



Proposal Form - my:health Medisure Classic Insurance

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.

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

Welcome Kit Number*:

PROPOSER'S INFORMATION

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

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

Street Name*: Locality:

Landmark*:

City / Village*: Pin Code*:

State*:

Post Office: Tehsil*:

Mobile No. *: Landline No.: 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:

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. In case, 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 :



HDFC General Insurance Limited

(Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

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

Type: Individual Floater Proposed Policy Start Date: Proposed Policy Start Time: Policy Duration: 1 Year 2 Years

OPTIONAL COVERS (On Payment of Additional Premium)

- Double Sum Insured for Critical Illness (This cover is available upto age 65 years and for Sum Insured above ₹ 200,000/- only) : Yes No
- Waiver of Room Rent Sub-limits : Yes No

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

| Sr.No. | Name (First, Middle & Last) | 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) | Sum Insured | Name of the Nominee/Relationship* | Roll over/Portability from previous insurer Yes / No |
|--------|-----------------------------|----------------------------|--------------------------|--------|------------------------|---------------------------------------|-----------------|-----------------|-------------|-----------------------------------|--|
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |

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 has in the past received treatment or undergone surgery for any medical condition/disability? Yes No

Please provide details of hereditary medical history, if any:

If the answer to any of the above questions is 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. | | | | | |



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 | 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

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 will be accepted only at our branch offices.

For Cheque / DD (Payable in favour of "HDFC General Insurance Limited")

Instrument No.: Instrument Date: Instrument Amount:

Bank Name:

For Credit Card / Debit Card

Card No.: Card Type: Master Visa AMEX

Expiry Date: Name on Card: (Only Proposer's Card to be accepted)

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:

my:health Medisure Classic Insurance. UIN: IRDA/NL-HLT/L&TGI/P-H/V.I/249/13-14

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.

Received from Ms / Mrs / Mr a sum of ₹

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

Signature of HDFC official/Intermediary: Date:

Neither the submission of a completed proposal for insurance or any payment for any policy sought, nor does issuance of a policy kit 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 accepts 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:

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

Branch Code:

Intermediary Code*:

Intermediary Location Code:

Intermediary Employee Code:

Intermediary Reference Code:

Intermediary Contact Details:



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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.

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.

AUTO RENEWAL CONSENT

I hereby authorise HDFC General Insurance Limited to charge premium for me and my family member's policy to my above mentioned Visa/Master Card and renew the policy (Subject to Conditions) every year till further written notification and so long as my Visa/Master card is valid. I understand that my cover would start on remittance being received by HDFC General Insurance Limited from the bank.

Date: Time:

Signature of Proposer

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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