HDFC ERGO General Insurance Company Limited

my:health Critical Suraksha Plus - Proposal Form
All Plans

HDFC ERGO
Take it easy!

Application No.

FOR OFFICE USE ONLY

IMD Name

IMD Code   Mobile No.

INSTRUCTIONS

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
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.

PROPOSER DETAILS

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

Address:

Landmark: City: Pin Code:

State: Nationality

Date of Birth D D M M Y Y Y Y   Marital Status: Married   Unmarried   Mobile No.:

Email ID

Profession: Salaried   Self Employed   Others   Detail

PAN No.*:

I have eIA No.:

I would like to apply for eIA with Karvy   CAMS   NSDL   CDSL   Employee ID: (*Either of these is mandatory)

POLICY DETAILS

Policy Period: From D D M M Y Y Y Y To D D M M Y Y Y Y   **Policy Period:** 1 Year   2 Years   3 Years

DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Sr. No.	Name	Date of Birth	Gross monthly Income	Height	Weight	Relationship with Proposer	Plan Opted	Sum Insured Critical Illness/ Multi Pay Critical Illness	Sum Insured Hospital Cash Add on
1									
2									
3									
4									

NOMINEE DETAILS

Name of Insured	Name of Nominee	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

PLAN OPTED

Sr. No.	Section A I - Critical Illness Cover	Sr. No.	Section A II - Multipay Critical Illness Cover
1	Cancer Suraksha	1	Multi pay Suraksha - Elite
2	Cardiac Suraksha	2	Multi pay Suraksha - Supreme
3	Smart Suraksha	3	Multi pay Suraksha - Comprehensive
4	Comprehensive Suraksha		

*Insured can opt for the coverage under either of the Sections AI or AII. Coverage under both the section cannot be opted under same policy.

SECTION D: OPTIONAL COVERS

Pre Diagnosis Cover		
Post Diagnosis Support		
Loss of Job Benefit		Sum Insured (max Up to 50% of Gross Monthly Income) No of Months (Max up to 6 months)

ADD ON COVER - MY: HEALTH HOSPITAL CASH BENEFIT ADD ON

Y N	Sum Insured options Available (Per day)	500	1,000	1,500	2,000	2,500
		3,000	5,000	7,500	10,000	

my:health Hospital Cash - Global Y N

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Does any person proposed to be Insured presently hold any Health Insurance/Critical Illness Insurance Policies from any other Insurer? Y N

If Yes please provide below details.

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

* Please note that continuity of benefits shall NOT be considered if the above question of want of continuity is not replied affirmative, details are not provided and Portability form and relevant supporting documents are not submitted.

Does any person proposed to be insured presently hold any Health Insurance/Critical Illness Insurance Policies from HDFC ERGO? Y N

If Yes please provide below details

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

If no, please tick below declaration:

I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that I/We do not hold any Critical Illness policy from HDFC ERGO.

MEDICAL AND LIFE STYLE INFORMATION

Section A: Medical History: Please answer the below mentioned questions in MM - YY of diagnosed date.
Has any of the persons proposed to be insured ever suffered from / are currently suffering from any of the following:
If Yes, Please fill the relevant details as mentioned below:

Health Conditions	Insured 1 MM – YY	Insured 2 MM – YY	Insured 3 MM – YY	Insured 4 MM – YY
I. High or low blood pressure, Chest Pain, or any other cardiac disorder?	–	–	–	–
II. Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder	–	–	–	–
III. Ulcer (Stomach/Duodenal), liver or gall bladder disorder or any other digestive tract disorder?	–	–	–	–
IV. Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/urinary tract disorder	–	–	–	–
V. Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc.) disorder	–	–	–	–
VI. Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder?	–	–	–	–
VII. Tumor (Swelling)-benign or malignant, any external ulcer/growth/ cyst/mass anywhere in the body?	–	–	–	–
VIII. Arthritis, Spondylitis or any other disorder of the muscle/bone/joint	–	–	–	–
IX. Diseases of the Ear/Nose/Throat/Teeth/ Eye (please mention Dioptres in case of refractory error)?	–	–	–	–
X. HIV/AIDS or sexually transmitted diseases or any immune system disorder	–	–	–	–
XI. Anemia, Leukemia, Lymphoma or any other blood/ lymphatic system disorder	–	–	–	–

Health Conditions	Insured 1 MM – YY	Insured 2 MM – YY	Insured 3 MM – YY	Insured 4 MM – YY
XII. Psychiatric/ Mental illnesses or sleep disorder	–	–	–	–
XIII. Uterine Fibroid, Fibro adenoma breast or any other Gynecological (Female reproductive system)/Breast disorder?	–	–	–	–
XIV. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxification therapy?	–	–	–	–
XV. Been under any regular medication (self/ prescribed)?	–	–	–	–
XVI. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years other than routine health check-up or pre-employment check-up?	–	–	–	–
XVII. Undertaken any surgery or a surgery been advised and have surgery still pending?	–	–	–	–
XVIII. Suffered from any other disease/ illness/ accident/ injury other than common cold or viral fever?	–	–	–	–
XIX. Is any of the insured pregnant? If yes please mention the expected date of delivery	–	–	–	–
XX. Any complaint of Diabetes, Hypertension or any complication during current or earlier pregnancy?	–	–	–	–

