

care shield Add-on

Proposal Form

URN: CHIL / R / HE / 089 / 22-23	
Proposal No.:	

- To be filled in by the Proposer in CAPITAL LETTERS 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".

PROPOSER DETAILS																												
Name : (Mr./Ms./Mrs.)																												
					(Fi	rst N	ame)								(Mic	ddle î	Vame	e) <					(Last	Nam	e)			
Date of Birth / Incorporation (in case Prop	poser is	an e	ntity)	:	DE		1	1 Y	Y	Y	Y											4						_
Proposer's Insurance Details with Care																												
Name of Base Product:															Base	e Po	licy 1	Vum	iber:		K				_		2	_
Correspondence Address :																										4		_
Locality :													City	:														
Pin Code :									Sta	ate :																		
Landmark:						_	_	_						1	-										_	4		_
Permanent Address : If same as above, please tick here																												
Locality :													City	'.' <u> </u>														
Pin Code :									Sta	ate :		\mathbf{M}													_	_	4	_
Telephone:													Mot	oile* :	-										_	_		_
Alternate No. :					_	_									-										_	4	-	4
Email: Gender:	Male		For	nala				Othe						4														
Mother's Name :	1 lale		rei	nale			\blacksquare	Othe	31.5					$\overline{}$			Π											\neg
PAN Number :			4																									\dashv
Form 60 (only in case the customer does not have PAN no.)	:		-	res				T No																				\dashv
Aadhaar Number : (last 4 digits):	$\times \times$	X	$\times \times$	X	X	X																						\exists
(By signing the Proposal form I give my consent for using my Aadhaar No. for Authent				1/ \	1	,																						
*The registered mobile number will be en	rolled :	for W	/hatsAp	op no	tificat	ions	relat	ed to	you	r Cai	re H	lealtl	n Insui	rance	Polic	У	${\mathfrak Q}$											
Nationality: Indian	Ot	her t	han Inc	lian																								
Marital Status : Single	Ma	arried			Di	vorce	ed [W	'ido\	v(er			Sep	arat	ed [
Please share the following for authentication	on purp	ose:																										
Proof of Identity (POI) (✓ Tick	whiche	veris	applical	ole)							_																	
PAN Aadhaar Passport	t		Driving	g Licer	nse		Vot	erID	Carc	d				_														
Letter from a recognized public authority or								eside	ence (of the	e Pro	pos	er															
Proof of Address (POA)	(⊻] Tick	whiche	everis	applio		•		_						_								7					
Electricity bill (not older than 3 months)	_		adhaar				sspo						ion Ca	ırd _				Dr	riving	Lice	ense							
Telephone Bill (not older than 3 months)			ank Acc									L																
Letter from a recognized public authority or	public	serva	ntverif	yingth	ne ide	ntity	and r	eside	ence (ofthe	e Pro	pos	er															

