HDFC ERGO General Insurance Company Limited

HDFC Group Health Insurance Proposal Form

Application No.

For Office Use Only	
Imd code	
Imd Name	
Mobile No	

1. Please fill the form in BLOCK LETTERS.
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.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the Insured Person and full premium has been realized by Us.

PROPOSER DETAILS

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

Address:

Nature of Business:

Group Type: Employer- Employee ☐ Non-Employer-Employee ☐

Contact No.: Permanent Account number (PAN No.):

I have eIA No.:

I would like to apply for eIA with Karvy CAMS NSDL CDSL

GST NO.

DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Sr. No	Name	Date of Birth	Gender (M/F/TG)	Height	Weight	Relationship with Proposer
1						
2						
3						
4						
5						
6						

POLICY DETAILS

Policy Period	From _____ To _____
Policy Type	Individual ☐ Family Floater ☐
Tenure	1 Year
Plan	Gold ☐ Platinum ☐
Sum Insured	1 lac ☐ 2 lac ☐ 3 lacs ☐ 4 lacs ☐ 5 lacs ☐ 7.5 lacs ☐ 10 lacs ☐ 15 lacs ☐ 20 lacs ☐ 25 lacs ☐ 50 lacs ☐

PF/Ver - 1 OCT 2020

OPTIONAL COVERS

S.No	Coverage		Sum Insured		
I	Preventive Health Check Up	Y ☐ N ☐	☐ 1% of Base Sum Insured, max upto INR 2000 during block of 3 years		
			☐ 1% of Base Sum Insured, max upto INR 7500 for every claim free year		
II	Cumulative Bonus	Y ☐ N ☐	10% max up to 50% ☐	10% max up to 100% ☐	
III	Hospital Cash	Y ☐ N ☐	Per day Sum Insured in ₹	500 ☐	1000 ☐
			Up to maximum number of 30 days		
IV	Restore Benefit	Y ☐ N ☐			
V	Waiting Period Modification Option	Y ☐ N ☐	3 years ☐	*2 years ☐	*1 year ☐
VI	Specific Illness Waiting Period Modification Option**	Y ☐ N ☐			
VII	Alternative Treatment	Y ☐ N ☐	10% of Base Sum Insured ☐		
			25% of Base Sum Insured ☐		
			50% of Base Sum Insured ☐		
			100% of Base Sum Insured ☐		

***Only applicable for Sum Insured greater than INR 4, 00,000**

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OTHER DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Total number of persons to be insured	Expiring Loss Ratio	Type of cover
		Compulsory ☐
		Voluntary ☐

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing/previous Insurance Policy providing similar coverages as per this proposal

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

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount (₹)_____ (In words)_____

Premium Payment Options - Monthly ☐ Quarterly ☐ Half Yearly ☐

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: ☐☐☐☐☐☐☐☐

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

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.

☐ Go Green and Make a difference!!By choosing this option, only soft copy of Policy shall be delivered to your registered mail. The soft copy is valid for lodging claims or any other service needs. (If you require physical copy of your policy in future, please visit “Help” section on www.hdfcergo.com or contact our customer care).

Place:_____ **Date:**_____ **Signature of the Proposer:**_____

DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY

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 HDFCERGO 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 Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.

Place:_____ **Date:**_____ **Signature of the Proposer:**_____

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 _____

FOR OFFICE USE ONLY

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

ACKNOWLEDGEMENT 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 Limited.

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 30 days..