Y Y Y

Relationship with Proposer:

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 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)

Cheque No.: Name as in Bank Account:

Bank Name: Bank Account No.:

Branch Name: IFSC Code:

Cheque Date: D D M M Y Y Y Y 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.

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.

Signature of the Proposer

Date: D D M M Y Y Y Y

Time

Place:

Declaration & Warranty on behalf of all Persons Proposed to be insured

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 HDFC ERGO 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 ₹10 Lakhs.

Place:

Date: D D M M Y Y Y Y

Signature of the Proposer

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate (to be certified by someone other than an agent/employee of the company).

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator:

Place:

Date: D D M M Y Y Y Y

Signature of the Translator

Name of the Insured:

Place:

Date: D D M M Y Y Y Y

Signature of the Insured

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: D D M M Y Y Y Y

Signature of Agent

CHECK LIST

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

1. ID Proof : Passport / Pan Card / Voter ID / Driving License / Letter from a recognized public authority
2. Proof of Residence : Telephone Bill / Bank Account Statement / Letter from any recognized public authority / Electricity Bill / Ration Card
3. Age Proof : Proof of Age
4. Renewal notice with claim details
5. Photocopies of all previous policies and endorsements

FOR OFFICE USE ONLY

Channel Partner Code: _____ **Branch Location:** _____

Signature of Channel Partner: _____

ACKNOWLEDGMENT 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 15 days.

NOTES

(For official use only)