



**SANKAT MOCHAN PLANS**

Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Basic	200000	100000	0	0	0	0	0	0
Wider	0	0	100000	0	200000	0	0	300000
Comp	0	0	0	100000	0	200000	200000	0
Acc Hosp.	100000	50000	50000	50000	100000	100000	100000	100000
Acc Hosp Cash	0	1000	1000	1000	1000	0	1000	0
Final Premium Risk class 1	240	470	525	575	650	450	750	450
Final Premium Risk class 2	270	485	550	625	700	550	850	525

Plans	Plan 9	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 15	Plan 16
Basic	0	0	0	0	0	0	0	200000
Wider	300000	0	0	0	0	0	0	200000
Comp	0	300000	300000	500000	500000	500000	500000	200000
Acc Hosp.	100000	100000	100000	100000	100000	200000	200000	200000
Acc Hosp Cash	1000	0	1000	0	1000	0	1000	1000
Final Premium Risk class 1	750	600	900	900	1200	1050	1350	1190
Final Premium Risk class 2	825	750	1050	1150	1450	1300	1600	1370

16. Has any company declined to issue/ re new a policy for any of the persons proposed for Insurance?  Yes /  No  
 If yes give details: \_\_\_\_\_

17. Are you covered under any other Personal Accident Policy?  Yes /  No  
 If yes please provide the policy and claim details \_\_\_\_\_

**Nominee details**

18.

Name	Nominee*	Name of Nominee	DOB/Age	Relation*	% of Sum Insured
Self	Nominee 1				
	Nominee 2				
	Nominee 3				
	Nominee 4				

\*Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others"  
 If Nominee is "Others" please specify -----.(For members other than Self 100 % Nomination to the Proposer only)

19. Do you have a vehicle:  Yes /  No if yes vehicle make \_\_\_\_\_ Model \_\_\_\_\_ Year & month of purchase \_\_\_\_\_

20. Policy period: From  To

**\*\*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 : \_\_\_\_\_  
 Name and Designation: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Proposer

**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\*\*\***

Place:   
 Date:   
 Signature (on behalf of Proposer)   
 Name

\*\*\* 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.

# PORTABILITY FORM

## PART I

- 1) Name of the Policyholder / insured (s) \_\_\_\_\_
- 2) Date of Birth / Age \_\_\_\_\_
- 3) Address of policyholder / insured \_\_\_\_\_
- 4) Details of existing insurer
  - i. Name of the product \_\_\_\_\_
  - ii. Sum Insured \_\_\_\_\_
  - iii. Cumulative Bonus \_\_\_\_\_
  - iv. Add ons/Riders taken \_\_\_\_\_
  - v. Policy Number \_\_\_\_\_
- 5) Details of the proposed insurance
  - i. Name of the product proposed/intended to take \_\_\_\_\_
  - ii. Sum insured proposed \_\_\_\_\_
  - iii. Whether Cumulative Bonus to be converted to an enhanced sum insured \_\_\_\_\_
- 6) Reason (s) of portability \_\_\_\_\_
- 7) No of family member to be included in the policy to be ported \_\_\_\_\_

First Name of Insured	Details of Previous Health Insurance Policy / Policy No.	Health ID Card number	Sum Insured	CB	Period of Insurance		First Policy inception date
					From dd/mm/yyyy	To dd/mm/yyyy	

Enclosure: Photocopy of the existing policy documents

Date 

D	D	M	M	Y	Y	Y	Y
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Signature of Proposer

## PART II

1. Whether the PED exclusions / time bound exclusion have longer exclusion period than existing policy  Yes /  No  
 (Please indicate Yes /No)

2. If yes , please give written consent to the declaration below:

"I am aware that the waiting period for the following disease (s)/ treatment (s) is .....days/years more than the previous policy terms, I hereby agree to observe the additional waiting period for the following diseases (s)/ treatments (s)

Signature of Policyholder