



## **Proposal Form**

URN: CHIL/R/HE/143/25-26 Proposal No.:\_\_\_

- To be filled in by the Proposer in CAPITAL LETTERS only.
- To be filled in by the Proposer in CAPI (ALLETTEKS only.

  Care Health Insurance Limited (the "Company") is under no obligation to accept any proposal for insurance and to issue a policy by the mere submission of a completed proposal form or due to any payment for any policy. In the event the Company does not accept the proposal, You will be informed of the same and the premium received (less costs of medical tests) from You, if any, will be refunded without interest.

  If there is insufficient space for You to complete Your answers, please use the Additional Information section. All attached documents form part of this Proposal Form.

  The proposed policyholder will be referred to in this Proposal Form as "Proposer", "You" or "Your".

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II Difficulty in bysothin													
II. Difficulty in breathin	18												
III. Palpitations  IV. Loss of consciousnes													
V. Weakness or dizzine													
	r any other/repeat procedure or	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
admission? If yes please sha		Since		Since_		Since_		Since_		Since_		Since_	
	uments, wherever applicable: Discharge ports /Follow up records/Angiography ECG, Stress test	Record	name	Record	d name	Record	d name	Recon	d name	Recor	d name	Recon	d name
7. Hypertension / High Blood	d Pressure/ High Cholesterol	Y Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
8. Diabetes Mellitus / High Bi medication	lood Sugar / Diabetes on Insulin or	Y Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
	or chew tobacco, ghutka or paan or use Yes' then please provide the frequency &	Υ	N	Y	N	Y	N	Y	N	Y	N	Y	N
Hard Liquor (No. of	Pegs in 30 ml per week) and Since												
Beer (Bottles/ml per	week) and Since												
Wine (Glasses/ml pe	er week) and Since												
Smoking (no. of Stick	ks per day) and Since												
<ul> <li>Gutka/Pan Masala/Cl (Sachets/Grams per</li> </ul>	0												
Apart from the cardiac a     Diagnosed/Suffered/Trea     following conditions:	ailment, have you ever been ated/Taken Medication for any of the												
If Yes, please provide det below:	tails in additional information section	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
a) Cancer	r, tumor, polyp or cyst	Since		Since_		Since_		Since_		Since_		Since_	
/	losis / COPD/ Pleural effusion / Bronchitis ny other disease of Lungs, Pleura and ory disease	Y Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
	Cushing's disease/ Parathyroid Disease/ / Pituitary tumor/ disease or any other rine system	Y Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
	sease/ Muscular dystrophies/ Myasthenia er disease of Neuromuscular system ervous system)	Y Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
Sclerosis/ Epilepsy	Transient Ischemic Attack/ Multiple / Mental-Psychiatric-illness/ Parkinsonism/ ression / Dementia or any other disease of s System	Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
disease / Crohn's o other disease of M	is / Wilson's disease / Pancreatitis / Liver disease / Ulcerative Colitis /Piles or any 1outh, Esophagus, Liver, Gall bladder, nes or any other part of Digestive System	Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
Disease/ Prostate I	nal Failure/ Dialysis/ Chronic Kidney Disease or any other disease of Kidney, eproductive organs	Y Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
	s/ Scleroderma / Psoriasis/ bleeding or or any other diseases of Blood, Bone / or Skin	Y Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
	er of eye, ear, nose or throat (except any ems corrected by prescription lenses	Y Since	Ν	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N
recommended to to under any prolong	posed to be Insured been hospitalized/ take investigation/medication or has been ed treatment/undergone surgery for any than for childbirth/minor injuries	Since	N	Y Since_	N	Y Since_	N	Since_	N	Y Since_	N	Y Since_	N
relationship) suffer	e of your family member(1st blood ring from any of the following conditions: VTurner's Syndrome/Sickle Cell Anaemia/ VG6PD deficiency	Y Since	N	Y Since_	N	Y Since_	N	Since_	N	Y Since_	N	Y Since_	N
	/ health adversity / injury/ condition /	Y Since	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N	Y Since_	N

Note: The Company shall reject Your proposal and refund the premium amount (after deducting cost of medical tests, if any) in case of incompleteness or any discrepancy highlighted or any other reason.

