

Proposal Form

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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.)															
				(First Name)				(Middle Name)				(Last Name)			
Date of Birth / Incorporation (in case Proposer is an entity) :															
DDMMYYYY															
Proposer's Insurance Details with Care															
Name of Base Product:						Base Policy Number:									
Correspondence Address :															
Locality :															
Pin Code :				State :				City :							
Landmark :															
Permanent Address : If same as above, please tick here <input type="checkbox"/>															
Locality :															
Pin Code :				State :				City :							
Telephone :						Mobile* :									
Alternate No. :															
Email :															
Gender :			Male			Female			Others						
Mother's Name :															
PAN Number :															
Form 60 (only in case the customer does not have PAN no.) :															
Yes						No									
Aadhaar Number : (last 4 digits):															
XXXXXX															

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

*The registered mobile number will be enrolled for WhatsApp notifications related to your Care Health Insurance Policy 

Nationality : Indian Other than Indian

Marital Status : Single Married Divorced Widow(er) Separated

Please share the following for authentication purpose:

Proof of Identity (POI) (Tick whichever is applicable)

PAN Aadhaar Passport Driving License Voter ID Card

Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer

Proof of Address (POA) (Tick whichever is applicable)

Electricity bill (not older than 3 months) Aadhaar Passport Ration Card Driving License

Telephone Bill (not older than 3 months) Bank Account Statement (not older than 3 months)

Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer

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 to the Proposer which is a language understood by him/her 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 recorded according to the information provided by the Proposer. The replies have also been read out to, fully understood and confirmed by the Proposer.

Place

Date: / / (DD/MM/YYYY)

Signature of the Declarant :

(On behalf of all the Proposed to be Insured under the Policy)

Name of the Declarant : _____

SAMPLE

Acknowledgement for Proposal

Please retain this counterfoil for Your records

(On behalf of Care Health Insurance Limited)

Proposal No: _____

We acknowledge the receipt of payment of Rs. _____ vide Cash / Cheque / DD / Authorization ID. _____ from Mr. / Ms. _____.

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.

Signature of the Representative: _____

Name of the Representative: _____

Insurance is a subject matter of solicitation. IRDAI Registration No. I 48

Note: Should you choose to pay premium by cash, you are advised to do so only at the nearest Religare Health insurance company 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.

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: RHIHLIA21168V012021 IRDAI Registration No. - 148