HDFC General Insurance Limited

(Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

Proposal Form - my:health Medisure Super Top Up

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* 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".
3. 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.

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

GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES. SAVE THE WORLD.

CONSENT FOR ELECTRONIC DESPATCH OF POLICY PACK

☐ I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorise HDFC General Insurance 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.

Date: ..... Time: ..... Signature of Proposer

FOR OFFICE USE ONLY

Branch Code :
Intermediary Code* :
Intermediary Location Code :
Intermediary Employee Code :
Intermediary Reference Code :
Sales Manager Code :
Health Kit Number :

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

(I) PROPOSER'S INFORMATION

Title* (Pls. Tick): ☐ Mr. ☐ Ms. ☐ Mrs. Gender*: ☐ Male ☐ Female Date of Birth*: D D M M Y Y Y Y Marital Status: ☐ Single ☐ Married

Name*: SURNAME FIRST MIDDLE

Father's Name: SURNAME FIRST MIDDLE

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.: STD 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 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

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.

(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 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 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 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.					

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ACKNOWLEDGEMENT

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 Insurance.

Signature of HDFC official/Intermediary: _____ Date: D D M M Y Y Y Y

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.

HDFC official/Intermediary Name: _____ Time: h h : m m Place _____

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

Branch Code: _____

Intermediary Code*: _____

Intermediary Location Code: _____

Intermediary Employee Code: _____

Intermediary Reference Code: _____

Intermediary Contact Details: _____

(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 "HDFC General Insurance 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: ____________

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/-

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