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PREMIUM PAYMENT INFORMATION																	
Payment By Cash / Cheque / Demand Draft / Card (Strike out whichever is not ap	pplicable) :																
Cheque / Demand Draft No. / Authorization ID :																	
Payment Amount (₹):	um Amount	(₹)	:														
Date : Bank Name :																	
In case of payment through Cheque/Demand Draft, the instrument should be drawn in favour of " ${\bf Care\ Health\ Inst}$	surance Ltd."																
For Premium computation, Zone shall be considered as per Correspondence address																	
<ul> <li>Key Exclusions:</li> <li>(I) Any disease contracted during the first 30 days of the policy start date, except thos</li> <li>(ii) 2 Year Wait Period: Non-infective arthritis/Joint replacement/Cataract/Piles/Fissur</li> <li>(iii) Pre-existing Diseases: 24 months from the date of the first policy</li> <li>(iv) Permanent Exclusions: Non-allopathic treatment / Expenses attributable to self-in: Cost of spectacles, contact lenses / dental treatment / Medical expenses incurred for abortion and its consequences or relating to infertility and in vitro fertilization / Cor</li> <li>(v) Treatment/consultation in a hospital which is named in the negative list of hospitals. For a detailed set of exclusions, please log on to <a href="https://www.careinsurance.com">www.careinsurance.com</a>.</li> <li>Note: Should you choose to pay premium by cash, you are advised to do so only at the please ask for computerize receipt against the deposited cash against your Proposal. Any</li> </ul>	re/Ear, nose a flicted injury for treatment ngenital disea e nearest Cal	resu (resu of A se.	roat (El ulting fro JDS / Ti ealth ins	om si reatr	uicide ment :	, atter arising	mpted g from branc	suic ort	ide) o raceal	ralco ole to utho	ohol o pre	gnancy d Bank	anc brar	d childl nch, ar	oirth, ad we	misca	rriage,
STATUTORY WARNING																	
Prohibition of Rebates (Under Section 41 of Insurance Act 1938)  1. No person shall allow or offer to allow, either directly or indirectly, as an inducemen lives or property in India, any rebate of the whole or part of the commission payab continuing a policy accept any rebate, except such rebate as may be allowed in accord.  2. Any person making default in complying with the provisions of this section shall be lied.	le or any reb dance with th	ate c ie pu	of the pr blished	remio pros	um sh pectu	own ses o	on the table	e pol s of	icy, no the Ir	r sha	all any						
DECLARATION FOR AGENTS																	
Broker/Relationship Officer, do hereby declare that I have explained all the contents of Proposer including statement(s), information and response(s) submitted by him/her in Contract of Insurance between the Company and the Proposer, if this proposal is statement(s)/information/response(s) is/are contained in this Proposal Form/including the right to vary the benefits which may be payable as per Policy Terms and Conditions favor pursuant to this Proposal may be treated by the Company as null and void and all pr License No. (Advisor/Corporate Agent/Broker/Relationship Officer):  Date: / / (DD/MM/YYYY)	this Proposa accepted by addendum(s and further	l For the ), aff more	m to qu Compa idavits, s e, if ther er the P	uestion any fi state re ha rolicy Sign	ons consider issues on the constant of the con	ontair uance s, sub n a no pe for	ed he of th missio on-disc	rein ne Po ns, fi closu	or an olicy. I urnish ire of	y det hav ed/to any r	tails s e fur o be mate	sought ther e furnish	hen expla ned,	ein wil ained the C	l forn that i ompa	n basi f any iny sh	s of the untrue all have
ADDENDUM - VERNACULAR DECLARATION																	
Applicable where the Proposer is not able to read/write/ has signed in vernacular language or is sure in the proposer is not able to read/write/ has signed in vernacular language or is sure in the proposer which is a lact contents and import of the proposal have been fully understood by him/her and the replies have been fully understood and confirmed by the Proposer.  Date: (DD/MM/YYYY)	anguage under	c stoo	declare the	nat I h /her a	nave re and is ir	ad ou	and fu	ılly ex	Propo	serto	o avail	the ins	uran	ice fror	n the (	Comp	any.The
Name of the Declarant :																	
Signature of the Declarant: (On behalf of all the Proposed to be Insured under the Policy)																	
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ACKNOWLEDGEMENT FOR PROPOSAL																	
Please retain this counterfoil for your records									•			Care He				,	
We acknowledge the receipt of payment of ₹v Mr./MsPlease note that this is only Company is not liable for any claim between the time that the proposal amount is received and Pc and issuance of the Policy shall be subject to receipt of the completed Proposal Form, premium pay Signature of the Representative:	y an acknowled blicy Start Date ayment, medic	dgem e. The al rep	ent rece validity	ipt ar of this nerev	nd doe receij erapp	s not ot is su licable	amoun bject to ) and u	it to a o rea inder	accepta lization writin	ance n of th g dec	of ris ne pro ision	k or co oposal a of the C	mme imol Comp	enceme unt. Acc pany.	ent of ceptar	the Po	olicy. The
Insurance is a subject matter of solicitation. IRDAI Registration No. 148	1	110	J. 310140		J. reatl'	· · · _											
Note: Should you choose to pay premium by cash, you are advised to do so only at the near computerize receipt against the deposited cash against your Proposal. Any claim without computering the computering receipt against the deposited cash against your Proposal.	est Care Heal erized receipt	th ins	surance st the de	Limit posit	ed bra	ınch d n will r	r any a iot be a	autho admit	orized ted.	Bank	bran	ich, and	we	insist y	ou to	pleas	e ask for