

GRAMIN AROGYA NIDHI - PROPOSAL FORM

Please provide complete and accurate information to the questions appearing below. Kindly attach additional sheet(s) if required. Should you need any further clarification, please do not hesitate to contact us.

The Company will not assume risk until the proposal has been accepted by the Company and communication of acceptance has been given to the Proposer by the Company in writing on receipt of full premium and realization thereof by the Company.

PROPOSER DETAILS

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

Correspondence Address of the Proposer

Telephone No. STD Code *Mobile No. E-Mail ID

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

Total Number of Insured Persons Covered

Add On Covers Chosen Under Section I

- ☐ Dependant Child Education Benefit
- ☐ Dependant Girl Child Wedding Benefit
- ☐ Permanent Total Disablement

Add On Covers Chosen Under Section I

- ☐ Family Floater Extension
- ☐ Pre Hospitalization expenses coverage Extension
- ☐ Post Hospitalization expenses coverage Extension
- ☐ Basic Maternity coverage Extension
- ☐ Hospital Daily Cash
- ☐ Domiciliary Hospitalization coverage Extension

INSURED PERSON DETAILS

Sr. No.	Names of Insured Persons	Relationship with the Self	Existing Insurance Details	Gender	Date of Birth	Pre-Existing Disease / Disability/ Illness (If Any)	Sum Insured Section - I	Sum Insured Section - II

Note: If the space found is insufficient to complete the form, please use separate sheet and attach herewith

HAVE YOU RECEIVED ANY TREATMENT / ADVICE / CONSULTATION FOR ANY MEDICAL CONDITION IN THE LAST 5 YEARS

☐ Yes ☐ No

If Yes, please fill in the details:

Name of Insured Person	Existing Illness / Ailments (if any) or any other Injury / Disability	Name & Details of Illness/Medicine / Test / Dioptr grade	Doctor / Hospital Name & Phone No.
Insured 1			
Insured 2			
Insured 3			
Insured 4			
Insured 5			
Insured 6			

HAS ANY OF THE PERSONS PROPOSED TO BE INSURED EVER SUFFERED FROM/CURRENTLY SUFFERING FROM ANY DISEASES, AILMENTS, MEDICAL CONDITIONS OR ILLNESS, ACCIDENT, INJURY, ANY OTHER DISEASE ETC. PLEASE DECLARE THE DETAILS IN THE SPACE PROVIDED BELOW AND THE PERIOD.?

☐ Yes ☐ No

If Yes, please fill in the details:

Name of Insured Person	Medication Undertaken

NOMINEE DETAILS

Sr. No.	Names of Insured Persons	Name of the Nominee	Address	Relationship with the Insured Person	Percentage share of Claims
1.					
2.					
3.					

PREMIUM DETAILS

Amount Rs. Rupees

SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify)

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Name of Bank

Branch Name & Address

Account: Savings ☐ Current ☐

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish: ☐ Any refund due on the premium payment/ any payment/ claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDA, its mandatory that all payments made to the insured only through electronic mode.

- Note: 1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

GENERAL EXCLUSIONS (UNDER THE POLICY) FOR MORE DETAILS PLEASE REFER TO THE POLICY WORDINGS

Under Section I : Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy. Bodily Injury or Sickness caused or provoked intentionally by the Insured Person. Bodily Injury or Sickness due to wilful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury, or arising out of non-adherence to medical advice. Bodily Injury or Sickness sustained or suffered whilst the Insured Person is or as a result of the Insured Person being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance with the directions of a Physician. Bodily Injury due to a gradually operating cause. Bodily Injury sustained whilst or as a result of participating in any sport as a professional player. Bodily Injury sustained whilst or as a result of participating in any competition involving the utilization of a motorized land, water or air vehicle. Bodily Injury whilst the Insured Person is traveling by air other than as a fare paying passenger on an aircraft registered to an airline Company for the transport of paying passengers on regular and published scheduled routes. Bodily Injury sustained whilst or as a result of participating in any criminal act. Bodily Injury or Sickness resulting from pregnancy within twenty-six (26) weeks of the expected date of birth. Bodily Injury or Sickness caused by or arising from the conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related illness or Condition including derivatives or variations thereof howsoever acquired or caused. The onus shall always be upon the Insured Person to show that Bodily Injury or Sickness was not caused by or did not arise through AIDS or HIV. Bodily Injury or Sickness caused by or arising from or due to venereal or venereal related disease. Bodily Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder. Bodily Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization, notwithstanding that the Bodily Injury occurred whilst the Insured Person was on leave or not in uniform. Treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental insanity. Any pathological fracture. For cures of any kind and all stays in long term care institutions (retirement homes, convalescence centers, centers of detoxification etc.). For investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency. Bodily Injury sustained whilst or as a result of active participation in any hazardous sport such as parachuting, hangliding, parasailing, off-piste skiing or bungee jumping.

