

Sum Insured Table:

| Sr No. | Name | Hospitalisation Section | Ancillary Expenses | Critical Illness | Personal Accident* |
|--------|------|-------------------------|--------------------|------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*For dependent family members the maximum Sum Insured under Personal Accident would be ₹ 5lacs.

17) Do you have any other Health policy/policies, Personal Accident Policy/policies (with us or any other insurer) if yes, please provide the details in the below table. If opting for portability, please fill the portability annexure

| Name of Insured | Name of Insurance Company | Details of previous health insurance policy / policies no | Sum Insured | Period of insurance | | First policy inception date |
|-----------------|---------------------------|---|-------------|---------------------|-------------|-----------------------------|
| | | | | From MM/DD/YY | To MM/DD/YY | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

18) Medical history:-

| Questions | Yes / No |
|---|----------|
| During the last 4yrs and before 4yrs, have any of the proposed insured consulted any physician for treatment or medical investigation or surgical operation, Accident or been hospitalized for any disorder? | |
| Have any of the proposed insured's ever been diagnosed with or advised to seek treatment for any one or more from the following: heart disease, Diabetes/ raised blood sugar, High blood pressure/ Hypertension, Circulatory disease? | |
| Paralysis, cancer, Disease of kidney, Liver, Stomach, Intestine, brain, Lung or joint disorder, mental illness, Congenital/ Birth defect ,Physical deformity, or HIV/AIDS | |
| Disorders of eye, ear, nose or throat, Gland disorder such as thyroid, Blood disorder or disorder of reproductive or urinary system | |
| Any other illness, impairment, disability or surgery not mentioned above? | |
| Have any of the proposed insured's Parents, brothers or sisters had heart disorders, cancer, Diabetes, neurological or mental disorder, hereditary or chronic disorder? | |
| Is any of the proposed insured currently taking any medication/ treatment for any disease or disorder? | |
| Is any of the proposed insured currently pregnant? | |
| Have any of the proposed insured proposal or application for reinstatement of life, health and accident insurance ever been declined, postponed, withdrawn or accepted with modified terms by any insurance company? | |

19) Additional information:- If you have answered yes in any of the above questions please furnish details:-

| Sr No | Name of the proposed insured | Please specify the illness details with symptoms | Treatment details with treating Doctor details | Outcome of treatment (e.g. Ongoing, complete recovery, recurrent or likely to recur) |
|-------|------------------------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

20) Does any person proposed to be insured smoke or consume tobacco, alcohol or any other form of Tobacco? Yes 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.

Signature of Proposer

Date: Place: _____ 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 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.