

Proposal Form - my:health Medisure Super Top Up

GUIDELINES TO FILL THE FORM

- 1. Please fill the form in BLOCK LETTERS. All details with $\!\!\!\!^\star$ are mandatory.
- 2. Please answer all the questions completely. If a particular question is not applicable to you please mark that question as not applicable "N/A".
- Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
- 4. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the proposal form.

GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES. SAVE THE WORLD.	- 3
CONSENT FOR ELECTRONIC DESPATCH OF POLICY PACK	GO GREE
I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorise HD Limited to provide me Electronic Policy Pack. I understand, subscribing to Electronic Policy P only be sent to my registered email id and no physical policy pack will be sent across. Incase, pack kindly dial our toll free no mentioned below.	ack means, the policy pack wil
Date: Time:	Signature of Proposer

FOR OFFICE USE ONLY Branch Code Intermediary Code* Intermediary Location Code :									
Intermediary Code* :		FOR OFFICE USE ONLY							
Intermediary Code* :	-N	Branch Code	:						
Intermediary Employee Code : LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Intermediary Code*	:						
Intermediary Employee Code: LILILILI LILI LILI LILI LILI LILI LIL		Intermediary Location Code	:						
Sales Manager Code : LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	.у	Intermediary Employee Code	:						
	-	Intermediary Reference Code	:	Ш		_			
Health Kit Number : LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Sales Manager Code	:	Ш			_		
		Health Kit Number	:	Ш					

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the proposal form. Note: The liability of the	e Company does not commence until this proposal is accepted by
the Company and the p	Oremium is received. GINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.
(I) PROPOSER'S INF	
Title* (Pls. Tick):	Mr. Ms. Mrs. Gender*: Male Female Date of Birth*: DIDIMIMIYIYIY Marital Status: Single Married
Name*:	
Father's Name:	
Annual Income*:	Less than 2 Lacs Between 2 - 5 Lacs Between 5 - 10 Lacs Between 10 - 20 Lacs 20 Lacs and above
Correspondence Ad	ldress:
Block/No.*:	
Street Name*:	Locality:Locality:
Landmark*:	
City/Village*:	
Post Office:	
Mobile No.*:	Landline No.: S T D PAN No.:
Email ID 1*:	
Email ID 2:	
Occupation*:	Government Service Private Sales Other Private Services Self Employed Housewife Student Retired Not Employed
If you are an HDFC C	Group Employee, please provide your PS Number: Company/Division Name:
(II) *PROPOSED PO	LICY DETAILS (Please provide details of your proposed policy)
Type: Individ	dual Floater Proposed Policy Start Date: D D M M Y Y Y Y Y Proposed Policy Start Time: h h h : m m Policy Duration: 1 Year 2 Years

my:health Medisure Super Top Up Insurance. UIN: IRDA/NL-HLT/L&TGI/P-H/V.II/31/14-15



HDFC General Insurance Limited (Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

(III) *DEDUCTIBLE & SUM INSURED (Please refer to the below table and specify the Deductible and Sum Insured in table no IV)

Aggregate Deductible (₹)	Sum Insured (₹)						
2 lakhs	3 lakhs	8 lakhs					
3 lakhs	7 lakhs	12 lakhs					
4 lakhs	6 lakhs	11 lakhs	16 lakhs				
5 lakhs	5 lakhs	10 lakhs	15 lakhs	20 lakhs			

(IV) *PROPOSED INSURED(S) INFORMATION (Please provide more details of the persons who are being covered in this Policy)

Sr.No.	Name (First, Middle & Surname)	Relationship with Proposer	Date of Birth (DD/MM/YY)	Gender	Profession/ Occupation	Name of Pre-existing illness (If any)	Height (in cms)	Weight (in kgs)	Aggregate Deductible (₹)	Sum Insured (₹)	Name of the Nominee/Relationship	Roll over/Portability from previous insurer Yes/No. If Yes, section (V) is mandatory
1.												
2.												
3.												
4.												
5.												
6.												

