


Proposal Form - my:health Medisure Super Top Up

GUIDELINES TO FILL THE FORM

- Please fill the form in BLOCK LETTERS. All details with * are mandatory.
- 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.
- Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal is accepted by the Company and the premium is received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES. SAVE THE WORLD.			FOR OFFICE USE ONLY					
CONSENT FOR ELECTRONIC DESPATCH OF POLICY PACK			Branch Code	:		_____		
<input type="checkbox"/>	I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorise L&T General Insurance Company Limited to provide me Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across. Incase, you require the physical policy pack kindly dial our toll free no mentioned below.		Intermediary Code*	:		_____		
Date:		Time:	Signature of Proposer			Intermediary Location Code	:	_____
						Intermediary Employee Code	:	_____
						Intermediary Reference Code	:	_____
						Sales Manager Code	:	_____
						Health Kit Number	:	_____

(I) PROPOSER'S INFORMATION

Title* (Pls. Tick): Mr. Ms. Mrs. Gender*: Male Female Date of Birth*:

D	D	M	M	Y	Y	Y	Y
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 Marital Status: Single Married

Name*:

S	U	R	N	A	M	E					F	I	R	S	T					M	I	D	D	L	E
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Father's Name:

S	U	R	N	A	M	E					F	I	R	S	T					M	I	D	D	L	E
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Annual Income*: Less than 2 Lacs Between 2 - 5 Lacs Between 5 - 10 Lacs Between 10 - 20 Lacs 20 Lacs and above

Correspondence Address:

Block/No.*: _____ Floor No.: _____ Building Name: _____

Street Name*: _____ Locality: _____

Landmark*: _____

City/Village*: _____ Pin Code*: _____ State: _____

Post Office: _____ Tehsil: _____

Mobile No.*: _____ Landline No.:

S	T	D							
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 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 L&T Group Employee, please provide your PS Number: _____ Company/Division Name: _____

(II) *PROPOSED POLICY DETAILS (Please provide details of your proposed policy)

Type: Individual Floater Proposed Policy Start Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Proposed Policy Start Time:

h	h	:	m	m
---	---	---	---	---

 Policy Duration: 1 Year 2 Years

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(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 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	Previous Health Card Number	Claim 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

(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 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.

(VII) *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.


1. Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure? Yes No
2. Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Yes No
3. Does any person, proposed to be insured, suffer from any other disease/ailment? Yes No
4. 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:

*Signature of Proposer

If answer to the above questions is Yes, please elaborate:

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.

CIN NO.:U66030MH2007PLC177117. UIN No. IRDA/NL-HLT/L&TG/P-HV.II/31/14-15.

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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 Super Top Up

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

D	D	M	M	Y	Y	Y	Y
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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:

h	h	:	m	m
---	---	---	---	---

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.

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

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

Name of Premium Payer: S | U | R | N | A | M | E | F | I | R | S | T | M | I | D | D | L | 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 "L&T General Insurance Company Limited")

Instrument No.: Instrument Date: D | D | M | M | Y | Y | Y | Y | 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: 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: _____

Bank Name: _____


IFSC Code of the Bank: _____

Account Holder's Name:

(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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