

Proposal Form - 'GRAMEEN CARE' - Micro Insurance Product



Unique Reference Number: CHIL / G / MI / 080 / 22-23
 Proposal No.: _____

For Office Use Only

Intermediary Details

Intermediary Name :

Intermediary Code : Intermediary RM Code :

Branch Code : Customer Acc No.:

Care Health Insurance Branch Details

CHIL RM Name:

Branch Code : Client ID : Receipt ID :

PLEASE NOTE:

- 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 : (First Name) (Last Name)

Date of Incorporation / Date of Birth : / / (DD/MM/YYYY)

Communication Address :

Locality : City :

State : Pin Code :

Landmark :

Landline : - Mobile :

E-mail ID :

PAN (Mandatory) : Please share the required KYC documents as per Appendix I (mandatory)

Identification No. / Bank Account No. / Aadhaar Card No./any other :

Policy Details

Policy Period : Start Date : / / (DD/MM/YYYY)
 Midnight of End Date: / / (DD/MM/YYYY)

Family Combination Opted : 1 Member 2 Members 3 Members 4 Members 5 Members

S. No.	Name of Benefit	Coverage opted (Yes/No)	Sum Insured (Rs)
1	Benefit 1:Hospitalization Expenses		
2	Benefit 2:Personal Accident		

Details of the Proposed to be Insured

Please provide complete details of Proposed to be Insured as per Annexure - I attached

Note : The Company shall reject Your proposal and refund the premium amount in case of incompleteness or any discrepancy highlighted or any other reason.

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: RHIHMGP21370V022021 IRDAI Registration No. - 148

Material Disclosures

Any additional information relevant to the policy applied for

Note : Please use additional sheets if space is not sufficient to give details.

Declaration

- 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.
- 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 insurance company and that the policy will come into force only after full payment of the premium chargeable.
- 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.
- 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 assured / proposer and seeking information from any insurance company 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.
- 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.
- I hereby consent to receiving information from Central CKYC Registry through SMS/Email on the above registered email address/number.

Date : / /

Signature of the Proposer : _____

Place :

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

Premium Payment Information

Premium Amount (₹) :

Payment by : Cheque / Demand Draft No. / Card / Authorization ID (Strike out whichever is not applicable)

Cheque / Demand Draft No. / Authorization ID :

Date : / / (DD/MM/YYYY)

Payment Amount (₹) :

Bank Name :

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

Key Exclusions:

- Any disease contracted during the first 30 days of the Cover start date, except those arising out of accidents.
- Claim for Maternity Expenses will not be payable until 9 months since the inception of first policy with the company.
- Permanent Exclusions: Non-allopathic treatment / Expenses attributable to self-inflicted injury (resulting from suicide, attempted suicide) or alcohol or drug use, misuse or abuse / Cost of spectacles, contact lenses / Medical expenses incurred for treatment of AIDS.

For a detailed set of exclusions, please log on to www.careinsurance.com.

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.

