



## MATERIAL DISCLOSURES

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to give details

## PROPOSER'S DECLARATION

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and / or particulars given by me are true and complete in all respects to the best of my knowledge and that I am 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who / which at any time has attended on the person to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured / proposer and seeking information from any Insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the Insured / Proposer for the sole purpose of underwriting the proposal and / or claims settlement and with any Governmental and / or Regulatory authority.
- I hereby consent to receiving information from Central CKYC Registry through SMS/Email on the above registered email address/number.

Date :  /  /  (DD/MM/YYYY)

Signature of the Proposer : \_\_\_\_\_

Place :

(On behalf of all the persons to be insured under the Policy)

## STATUTORY WARNING

### Prohibition of Rebates

(Under Section 41 of Insurance Act 1938)

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or 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 provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

## FOR OFFICE USE ONLY

- XXXX
- XXXX
- XXXX
- XXXX

\* Actual Details shall be filled in as deemed appropriate.

## ADDENDUM – VERNACULAR DECLARATION

I \_\_\_\_\_, son / daughter of \_\_\_\_\_, resident of \_\_\_\_\_ declare that I have read out and fully explained the contents of the proposal form and all other accompanying documents in \_\_\_\_\_ language imperative to availing the insurance from the Company to the proposer in the language understood by him. The contents and importance of the proposal have been fully understood by him and the replies have been recorded according to the information provided by the proposer. The replies have also been read out to, fully understood and confirmed by the proposer.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer): \_\_\_\_\_

Date :  /  /  (DD/MM/YYYY)

Place :

Name of the declarant : \_\_\_\_\_

Signature of the declarant : \_\_\_\_\_

(On behalf of all the persons to be insured under the Policy)

## Acknowledgement for Proposal

Please retain this counterfoil for your records

(On behalf of Care Health Insurance Limited)

We acknowledge the receipt of payment of ₹ \_\_\_\_\_ vide Cash/Cheque/DD No./Authorization ID \_\_\_\_\_ from \_\_\_\_\_.

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of the Policy. The Company is not liable for any claim between the time that the proposal amount is received and Policy Start Date. The validity of this receipt is subject to realization of the proposal amount. Acceptance of proposal and issuance of the Policy shall be subject to receipt of the completed Proposal Form, premium payment, medical reports (wherever applicable) and underwriting decision of the Company.

Proposal No.: \_\_\_\_\_

Signature of the Representative: \_\_\_\_\_

Name of the Representative: \_\_\_\_\_

Insurance is a subject matter of solicitation. IRDAI Registration No. 148

Note: Should you choose to pay premium by cash, you are advised to do so only at the nearest Care Health Insurance Limited branch or any authorized Bank branch, and we insist you to please ask for computerized receipt against the deposited cash against your Proposal. Any claim without computerized receipt against the deposited cash will not be admitted.

### Care Health Insurance Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana) Website: www.careinsurance.com CIN: U66000DL2007PLC161503 UIN: CHITGBA21604V012021 IRDAI Registration No. - 148

## Annexure – I : Coverage Opted for Optional Benefits

| S. L. No | Optional Benefits   | Payout basis | Sum Insured   | Deductible  | Co-payment |
|----------|---|--------------|---|-------------|------------|
| 1        | Optional Benefit 1 : Trip Delay   | Benefit      | Min: US\$ 100/€ 100/INR 1,000<br>Max: US\$ 2,500/€ 1875/INR 100,000 | 0/1/2/3 Hrs | N.A        |
| 2        | Optional Benefit 2: Missed Carrier (ETA 60Min/90 Min /120Min/180 Min before Scheduled departure time) | Benefit      | Min: INR 1000<br>Max: INR 10,000                                    | N.A         | N.A        |
| 3        | Optional Benefit 3: Missed Connection   | Indemnity    | Min: US\$ 100/€ 100/INR 1000<br>Max: US\$ 2,000/€ 1500/INR 50,000   | 0/1/2 Hrs.  | N.A        |
| 4        | Optional Benefit 4: Delay of checked-in Baggage   | Benefit      | Min: US\$ 50/€ 50/INR 1,000<br>Max: US\$ 500/€ 500/INR 35,000       | 0/1/2/3 Hrs | N.A        |

Note: The above list may vary depending upon the Optional Benefits opted by the Insured Person/Group Administrator (Policyholder)

## Appendix I

| For Companies  |  |
|--|--|
| Name of the company  | (I) Certificate of incorporation and Memorandum & Articles of Association  |
| Principal place of business  | (II) Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account   |
| Mailing address of the company   | (III) Power of Attorney granted to its managers, officers or employees to transact business on its behalf  |
| Telephone/Fax Number   | (IV) Copy of the telephone bill<br>(V) Copy of PAN allotment letter  |
| For Partnership firms  |  |
| Legal name   | (I) Registration certificate, if registered  |
| Address  | (II) Partnership deed  |
| Names of all partners and their addresses  | (III) Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf   |
| Telephone numbers of the firm and partners                                       | (iv) Any officially valid document identifying the partners and the persons holding the Power of Attorney and their addresses<br>(v) Telephone bill in the name of firm/partners   |
| For Trusts & Foundations   |  |
| Names of trustees, settlers, beneficiaries and signatories                       | (I) Certificate of registration, if registered   |
| Names and addresses of the founder, the managers/directors and the beneficiaries | (II) Power of Attorney granted to transact business on its behalf<br>(III) Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/ directors and their addresses |
| Telephone/fax numbers  | (iv) Resolution of the managing body of the foundation/association<br>(v) Telephone bill   |