Under Section II : War or any act of war, invasion, act of foreign enemy, war like operations, nuclear weapons/materials radiation of any kind, committing or attempting to commit a criminal or illegal act, participation or involvement in naval, military or air force operation or any hazardous or dangerous or adventurous activities, including but not limited to racing, driving, aviation, scuba diving, , parachuting, hang-gliding, rock or mountain climbing, abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services., intentional self injury or attempted suicide, obesity/morbid obesity and any weight control program, Psychiatric, mental or nervous disorders, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), external congenital diseases, genetic disorders, stem cell implantation or surgery or growth hormone therapy, "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), venereal disease, sexually transmitted disease, sterility / infertility treatment of any type, birth control, contraceptive supplies or services, pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness) except in the case of ectopic pregnancy, treatment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means (except treatment of fractures and dislocations of the extremities), dental treatment not requiring Hospitalization, Nasal septum deviation and nasal concha resection, circumcisions, laser treatment for refractive error, aesthetic or change-of-life treatments, plastic Surgery or Cosmetic other than for reconstruction following an Accident or Illness otherwise covered under this Policy, experimental, investigational or unproven treatment devices and pharmacological regimens, measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care, all preventive care, vaccination including inoculation and immunizations, any non allopathic treatment, enteral feedings and other nutritional and electrolyte supplements, unless required as a direct consequence of an otherwise covered claim, charges related to a Hospital stay not expressly mentioned as being covered, Personal comfort and convenience items, vitamins and tonics, treatments rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed, out-station consultations and referral-fees, treatment by Medical and non-Medical Practitioners and clinics from where the bills have been excluded for payments by the insurer for certain reasons, treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a Proposer of an Insured Person's Family, the provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, diabetic test strips, and similar products. Or artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment, any treatment that is not of a reasonable cost, not medically necessary; non-prescription drugs, crutches or any other external appliance and/or device used for diagnosis or treatment.

Note: 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 your proposal form will be considered only after HDFC ERGO General Insurance Company Limited receives premium payment 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 and the insurance cover shall only be effective from the date as intimated by HDFC ERGO General Insurance Company Limited. 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.

PROPOSER'S DECLARATION

- I accept the Terms and Conditions of the insurance policy.
- 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 underwriting policy of the Insurance company and that the policy will come into force only after full receipt of 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 doctor or from a hospital who at anytime 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 for 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. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion. In the event of acceptance of the Proposal for insurance by HDFC ERGO, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO along with the date from which the insurance cover shall become effective. The Proposer agrees that, in the event of acceptance of the Proposal for insurance by HDFC ERGO and the issuance of a Policy of Insurance by HDFC ERGO, the Policy Effective Date shall commence fifteen (15) days from the date of receipt of premium by HDFC ERGO. HDFC ERGO 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 during this period of fifteen (15) days. Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment. To facilitate payments of the insurance premium to HDFC ERGO General Insurance Limited.

The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 5 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns fled with the Income Tax Department.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

FRAUD WARNING:

Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for 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 of 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.

Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

Name

Designation

*Place

*Date

*Signature of the Proposer

Stamp

TO BE COMPLETED BY ANYONE WHO ASSISTS THE APPLICANT IN COMPLETING THIS PROPOSAL FORM

I certify that I have explained the contents of this proposal to the applicant in the language he / she understands and that the applicant fully understands the contents of the proposal. I have recorded the applicant's replies to the questions contained in this proposal as per the information provided by the applicant. I read these replies aloud to the applicant, who fully understands them and confirms that they are accurate.

Date

Name

Address

Signature