

GROUP MEDICLAIM - PROPOSAL FORM

The policy does not commence until the proposal is accepted by the Company and full premium is received.

Intermediary Details (To be filled in BLOCK LETTERS)		
Intermediary Name		Code
Branch Name		Code
Sales Manager Name		Code
Proposer's Details		
1. Proposer's Full Name	○ Mr. ○ Ms. ○ Mrs.	
2. Customer ID		
3. Address for Communication		
Flat/Building/Door/Block No.		
Road/Street/Sector:		
Area		
Taluka/Village/District/City		Pinode
State		Country
Phone		Mobile
Email		Fax
4. UID Aadhaar No.		5. PAN No.:
6. Do you have a GST Registration Number	○ Yes ○ No	
If Yes, please specify		
7. Source of Funds	○ Business ○ Profession ○ Salary ○ Agricultural Income ○ Savings ○ Others	
8. Monthly Income	○ Upto ₹ 20,000 ○ ₹ 20,001 to ₹ 50,000 ○ ₹ 50,001 to ₹ 1,00,000 ○ ₹ 1,00,001 and above	
9. Name of Contact Person		
Phone		Email
10. Business of the Proposer		
11. Whether all eligible employees/members of group/association/institution/Corporate Body are proposed for insurance	○ Yes ○ No	
12. Is this insurance is taken first time?	○ Yes ○ No	
If no, Please mention no of renewal year		
13. What are the other extensions / benefits required (please specify the limits required)		
• Coverage of Pre-existing diseases	○ Yes ○ No	Specify the Limits
• Waiver of first year exclusions	○ Yes ○ No	Specify the Limits
• Waiver of 30 day waiting period	○ Yes ○ No	Specify the Limits



• Basis of SI Coverage Required		<input type="radio"/> Floater <input type="radio"/> Individual		Specify the Limits			
• No of lives to be covered under Floater		No. of Main Members + No. of Dependent		Total Lives			
• Relationships to be covered <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Others _____							
• Maternity Extension benefit		<input type="radio"/> Yes <input type="radio"/> No					
In case of yes please specify limits required Normal Specify the Limits C Section Specify the Limits							
• Waiver of 9 months waiting period for Maternity benefit		<input type="radio"/> Yes <input type="radio"/> No		Specify the Limits			
• Removal of Domiciliary Hospitalisation Benefit		<input type="radio"/> Yes <input type="radio"/> No		Specify the Limits			
14. Policy period		Inception Date DD / MM / YYYY		Expiry Date DD / MM / YYYY			
15. Details of persons proposed for insurance (Please attach a separate list in the following format)							
Sr. No	Name of the main member/ Names of family members	ID No. (for main members)	Date of Birth	Date of Joining of main member	Relationship with the main member	Gender	Sum Insured
Previous Insurance Details							
16. The terms proposed are same as per your existing policy?				<input type="radio"/> Yes <input type="radio"/> No			
If yes please provide expiring policy copy along with this proposal form and provide policy no							
If no, please list out the additional coverages:							
17. The terms proposed are same as per		1st Year		2nd Year		3rd Year	
No of lives covered at inception							
No. of lives at expiry							
Incurred Claims Paid + O/s (Count & Amount)							
Premium before service tax							
Name of the insurance company							
Name of the TPA							
Payment Details							
<input type="radio"/> Cheque <input type="radio"/> DD							
Cheque / DD Amount		Amount in words _____					
Name of the Bank							
Cheque or DD Date		DD / MM / YYYY		Cheque/DD No. _____			
PAN No.							
Proposer's Bank Details							
18. Name of the Bank Account Holder <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. F I R S T M I D D L E L A S T							
19. Bank Account No.		20. Account:		<input type="radio"/> Saving <input type="radio"/> Current			
21. Name of the Bank							
22. Branch							
23. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)							
24. IFSC Code (11 character code appearing on your cheque leaf)							

- I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*
*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Declaration by Proposer

- i. We have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- ii. We understand that the information provided by us 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.
- iii. We further declare that 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.
- iv. 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.
- v. We authorize the company to share information pertaining to our proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. We hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- vii. We understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non- disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by us or anyone acting on our behalf.
- viii. We hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- ix. We consent to provide a valid age proof and identity proof of insured or insured person/beneficiary covered under the policy at the time of claims or any other time when required by the Company.
- x. We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xi. We hereby declare on my/our behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- xii I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- xiii I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

This proposal form was completed by

Place: _____

Date: _____

Signature of Proposer & Company Seal

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer & Company Seal

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _____ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Signature/Thumb Impression of the Proposer: _____

Identified by Name & Signature: _____

Date: _____ Place: _____

Explained By Intermediary (Name): _____

Date: _____ Place: _____

Intermediary Signature

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? Yes No

If yes, please mention the position held

Is any of your close relation or family member a PEP? Yes No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically exposed Persons" (PePs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).