SECTION B: ADDITIONAL MEDICAL HISTORY AS PER SECTION A & B ABOVE

SECTION C: NAME, ADDRESS, QUALIFICATION AND CONTACT DETAILS OF THE FAMILY DOCTOR

Name:

(First Name) (Middle Name) (Last Name)

Mobile No.: Reg. No. of the Family Doctor:

SECTION D: DOES ANY PERSON PROPOSED TO BE INSURED SMOKE OR CONSUME TOBACCO, CONSUME GUTKHA / PAN MASALA OR ALCOHOL. IF YES PLEASE INDICATE THE TYPE AND QUANTITY PER WEEK

SECTION E: IN RESPECT OF ANY OF THE PERSONS PROPOSED TO BE INSURED (PLEASE TICK (✓) THE CHECK BOX)

	Insured 1 Yes / No	Insured 2 Yes / No	Insured 3 Yes / No	Insured 4 Yes / No
Has any application for life, health, hospital daily cash or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	/	/	/	/
If the answer is Yes, please provide the details				

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount (₹) (In words)

Premium Payment Options - Monthly Quarterly Half Yearly Annual

Premium Payment Options - Cash Cheque DD Card

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:

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.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

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

Place:

Date: D D M M Y Y Y Y

Signature of the Proposer

VERNACULAR DECLARATION

Declaration 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 agent / employee of the company).

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Name of the Translator:

Place:

Date: D D M M Y Y Y Y

Signature of the Translator

Name of the Proposer:

Place:

Date: D D M M Y Y Y Y

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:

D D M M Y Y Y Y

Date:

Signature of Agent

CHECK LIST

Please check the following documents are attached along with the proposal form

1. ID Proof : Passport / Pan Card / Voter ID Card / Driving License / Letter from a recognized public authority
2. Proof of Residence : Telephone Bill / Bank Account Statement / Letter from any recognized public authority Electricity Bill / Ration Card
3. Age Proof : Proof of Age
4. Renewal notice with claim details
5. Photocopies of all previous policies and endorsements

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 Ltd.

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.

	Coverage	Details	Cancer Suraksha	Cardiac Suraksha	Smart Suraksha	Compre-hensive Suraksha	Multi Pay Suraksha Elite	Multi Pay Suraksha Supreme	Multi Pay Suraksha Compre-hensive
PLAN DETAILS									
Section A.	**Base Covers**								
I	**Critical Illness**								
1	Cancer Cover	Malignant Cancer of Specified Severity	Covered	X	X	Covered	X	X	X
2	Heart Cover	Illnesses and Procedures related to heart	X	Covered	Covered	Covered	X	X	X
3	Nervous System Cover	Illnesses and Procedures related to nervous system	X	X	Covered	Covered	X	X	X
4	Other Major Organ Cover	Illnesses and Procedures related to Major Organs and Functions	X	X	X	Covered	X	X	X
II	**Multi Pay Critical Illness**								
1	Cancer Cover	Malignant Cancer of Specified Severity	X	X	X	X	Covered	Covered	Covered
2	Heart Cover	Illnesses and Procedures related to heart	X	X	X	X	Covered	Covered	Covered
3	Nervous System Cover	Illnesses and Procedures related to nervous system	X	X	X	X	X	Covered	Covered
4	Other Major Organ Cover	Illnesses and Procedures related to Major Organs and Functions	X	X	X	X	X	X	Covered
Setion B	my:health Active	Wellness Benefit	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Section C	preventive Health Check Up	Free health check up for listed tests every year	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Section D	**Optional Covers**								
1	Pre Diagnosis Cover	Benefit for listed diagnostic tests for any of the covered Illness, upto Rs 25000	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2	Post Diagnosis Support		Optional	Optional	Optional	Optional	Optional	Optional	Optional
	a.Second Medical Opinion	Second expert medical opinion, E opinion as well as in person, upto Rs. 10000							
	b. Molecular Gene Expression Profiling Test	Molecular Gene Expression Profiling Test - once in Policy term, upto Rs. 10000							
	c. Post Diagnosis Assistance	Post diagnosis conselling expenses, Upto Rs 3,000 per session for up to maximum of 6 sessions							
3	Loss of Job	Benefit upon resignation or termination due to diagnosis of any of the covered illnessupto 50% of Monthly Salary, upto 6 months	Optional	Optional	Optional	Optional	Optional	Optional	Optional
	Add On cover								
1	my: health Hospital Cash Benefit Add on	Daily cash benefit as opted in case of hospitalisation, (max for 30 days)	Optional	Optional	Optional	Optional	Optional	Optional	Optional