### HDFC General Insurance Limited (Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

#### Proposal Form -my:jeevika Medisure Micro 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 fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while
- 4. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a  $(\sqrt{\ })$  mark wherever applicable.
- 5. 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 has been accepted by the Company and premium received.

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

FOR OFFICE USE ONLY		
Branch Code	:	
Intermediary Code*	:	
Intermediary Location Code	:	
Intermediary Employee Code	:	
Intermediary Reference Code	:	
Sales Manager Code	:	

1. PROPOSER INFORMATION (Please enter details of the Customer)					
itle* (Pls. Tick): Mr. Ms. Mrs. UID No:					
Name*:					
iather's Name*: F    R  S  T                     M    D  D  L  E                    L  A   S   T					
Gender*: Male Female Date of Birth*: D_D_M_M_Y_Y_Y_Y Age*: Y_R_S					
Correspondence Address:					
Block/Flat No.*:					
treet Name: Locality:					
andmark:					
City/Village:					
Post Office:					
ehsil*: Landline: _S_T_D					
Nationality:					
mail ID:					
Proposed period of Insurance: From					
Marital Status*: Single Married Sum Insured: ₹30,000 Policy Type*: Individual Family Floater					
2. PROPOSED INSURED(S) INFORMATION * (Please provide more details of the people who are being covered in this policy)					
Sr.No. Name Father's Relationship Gender Age / Date of Name of Pre-existing disease / Name of Nominee/					

Sr.No.	Name (First, Middle & Last)	Father's Name	Relationship with Proposer	Gender	Age / Date of Birth	Name of Pre-existing disease / illness / condition (if any)	Name of Nominee/ Relationship
1.							
2.							
3.							
4.							
5.							
6.							

<sup>\*</sup>All fields are mandatory

my:jeevika Medisure Micro Insurance. UIN: IRDA/NL-HLT/L&TGI/P-H/V.I/247/13-14

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.

ACKN	IOWL	<b>FDGF</b>	MENT

Received from Ms / Mrs / Mr			Branch Code:
a sum of ₹through Cas	sh#/Cheque/DD		Intermediary Cod
against your proposal for my:jeevika Medisure Mi	icro Insurance.		J
Signature of Company official / Intermediary:	D . D . M	MYYYY	Intermediary Loca
	If the Company accept's a proposal for insurance, it shall be subject to the policy terms and conditions	If a proposal is not accepted, the Company will inform you	Intermediary Emp
sought oblige the Company to agree issue a policy, which decision is and always shall be in the	and the Company shall have no liability to make any payment if premium is not received by the	and refund any payment received from you without	Intermediary Refe
Company's sole and absolute discretion.	Company in full and in time, or is not realised.	interest.	I

termediary Code\*: \_\_\_\_\_\_ termediary Location Code: \_\_\_\_\_ termediary Employee Code: \_\_\_\_\_\_ termediary Reference Code: \_\_\_\_ Intermediary Contact Details: \_\_\_

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Company official / Intermediary: \_\_\_\_

<sup>\*</sup>Premium in Cash will be accepted only at our branch offices.

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Details of Hereditary/Family Medical History(if any)*:	
3. GOOD HEALTH DECLARATION*	
Are you and your family members proposed for insurance curr	rently in good health and not undergoing any medication / treatment?
If No, please give details of the illness / hospitalisation:	
Name of the Proposer Insured	Details of illness / hospitalisation / medication
Signature of the Proposer Insured*:	
4. PREMIUM PAYMENT DETAILS* (Please enter premium pa	yment details)
Name of the Premium Payer:	
Premium Amount: ₹	Payment Option: Cheque DD Cash
For Cash*:₹	In words*:
For Cheque / DD (Payable in favour of HDFC General Insurar	nce Limited)
	iment Date:   D   D   M   M   Y   Y   Y   Y   Instrument Amount: ₹
Bank Name:	
Note: *Premium in Cash will be accepted only at our branch of	offices.
5. DECLARATION	
	s proposed to be insured, that the above statements, answer and/or particulars given by me are true and t I/We am/are authorized to propose on behalf of these other persons.
I understand that the information provided by me will form the Insurance Limited and that the policy will come into force only	e basis of the insurance policy, is subject to the Board approved underwriting policy of the HDFC General y after full receipt of the premium chargeable.
I/We further declare that I /we will notify in writing any chang been submitted but before communication of the risk accepta	ge occurring in the occupation or general health of the life to be insured/proposer after the proposal has since by the company.
insured/proposer or from any past or present employer concer	al information from any doctor or from a hospital who at anytime has attended on the life to be rning anything which affects the physical or mental health of the life to be insured/proposer and seeking tion for insurance on the life to be insured/proposer has been made for the purpose of underwriting the
I/We authorize the company to share information pertaining to settlement and with any Governmental and/or Regulatory aut	o my proposal including the medical records for the sole purpose of proposal underwriting and/or claims chority.
Place: Date:	Signature of Proposer
6. PROHIBITION OF REBATES – UNDER SECTION 41 OF TH	E INSURANCE LAWS (AMENDMENT) ACT, 2015
risk relating to lives or property in India any rebate of the wh	rectly as inducement to any person to take out renew or continue an insurance in respect of any kind of nole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables
Any person making default in complying with the provision o	f this section shall be punishable with fine which may extend to ₹10,00,000/-
my:jeevika Medisure Micro Insurance. UIN: IRDA/NL-HLT/L&TGI/P-H/V.I/2	
HDFC General Insurance Ltd. Registered & Corporate Office: 1st Floor, HI   Email: care@hdfcgi.com   Website: www.hdfcgi.com. CIN: U66030MH2	DFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020. Toll Free: 1800-209-5846 2007PLC177117. IRDAI Reg. No. 146.



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