HDFC ERGO General Insurance Company Limited



myhealth: Medisure Classic - Proposal Form

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. All details with* are mandatory.

(Please fill-up this form in CAPITAL LETTERS) PROPOSER DETAILS									
Title* (Tick): Mr. Ms. Gender*: Male Female					of Birth*: DD N	M Y Y Y Y	Marital	Status: S	Single Married
Proposer Mr./Ms./Mrs.*									
(First Name) (Middle Name) Father's Name							(Last Nam	e)	
rauters	(First Name)	_	(Middl	le Name)			(Last Nam	e)	
Annual	Income* Less than ₹ 2 Lacs	Between ₹ 2 - 5 Lacs	Between ₹	₹ 5 -10 Lacs	Between	n₹ 10 - 20 Lacs	₹ 20 Lac	s and above	
Address	Address*								
Telepho	ne l		Mobile No.*			PAN	No.	Code*	
Email id			Mobile No.				110.		
Occupa		Private Sales	Other Private S	ervices	Self Employed	Housewife	Studer	nt Re	tired Not Employed
PROPO	SED POLICY DETAILS* (Please provide de	tails of your proposed po	olicy)						
Type:		olicy Start Date D D		Propo	sed Policy Start Tim	ne H H : M M	Policy Durat	ion 1 Y	ear 2 Year
OPTION	NAL COVERS On Payment of Additional F						,		
Double	Sum Insured for Critical Illness (This cove	r is available upto age	65 years and for Sur	m Insured a	bove ₹ 200,000/- or	nly) : Yes	No		
Waiver	of Room Rent Sub limits : Yes	No							
			OPOSED INSUR	RED(S) IN	FORMATION				
(Please	provide more details of the persons who		1			Name of			Sum
Sr. No.	Name	Relationship with Proposer	Date of Birth (DD/MM/YY)	Gender	Profession/ Occupation	Pre-existing illness (If any)	Height (in cms)	Weight (in kgs)	Insured (₹)
	Name of the Nominee	e/Relationship			Roll over/l	Portability from p	revious in	surer Yes	/No
		<u> </u>				<u> </u>			
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 relatedailment/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									
	ny person, proposed to be insured, suffer person, proposed to be insured, receiving	•				eranne suraeries for a	ny medical co	ndition/disal	nility?
				asi ioooive(a deadine fit of dilut	orgonio surgenies ioi di	iy illouloal oo	manuon/uisak	mity:
Yes No Please provided details of hereditary medical history, if any									

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

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

(Please enter previous insurers 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 Medidaim, 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	To Date	Sum Insured
1.					
2.					
3.					
4.					
5.					
6.					

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

If Yes, please provide the details:

*Sr No . Please maintain the same serial order					
PREMIUM PAYMENT DETAILS					
(Please provide the details of premium payment))					
Premium Amount: ₹ Payment Op	tion: Cash [#] Cheque DD Credit / Debit Card				
Name of Premium Payer: (First Name) (Middle Name)	(Last Name)				
Amount in words:					
*Premium in Cash will be accepted only at our branch offices.					
For Cheque / DD (Payable in favour of "HDFC ERGO General Insurance Company Limited")					
Instrument No.: Instrument Date:	□ □ M M Y Y Y Y Y INstrument Amount: ₹				
Bank Name					
For Credit Card / Debit Card (Only Proposer's Card to be accepted)					
Card No.:					
Expiry Date: D D M M Y Y Y Y Y					
Bank details for NEFT transfers* (Mandatory if payment is made other than cheque)					
Name of Bank Account Holder					
Account: Savings Current					
Name of Bank	Bank Account No.				
Branch Name & Address					
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	IFSC Code (1 character code appearing on your cheque leaf)				

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.

Signature of Proposer

<u> </u>	
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 Vis 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 w receiver by HDFC ERGO General Insurance Limited from the bank.	
Date :	Signature of Proposer

PROHIBITION OF REBATES - Under Section 41 Of The Insurance Laws (amendment) Act, 2015

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out renew or continue an insurance 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 prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹10,00,000/-

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.

my:health Medisure Classic is a filed and approved product of HDFC General (formerly known as L&T Insurance), a wholly owned subsidiary of the Company and hence the Company is also offering the said product.

ACKNOWLEDGEMENT					
IMPORTANT NOTICE- PLEASE DO NOT PAY PREMIUM IN CASH. Received from Ms / Mrs / Mr					
a sum of ₹ thrace against your proposal for my:health Medisure Classic	rough Cash [#] /Cheque/DD/Cred	it Card/Debit Card No			
Neither the submission of a complete proposal for insurance not does any payment for any policy sought oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion against your proposal for my:health Medisure Classic. If the Company accept's a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.					
If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.					
Signature of HDFC ERGO official/Intermediary:HDFC ERGO official/Intermediary Name:		D D M M Y Y Y Y			
*Cash towards premium upto ₹ 50,000 will be accepted only at our branch offices.					
Branch Code: Intermediary Code*: Intermediary Reference Code: Intermediary Contact Do					