Would you like to opt for Electronic Po	,		nroug	h an e-Ins	surance	e Acco	ount (el	A) of	an Ins	suranc	e Repo	sitory?	Yes								No				
If you have an eIA, please provide follo	wing de	tails:																							_
I) Name of Insurance Repository:																		_		\perp		_		_	_
ii) elANo:														_			_	_	_	\perp	_		\square	_	_
iii) Name as appearing in eIA:						Щ																			
If you do not have an elA, would you like to open an account? Yes No If Yes, choose any one Insurance Repository:																									
□ CAMSRep − CAMS Insurance Repository & Services □ NDML − NSDL Data Management Limited																									
SHCIL—Stock Holding Corporation of India Limited KARVY																									
CIRL—Central Insurance Repository Limited Help us preserve the environment by opting to receive policy related information in soft copy/via email only-Yes No																									
Help us preserve the environment b	yopting	to rece	eive po	olicy relat	ed info	rmati	ion in sc	ft co	py/via	email	only-	Yes			٨	10									
NOMINEE DETAILS																	f								
		Nomir	nee N	lame								Date c	f Birth	(D[D/MM	1/YYY	Y)		Re	lation	ship w	/ith Ins	ured		
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*If the Nominee is of Age 18 years or less, Nar		ointee an Appoir			n Minor:							Date c	f Birth	(DE	D/MM	1/YYY	Y)		Re	elation	nship v	with M	inor		
In event of the death of the Proposer any payment due under the Policy shall become payable to the Nominee proposed in this Proposal Form. The receipt of the proceeds by the Nominee would be sufficient discharge of the Company. The Nominee for all the other person(s) proposed to be insured shall be the Proposer himself.																									
POLICY DETAILS																									
Tenure: As per Base Policy																									
Cover Type: As per Base Policy														1											
Are you applying for portability?	Yes _]		□No		(If yes,	, please fill	inthes	eparate	e Portabi	lity Form)								7						
DETAILS OF PREVIOUS	OP E	VICT	ING	LIEAI	TU	INICI	IDAN	JC										4							
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Please fill the following details with r		.o neait	th insi	urance pr	roposa	us/poi	licies w	tn tn	ie Coi	mpany	or any		insurai sured			insu!		2	In	sured	13	Ir	sure	nd 4	
Have any of the person(s) to be insul		filed a	claim	with the	eir curr	ent/ p	reviou	s insu	irer? If	f Yes, p	lease			$\overline{}$	T	√]	N	ī	ΓΥ			ΓΥ	7 6		1
provide details on a separate sheet	lth inc.u			doclinad	con coll	امطاط	bongod	a bia	bonn	na na ii ii	20.00	F.		1	<u> </u>	<u></u>			<u> </u>			<u></u>	<u></u>		-
Has any of your proposal(s) for Heal issued with special condition(s)?	iitri irisui	ance c	been (Jecimea,	Cancen	iea, c	nargeu	a mg	ner þ	remiu	II Or	Y		1		Υ	Ν		Y		1	Υ		Ν	
Is any of the person(s) proposed for	incuranc	A COVA	rad ur	nder anv	other h	naalth	incurar	ca n	olicy v	with th		Y		1		Υ	N		Y			Y	7 [N	
Company or any other Company wit			eu ui	ider arry t	Other I	ICalui	II ISUI ai	ice p	Olicy v	VILIT LIT		Sin	_		Si	ince		1	Sinc	.e	_	Sinc	ie .		
												(DD			(D			Y)			YY)				
DECLARATION																									
a. I hereby declare, on my behalf	and on I	ehalf (of all r	nersons n	oronose	ed to	he insi	red :	that tl	he abo	ve stat	ement	s answ	ers :	and /	or pai	rticı	ılars o	iven h	ov me	are tr	ue and	d con	nnlete	e in
all respects to the best of my kno	owledge	and tha	at I am	nauthoriz	zeď to p	ropo	se on b	ehalf	ofthe	se oth	er pers	ons.								,					
b. I understand that the information will come into force only after fu	on prov III payme	ded by ent of th	me v ne pre	vill form t mium cha	:he bas argeab	is of t le.	he insu	rance	e polic	y, is su	bject to	o the B	oard ap	pro	ved u	ınder	writi	ng po	licy o	i the ir	nsurei	`and t	hat th	ne po	iicy
c. I further declare that I will not	fy in wr	iting ar	ny cha	inge occu	irring in	n the	occupa	tion	or ge	neral l	nealth (of the I	ife to b	e in	sured	l / pro	pos	er aft	er the	e prop	oosal l	nas be	en su	bmit	ied
but before communication of the d. I declare that I consent to the confrom any past or present employees.	ompany oyer con	seekin	ng me ganytl	dical infor hing whic	rmatio h affec	ts the	e physic	al or i	menta	al healt	h of th	e perso	n to be	e insi	ured/	prop	osei	rands	seekir	ng infoi	rmati	on froi	' prop m any	ooser / Insu	or rer
to whom an application for insule. I authorize the company to shan															0 1								prop	osal a	and
/ or claims settlement and with a	ny Gove	rnmen	ntal an	id/orReg	gulator	y auth	nority.															0			
Date :			(DD/I	MM/YYYY)	_					Signa	ture of	the Pro	ppos	ser :_										
Place : (On behalf of all the persons to be insured under the Policy)																									
PREMIUM PAYMENT IN	FOR	1ATI	ON																						
Payment By: : Cash / Cheque / D					JACH))/Rew	ard Po	nts∧	Vallet	·/Anv (other n	node (°	Strike c	out v	which	ever i	s no	t ann	licable	2)					
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Date:		-		Ran	nk Nam	ne :	. 4711			(1)				+	+			_	+	+	\vdash	+	+	\vdash	\dashv
If ECS is selected, please submit the standing instr	ruction form	n available	e at our		I NCHII																				
In case of payment through Cheque / Demand Draft, the instrument should be drawn in favour of "Care Health Insurance Ltd." 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 computerize receipt against the deposited case.																									
INOte: Should you choose to pay premium by ca	sn, you are	advised to	o do so	only at the r	nearest C	are He	aith Insun	ance Li	mited b	ranch or	any auth	orized Ba	nk branch	n, and	we insi	st you t	o plea	ise ask f	or com	puterize	receipt	against 1	ine dep	osited	cash

