

ANNEXURE-II (CO-PROPOSER DETAILS) - CARE

[illegible]

(By signing the Proposal form I give my consent for using my Aadhaar No. for Authentication of my Aadhaar Details)

Premium payment mode: Single ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ (☒ Tick whichever is applicable)																													
Payment By : Cash / Cheque / Demand Draft / Card /ECS (NACH) (Strike out whichever is not applicable)																													
Cheque / Demand Draft No. / Authorization ID :																													
Date :										Payment Amount (₹) :																			
Bank Name :																													

In case of payment through Cheque / Demand Draft, the instrument should be drawn in favour of **"Care Health Insurance Limited"**.
If ECS is selected, please submit the standing instruction form available at our branches.

Note: Co-proposer is a person who will share a component of premium payable by the Proposer. All the eligibility criteria for the co-proposer will be same as of the Proposer. No rights of the Proposer will vest with the co-proposer other than that of sharing of premium.

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 computerize receipt against the deposited cash against your Proposal. Any claim without computerized receipt against the deposited cash will not be admitted.