HDFC ERGO General Insurance Company Limited

myhealth: Medisure Classic - Proposal Form



Product Code: MDC/PF/0079/JAN19

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The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

(DI	are mandatory.			CP Code:					
(Please fill	I-up this form in CAPITAL LETTERS)		PPOPOS	SER DETA					
Proposer Mr./ Ms./ I	Virs.			(Middle Nam				(Last Name)	
Address								(Less reality)	
District			City				Pin Code		
State		#M	obile			Nationality			
Email							Get Policy or	n Email: Yes	No
Date of B	irth:	Y	Gender:	Male	Female TG))	Marital Status	: Married	Unmarried
Profession:	Salaried Self Employed	Others Detai				PAN No.:			
l ha	ve elA No:				I would like to	apply for elA with Karvy	CAMS	NSDL	CDSL
PROPOS	ED POLICY DETAILS								
Туре:	Individual Floater	Proposed Po	licy Start Date	D D M	M Y Y Y	P	blicy Duration:	1 Yea	r 2 Years
	L COVERS (On Payment of Addition		i						
Double S	um Insured for Critical Illness (This co	over is available upto a	age 65 years and	for Sum Ins	ured above₹200	,000/- only):	Yes N	4t	
Double S Waiver of		over is available upto a No							
Double S Waiver of	um Insured for Critical Illness (This co Room Rent Sub-limits: Yes	over is available upto a No oposed insured, to rece		ating to polic	y servicing and pr				
Double S Waiver of	um Insured for Critical Illness (This co Room Rent Sub-limits: Yes	over is available upto a No oposed insured, to rece	ive information rel	ating to polic	y servicing and pr			No Weight (in kgs)	Sum Insured (₹)
Double S Waiver of #Please p Sr.	um Insured for Critical Illness (This co Room Rent Sub-limits: Yes rovide correct mobile number of the pro	No No Poposed insured, to rece PRC Relationship	ive information rel	ating to polic RED(S) IN	y servicing and pr FORMATION Profession/	emium acknowledger Name of Pre-existing	nent. Height	Weight	Sum
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Double S Waiver of #Please p Sr.	um Insured for Critical Illness (This co Room Rent Sub-limits: Yes rovide correct mobile number of the pro	No No PRC Relationship with Proposer	ive information rel	ating to polic RED(S) IN	y servicing and pr FORMATION Profession/ Occupation	emium acknowledger Name of Pre-existing	Height (in cms)	Weight (in kgs)	Sum
Double S Waiver of #Please p No.	um Insured for Critical Illness (This co Room Rent Sub-limits: Yes provide correct mobile number of the pro Name	No No PRC Relationship with Proposer	ive information rel	ating to polic RED(S) IN	y servicing and pr FORMATION Profession/ Occupation	emium acknowledger Name of Pre-existing illness (If any)	Height (in cms)	Weight (in kgs)	Sum
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HDFC ERGO General Insurance Company Limited (Formerly HDFC General Insurance Limited). Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234 | care@hdfcergo.com | www.hdfcergo.com. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. CIN: U66030MH2007PLC177117. UIN: my:health Medisure Classic Insurance -LTGHLIP13001V021213. IRDAI Reg. No. 146.

MEDICAL & LIFESTYLE INFORMATION (Please answer questions related to your medical history)
Medical History: Please answer the below mentioned questions in Yes (Y)/No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper
Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure? Yes No
Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Yes No
Does any person, proposed to be insured, suffer from any other disease/ailment? Yes No

Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability?



Please provided details of hereditary medical history, if any

If answer to the above questions is Yes, please elaborate:

No

Sr.No.	Name of the person proposed to be insured	Name of illness/injury suffering from or suffered in the past *Treatment/medication received/receiving	Date first diagnosed /treated	Name of attending Medical Practitioner/ Surgeon with address & Tel. No./Hospital details	Whether fully cured
1.					
2.					
3.					
4.					
5.					

PREVIOUS/CURRENT INSURANCE DETAILS

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Mediclaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

Sr. No.	Policy No.	Insurer	From Date (DDMMYY)	To Date (DDMMYY)	Sum Insured
1.					
2.					
3.					
4.					
5.					
6.					

	Claim Details	Cumulative Bonus Earned			
No. of Claims	No. of Claims Amount (₹) Ailment			Amount (₹)	

If Yes, please provide the details:

*Sr.No. - Please maintain the same serial order

Premium Amount:	र	Payment Option:	Cash [#] Cheque	DD Credit / Debit Carc
Name of Premium Payer:				
	(First Name)	(Middle Name)		(Last Name)
Amount in words:				
	mium up ₹50,000 will be accepted only at our brar (Payable in favour of "HDFC ERGO General Ins			
Instrument No.:		Instrument Date:	Instrument Amount: ₹	
Bank Name				
MICR Code			IFSC Code	
HDFC ERGO Gener	ral Insurance Company Limited (Formerly HDFC General I	nsurance Limited). Registered & Corporate Office: 1st Fl	loor, HDFC House, 165-166 Backbay R	eclamation, H. T. Parekh Marg,

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DECLARATION

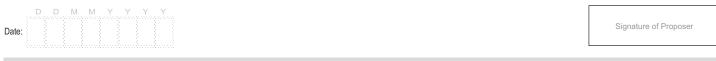
I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the Insurance Policy, is subject to the Board approved underwriting policy of the HDFC ERGO General Insurance Company Limited 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.

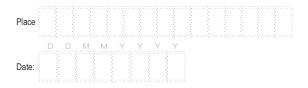
I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/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.



AUTO RENEWAL CONSENT

I hereby authorise HDFC ERGO General Insurance Limited to charge premium for me and my family member's policy to my above mentioned Visa/Master Card and renew the policy (Subject to Conditions) every year till further written notification and so long as my Visa / Master card is valid. I understand that my cover would start on remittance being receiver by HDFC ERGO General Insurance Limited from the bank.



Signature of Proposer

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 particular by the proposer. Any person who, knowingly and with intent to defraud the insurance company or other persons, 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 act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.

INSURER'S DECLARATION

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 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.)

You are obliged to inform HDFC ERGO General Insurance Company Ltd without any delay & in writing of all doctors or other members of medical profession whom you or any of the proposed members have consulted & all changes in your or any other proposed members' state of health between the filing of this application form & inception of your insurance cover. If you are in any doubt, please seek the advice of your insurance advisor.

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 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.

Place		
		Signature of Proposer
Date:		
	VERNACULAR DECLARATION	
	tion in case the proposal is filled by other than the proposer / the proposer signs in vernacular language / proposer is illiterate (to be certified by someone other than the tent of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.	ne agent / employee of the company).
Name o	f the Translator	
Place		
Date		Signature of theTranslator
Name o	f the Proposer	
Place		
Date	D D M M Y Y Y Y Signature /	Thumb Impression of the Proposer

ACKNOWLEDGEMENT Received from Mr. / Mrs. / Ms. _ Cheque No. ___ Dated _ Drawn on ___ Bank for a sum of Rs. _ towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd. D M M Y Y Y Y Signature & seal ____ Date 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. HDFC ERGO General Insurance Company Limited (Formerly HDFC General Insurance Limited). Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234 | care@hdfcergo.com | www.hdfcergo.com. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. CIN:

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