

(III) OPTIONAL COVERS (i) On Payment of Additional Premium:

Double Sum Insured for Critical illness	Waiver of Room Rent Sub limits	Extended Pre & Post Hospitalisation Benefit	Hospital Cash	Recovery Benefit	Expenses for accompanying person	Reinstatement of Sum Insured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 (ii) On Reduction of Premium: 1. Deletion of Pre-Post Hospitalization Yes No

2. Voluntary Deductibles ₹5,000 | ₹10,000 | ₹15,000 | ₹20,000 | ₹25,000 | ₹30,000 | ₹35,000 | ₹40,000 | ₹50,000 | ₹75,000 | ₹100,000

(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	Mobile No.	Profession/ Occupation	Name of Pre-existing Illness (If any)	Height (in cms)	Weight (in cms)	Voluntary Deductibles	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.													

(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 Medclaim, 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	Claims Details			Cumulative Bonus Earned	
						No. of Claims	Amount	Ailment	%	Amount (₹)
1.										
2.										
3.										
4.										
5.										
6.										

#Sr.No. – Please maintain the same serial order as on page 2

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 L&T General 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 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.

MEDICAL & LIFESTYLE INFORMATION* (Please answer questions related to your medical history)

Medical History: Please answer the below mentioned questions in Yes (Y) / No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper.


- Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment / blood pressure? Yes No
- Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Yes No
- Does any person, proposed to be insured, suffer from any other disease/ailment? Yes No
- 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? Yes No

Please provide details of hereditary medical history, if any:

If answer to the above questions Yes, please elaborate:

Signature of Proposer

Sr.No.	Name of the person proposed to be insured	• Name of illness/injury suffering from or suffered in the past • Treatment/medication received/receiving	Date first diagnosed/treated	Name of attending Medical Practitioner/ Surgeon with address & Tel. No./Hospital details	Whether fully cured
1.					
2.					
3.					
4.					
5.					

 **L&T Insurance** is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001. Insurance is the subject matter of solicitation. IRDA Reg. No. 146.

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CIN NO.:U66030MH2007PLC177117. UIN No. IRDA/NL-HLT/L&TGI/P-H/V.II/34/14-15

He/Plus/August 2015 Version 1



ACKNOWLEDGEMENT

my:health

IMPORTANT NOTICE- PLEASE DO NOT PAY PREMIUM IN CASH.

Received from Ms/Mrs/Mr _____ a sum of ₹ _____

through Cash#/Cheque/DD/Credit Card/Debit Card No. _____ against your proposal for my:health Medisure Plus Insurance

Signature of L&T official/Intermediary: _____ Date:

Neither the submission of a completed proposal for insurance or any payment for 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.

If the Company accept's a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.

If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.

L&T official/Intermediary Name: _____ Time: :

Place: _____

Branch Code: _____

Intermediary Code*: _____

Intermediary Location Code: _____

Intermediary Employee Code: _____

Intermediary Reference Code: _____

Intermediary Contact Details: _____

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

PREMIUM PAYMENT DETAILS (Please provide the details of premium payment)

 Premium Amount: ₹ Payment Option: Cash# Cheque DD Credit/Debit Card

 Name of Premium Payer:

Amount in words:

#Premium in Cash upto will be accepted only at our branch offices.

For Cheque/DD (Payable in favour of "L&T General Insurance Company Limited")

 Instrument No.: Instrument Date: Instrument Amount: ₹

 Bank Name:
For Credit Card/Debit Card (Only Proposer's Card to be accepted)

 Card No.: Card Type: Master Visa AMEX

 Expiry Date: Name on Card:
Bank details for NEft transfers* (Mandatory if payment is made other than cheque)

 Account Number:

 Bank Name:

 IFSC Code of the Bank:

 Account Holder's Name:


Date: Time:

 Signature of Proposer

(IX) PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938


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 ₹500/-

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 Toll-free Number
1800-209-5846 (1800-209-LTIN)

 Website
www.ltinsurance.com

 SMS
'LTI' to 5607058 (56070LT)

 **L&T Insurance** is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001.

Corporate Office: L&T General Insurance Company Limited, 6th Floor, City 2, Plot No. 177, CST Road, Near Bandra Kurla Telephone Exchange, Kalina, Santacruz (East), Mumbai - 400098, India.

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