Page 2

NEFT DETAILS (FOR C	CLA	MI	S 8	k RI	EFL	JND	Pι	JRP	OSE:	S)																									
Bank account details of the Proposer (For Refu																																			
Account Number :															IFS	SC (Cod	le :																	
Bank Name :							\top								Ba	nk	Brar	nch	Na	me	:														
Name of the Account Holder:																	J. a.	10																	
Bank account details of the Proposed to be Insu	urod (I	Eor D	o imb	urcon	nont C	laime)																													
Account Number:	ured (i	10110	-11110	ui seii	lenc C	iaii i i i j			T						IEC		Cod	١٥٠										Т		Т					
						_	+	-							-				N.I.			+						-	-	-				_	
Bank Name :							+								Ва	nk	Brar	nch T	Na	me	:	-												-	
Name of the Account Holder :																																			
Note: Please submit copy of cancelled h I declare that the information given above is Limited responsible for non-credit/non-paym such as cheque/demand draft in spite of pro-	true a nent o viding	and co of pay	orrect	I her r refu	reby a nd, if a on.	uthorize	to an														Care	Healt Signa	h Ins	urano of the	e Lin	nited (reserr	ves riş	ght to	use a		ernativ			
STATUTORY WARNIN	NG																								-	P									
Prohibition of Rebates																																			
(Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, eit	ther di	irectly	orine	directl	y, as ar	induce	ment 1	o any p	erson to	take	out or	rene	word	ontin	ue an ir	nsura	ance i	n res	spect	of an	y kinc	of ris	ik rela	ating t	o live	s or pr	oper	ty in Ir	ndia, ar	ny reb	ate of	the wh	ole or	part o	fthe
commission payable or any rebate of the tables of the Insurer.	premi	ium sł	nown	on the	e polic	y, nor sh	all any	persor	taking o	out o	r rene	wing o	or con	itinuin	ig a pol	licy a	ccept	aný	rebat	e, ex	cept s	uch r	ebate	e as m	nay be	allow	ed in	accor	dance	with 1	he pu	blished	l prosp	ectuse	es or
Any person making default in complying v	with th	ne pro	vision	s of th	nis sect	ion shal	l be lia	ble for a	penalty	whic	h may	exter	nd to 1	ten lak	kh rupe	ees.																			
FOR OFFICE USE ONL	Υ.																																		
Intermediary Details																					V	Г													
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Details of 'Point of Sales' Pe			•								thro	ugh	'Poi	nt o	f Sale	es' F	Pers	on))																_
Please furnish at least one of the	follo	win	g de	tails	of "I	Point	of Sa	ales'' F	Persor	٦:																				_					
Aadhar Card No.:						4											P.	ΑN	1 Ca	.rd 1	Vo.:														
DECLARATION FOR A	GE	NT	rs																																
I all the contents of this Proposal Form, including or any details sought herein will form basis statement(s)/information/response(s) is/are cc Terms and Conditions and furthermore, if the forfeited to the Company. License No. (Advisor/Corporate Agent/Broker	g the n s of th ontaine ere has	nature he Co ed in t beer	_ (Ful of the ontrac this Pr a nor	e ques et of oposa n-discl	stions of Insura Il Form osure	containe nce bet n/includi	ed in th ween ng ado	nis Prop the Co Jendum	ompany (s), affid	m to and lavits,	the Pn the F staten	opose ropo: nents,	er inclu ser, if , subm	uding this nission	statem propo: ns, furn	nent(sal is ished	s), info acce d/to b	orm epted e fur	ation d by mishe	and r the ' ed, the	espoi Comp e Cor	nse(s) pany npany	subr for is shal	mitted ssuand I have	d by h ce of the r	im/he the light to	in the Policy vary	nis Pro : I har the b	posal ve fur enefit:	Form ther s whic	to que explai h may	estions ned th be pay	conta at if a able a	ined he any un s per P	erein ntrue Policy
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ADDENDUM – VE	RNACULAR E	ECLARATION	
	ghter of		declare that I have read out and fully explained the contents of the Proposal Form and all other accompanying documents in er and is imperative for the Proposer to avail the insurance from the Company. The contents and import of the proposal have been fully understood by
him/her and the replies have been rec			er and is imperative for the Proposer to avail the insurance from the Company . The contents and import of the proposal have been fully understood by : The replies have also been read out to, fully understood and confirmed by the Proposer.
Place		1	
Date:		(DD/MM/YYYY)	Signature of the Declarant :
Name of the Declarant :			(On behalf of all the Proposed to be Insured under the Policy)
Acknowledgement	for Proposal		
Please retain this counterfoil fo			(On behalf of Care Health Insurance Limited)
			Proposal No :
We acknowledge the receipt of	of payment of Rs	vide	e Cash/Cheque/DD/Authorization IDfrom Mr./Ms
amount is received and Policy	Start Date. The validit	of this receipt is subject to re	acceptance of risk or commencement of the Policy. The Company is not liable for any claim between the time that the proposal ealization of the proposal amount. Acceptance of proposal and issuance of the Policy shall be subject to receipt of the completed derwriting decision of the Company.
Signature of the Representation	/e:		Name of the Representative:
Insurance is a subject matter o	f solicitation. IRDAI Re	gistration No. 148	
			the nearest Religare Health insurance company limited branch or any authorized Bank branch, and we insist you to please ask for without computerized receipt against the deposited cash will not be admitted.