

DETAILS OF THE PERSONS TO BE INSURED INCLUDING PROPOSER

Insured 1 : Name : Mr./Ms./Mrs.											
Marital Status			Date of Birth			Passport No. :					
Gender			Aadhaar/PAN No. (Optional)			If PEP* :			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>											
Relationship with Proposer :						Address :			Occupation : Self employed <input type="checkbox"/> Service <input type="checkbox"/>		
Insured 2 : Name : Mr./Ms./Mrs.											
Marital Status			Date of Birth			Passport No. :					
Gender			Aadhaar/PAN No. (Optional)			If PEP* :			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>											
Relationship with Proposer :						Address :			Occupation : Self employed <input type="checkbox"/> Service <input type="checkbox"/>		
Insured 3 : Name : Mr./Ms./Mrs.											
Marital Status			Date of Birth			Passport No. :					
Gender			Aadhaar/PAN No. (Optional)			If PEP* :			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>											
Relationship with Proposer :						Address :			Occupation : Self employed <input type="checkbox"/> Service <input type="checkbox"/>		

Insured 4 : Name : Mr./Ms./Mrs.											
Marital Status			Date of Birth			Passport No. :					
Gender			Aadhaar/PAN No. (Optional)			If PEP* :			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>											
Relationship with Proposer :						Address :			Occupation : Self employed <input type="checkbox"/> Service <input type="checkbox"/>		

*Have you ever been entrusted with prominent public functions, for example, Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials.

Note : Where the cover type is individual, the age for entry shall be minimum 2 days and maximum as per the plan.

Please fill the following details :

Details	Insured 1	Insured 2	Insured 3	Insured 4
Is any of the member proposed to be insured suffering from any illness or disease? If yes, Please provide details	Y <input type="checkbox"/> N <input type="checkbox"/>			

Details	Insured 1	Insured 2	Insured 3	Insured 4
Disease(s) : E.g. Cancer/ Tumor, Coronary Artery Heart disease, Insulin Dependent Diabetes, Paralysis/ Stroke, Congenital Disease, HIV/ AIDS/ STD, Liver Disease, Kidney Disease, Thalassemia Major, Other (Please Specify)				
Month & Year when such Pre-existing Disease was first detected	M M Y Y	M M Y Y	M M Y Y	M M Y Y
Has anyone been diagnosed / hospitalized or under any treatment for any illness / injury in the past? If yes, please specify details on a separate sheet	Y <input type="checkbox"/> N <input type="checkbox"/>			
Have you ever claimed under any travel policy? If yes, please give details under the section claimed.	Y <input type="checkbox"/> N <input type="checkbox"/>			

NEFT DETAILS (FOR CLAIMS & REFUND PURPOSES)

Account Number :						IFSC Code :					
Bank Name :						Bank Branch Name :					
Name of the Account Holder :											

Note : Please submit copy of cancelled cheque along with Proposal Form

I declare that the information given above is true and correct. I hereby authorize Care Health Insurance Limited to directly credit payout/refund, if any, to the above mentioned account and I shall not hold Care Health Insurance Limited responsible for non-credit/non-payment of payout or refund, if any, due to any reason including but not limited to incorrect/incomplete information. Care Health Insurance Limited reserves right to use any alternative payout option such as cheque/demand draft in spite of providing above information.

Date : / / (DD/MM/YYYY)

Signature of the Proposer : _____

Place :

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

DECLARATION

- a. 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.
- b. 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.
- c. 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.
- d. 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.
- e. 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.

Date : / / (DD/MM/YYYY)

Signature of the Proposer : _____

Place :

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

PREMIUM PAYMENT INFORMATION

Payment By Cash / Cheque / Demand Draft / Card (Strike out whichever is not applicable) :											
Cheque / Demand Draft No. / Authorization ID :											
Payment Amount (₹) :						Premium Amount (₹) :					
Date :						Bank Name :					
Sources of Funds : <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others (if others, please specify) :											

In case of payment through Cheque / Demand Draft, the instrument should be drawn in favour of "Care Health Insurance Ltd."

Note: Attention is drawn to Sec 64VB of the insurance act by virtue of which the proposer is obliged to pay the premium in advance for acceptance the risk.

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.

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.

DECLARATION FOR AGENTS

I _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/ Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form basis of the Contract of Insurance between the Company and the Proposer; if this proposal is accepted by the Company for issuance of the Policy, I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable as per Policy Terms and Conditions and furthermore, if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the Company.

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

Date : / / (DD/MM/YYYY)

Signature : _____

SP Name : _____

SP Code :

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 : / / (DDMMYYYY)

Place :

Name of the declarant : _____

Signature of the declarant : _____

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

ANNEXURE – I: OPTIONAL COVERS AND PACKAGES

Optional Package Yes No

- Loss of Laptop/Tabs/Hand Baggage/Personal Belongings
- Bounced Booking - Hotel/Common Carrier
- Home to Home Cover

Optional Benefit – 1 :	Life Threatening Condition for PED :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Benefit – 2 :	Medical Expenses due to Accident only :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Benefit – 3 :	Waiver of Deductible Option :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Benefit – 4 :	Adventure Sports Cover :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Benefit – 5 :	Refund of Visa fee (if visa Rejected) :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Benefit – 6 :	Option of Waiver of Sub-limit :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional Benefit – 7 :	Option of Co-payment :	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE

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
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.

Proposal No.: _____ 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 Care 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: RHITOP20134V031920 IRDAI Registration No. - 148