(V) PREVIOUS/CURRENT INSURANCE DETAILS (Please enter previous insurers details)

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Mediclaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

Sr. No.#	Policy No.	Insurer	From Date	To Date	Sum Insured	Previous Health	Claim Details			Cumulative Bonus Earned		
						Card Number	No. of Claims	Amount	Ailment	%	Amount (₹)	
1.												
2.												
3.												
4.												
5.												
6.												

[#]Sr.No. — Please maintain the same serial order as on page 2

(VI) DECLARATION

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer 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 HDFC General Insurance Limited 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.

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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 insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/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. (VII) *MEDICAL & LIFESTYLE INFORMATION (Please answer questions related to your medical history) Medical History: Please answer the below mentioned guestions in Yes (Y)/No (N). If the answer to any of the guestions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper. 1. Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure? Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Does any person, proposed to be insured, suffer from any other disease/ailment? Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability? Please provide details of hereditary medical history, if any: *Signature of Proposer If answer to the above questions is Yes, please elaborate: • Name of illness/injury suffering from or suffered in the past Name of attending Medical Practitioner/ Sr.No. Name of the person proposed to be insured Date first Whether • Treatment/medication received/receiving diagnosed/treated Surgeon with address & Tel. No./Hospital details fully cured 1. 2. 3. 4. 5. my:health Medisure Super Top Up Insurance. UIN: IRDA/NL-HLT/L&TGI/P-H/V.II/31/14-15 HDFC General Insurance Ltd. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020. Toll Free: 1800-209-5846 | Email: care@hdfcgi.com | Website: www.hdfcgi.com. CIN: U66030MH2007PLC177117. IRDAI Reg. No. 146. ACKNOWLEDGEMENT IMPORTANT NOTICE- PLEASE DO NOT PAY PREMIUM IN CASH, Branch Code: Received from Ms/Mrs/Mr Intermediary Code*: through Cash#/Cheque/DD/Credit Card/Debit Card No. Intermediary Location Code: against your proposal for my:health Medisure Super Top Up Insurance. DI DI MI MI YIYIYIY Signature of HDFC official/Intermediary:___ Intermediary Employee Code: Neither the submission of a completed proposal for insurance or any payment for If the Company accept's a proposal for insurance, it shall be subject to the If a proposal is not accepted, the Intermediary Reference Code: any policy sought, oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. policy terms and conditions and the Company shall have no liability to Company will inform you and refund any

payment received from you without

interest.

make any payment if premium is not received by the Company in full and

Time: h | h | : | m | m

in time, or is not realised.

4e/STU/Sept-2016.Version1-HDFC

Intermediary Contact Details:

HDFC official/Intermediary Name:

[#] Cash towards premium upto ₹50,000 will be accepted only at our branch offices.



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(VIII) *PREMIUM PAYMENT DETAILS (Please provide the details of premium payment)
Premium Amount: ₹
Name of Premium Payer: S U R N A M E
Amount in words:
[#] Cash towards premium upto ₹50,000 will be accepted only at our branch offices.
For Cheque/DD (Payable in favour of "HDFC General Insurance Limited")
Instrument No.: Instrument Date: DDMMMYYYYY Instrument Amount: ₹
Bank Name:
For Credit Card/Debit Card (Only Proposer's Card to be accepted)
Card No.: Visa AMEX
Expiry Date: D D M M Y Y Y Y Name on Card:
Bank details for NEFT transfers* (Mandatory if payment is made other than cheque)
Account Number:
Account Holder's Name:
PROHIBITION OF REBATES – UNDER SECTION 41 OF THE INSURANCE LAWS (AMENDMENT) ACT, 2015
No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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 prospectuses or tables of the Insurer.
Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹10,00,000/-
my:health Medisure Super Top Up Insurance. UIN: IRDA/NL-HLT/L&TGI/P-H/V.II/31/14-15
HDFC General Insurance Ltd. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020. Toll Free: 1800-209-5846 Email: care@hdfcgi.com Website: www.hdfcgi.com. CIN: U66030MH2007PLC177117. IRDAI Reg. No. 146.
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