

21) Please confirm, if any of the person to be insured is pregnant (For Females Only) If yes, please state how many months? _____ Yes No

22) Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and have been taking treatment/ hospitalization? (Please provide details in the table given below) Yes No

23) Illness/injury details of the past 4 years and prior to 4 years.

Sr. No	Name of the person	Name of the Illness /injury suffered / suffering in the past 4 years	Treatment details	Date first treated	Name of the Illness / injury suffered any time in the past (prior to 4 years)	Treatment details	Date first treated	Current Status of the Illness/ Diseases/Injury

24) Has any proposal for life, critical illness or health related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details _____

25) Details of current health insurance policy /previous health insurance policy / other Insurance like Mediclaim, Cancer Policy, Critical Illness or any other medical insurance policy (Please attach a photocopy)

Name of The Members	Policy No.	Name and address of Insurance Co.	Sum Insured	Period of Insurance		No claim Bonus %	Claims Received/ Receivable (Rs.)	Claimed for (Nature of Problems)
				From dd/mm/yy	To dd/mm/yy			

26) Family Doctor Details:

Name: _____

Qualification: _____ Mobile: _____

Address: _____

Reg No: _____

Declaration

- "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers 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 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 or 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."

Date : _____ _____
 Place : _____ Signature of Proposer
 Name and Designation: _____

Insurance Act, 1938 Section 41 - Prohibition of Rebates

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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES. Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract***

Date : _____ _____
 Place : _____ Signature of Proposer
 Name and Designation: _____

*** This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.
 ** Please read declaration wordings carefully before signing the proposal form.