

HDFC ERGO General Insurance Company Limited



Group Critical Illness Insurance - 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.

- HDFC ERGO General Insurance Company Ltd. ("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 in writing by the Company after receipt of full premium by it.
- Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy/ certificate issued.
- Duly completed employees/members personal statement form will be a part of this Proposal.

Note: 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.

PROPOSER DETAILS

Name of Proposer																																		
Key Contact Person																Designation																		
Mailing Address																																		
City											Pincode						State																	
Tel.						STD Code						Fax						STD Code						*Mobile										

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

Email																														
Nature of Business																														
Product Manufactured/Services Offered																														
Duration of Policy : Annual / Short Period.											Please specify months:						Date of Commencement:	D D M M Y Y Y Y										Plan details: Gold / Platinum		

Number of Employees/Members to be covered

Please also state whether all eligible persons of the group are proposed for Insurance: Yes ☐ / No ☐

Please enclose list of members / employees duly completed statement proposed to be covered.

Do you wish to waive off condition of waiting period applicable under the Policy? Yes ☐ / No ☐

If No, please state the duration of waiting period (in days) you wish to opt for? : 90 days/30days

Do you wish to waive off condition of survival period applicable under the Policy? Yes ☐ / No ☐

If No, please state the duration of Survival period (in days) you wish to opt for? : 30 days/15days

Have you had group critical illness coverage in the past Yes ☐ / No ☐

If Critical Illness is an additional component of a wider health cover, whether sum insured for Critical Illness is different from that for the primary component? Yes ☐ / No ☐

If Yes, please state the total sum insured and amount of reimbursement made for previous 3 years

Details of Group Critical Illness Policies taken in the past by the organization

Sr. No.	Name of Insurance Company	No. of persons covered	Total Sum Insured	Policy Date	Expiry Date
I					
II					
III					

Claims Experience under Group Critical Illness Policies for a minimum period of 3 years:

Policy Period	Name of Insurance Company	No. of persons covered	Premium Paid Rs.	Incurred Claims(Claims Received + Outstanding)	Incurred Claims Ration(%)

Has any insurance company:

■ Declined to issue/continue a policy to you? Yes ☐ / No ☐

■ Imposed any restrictions or special conditions? Yes ☐ / No ☐

■ If yes, please provide complete details

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.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.

Notice:
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 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
 - Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹10 Lakhs

PROPOSER'S DECLARATION

- 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 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.

Name : Signature :
Designation : Date :
Company Stamp

AGENT'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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 herein 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 favour 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 : Signature of Agent :
Date :

LIST OF PERSONS PROPOSED FOR INSURANCE UNDER GROUP CRITICAL ILLNESS INSURANCE POLICY

- Important:
- This list will be attached to and forming part of the Proposal Form and policy to be issued.
 - Separate List to be attached in respect of Persons to be covered under each Sum Insured.

Name of Proposer _____

Sum Insured to be covered for the list of persons mentioned below: Rs. _____

Sr.No	Member-ship Identification/ Employee Salary Roll No.	Name of the Insured Person	Relation with Insured Person	Sex	Age	Pre-existing disease/injury/ disability/Type of Lifestyle/ Physically hazardous habits*	Sum Insured	
							Per Occurrence Limit	Any One Year Limit
1.0			Self	M / F				
1.1				M / F				
1.2				M / F				
1.3				M / F				
1.4				M / F				
2.0			Self	M / F				
2.1				M / F				
2.2				M / F				
3.0			Self	M / F				
3.1				M / F				

- Note:
- Names of Family Members to be covered should be mentioned immediately after the name of each employee / member (e.g. 1.0 should be followed by his spouse by sr. no. as 1.1 and so on).
 - Additional Sheets are to be used if the above space found is insufficient.

Name : Signature :
Designation : Date :
Company Stamp