



Proposal Form

URN: CHIL/R/HE/076/22-23 Proposal No.:___

- To be filled in by Proposer in CAPITAL LETTERS only.
- 2. 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.

 3. If there is insufficient space, please provide further details on a separate sheet. All attached documents form part of this Proposal.

FOR OFFICE USE ONLY		
Intermediary Details		
Intermediary Code :	Intermediary Name :	
Intermediary RM Code :	Branch Code:	
Customer Acc No. :		
Care Health Insurance Branch Details		
CHIL RM Name :		
Branch Code :	Client ID: Receipt ID:	
Details of 'Point of Sales' Person: (To be fi	filled in if the Policy is sourced through 'Point of Sales' Person)	
Please furnish at least one of the following details	s of "Point of Sales" Person:	
Aadhaar Card No.:	PAN Card No.:	
PROPOSER DETAILS		
Name : (Mr./Ms./Mrs.)		$\overline{}$
Transfer (First 1997 in Sty	(First Name) (Middle Name) (Last Name)	
Key Person Name : (Mr./Ms./Mrs.)		
	(First Name) (Middle Name) (Last Name)	
Correspondence Address :		\top
Locality:	City:	
Pin Code :	State:	
Landmark:		
Permanent Address : If same as above, please tick here		
Locality:	City:	
Pin Code :	State:	
Telephone:	Mobile*:	
Alternate No.:		
Email:		
*The registered mobile number will be enrolled for	for WhatsApp notifications related to your Care Health Insurance Policy	
Date of Birth / Incorporation (in case Proposer is	s an entity) : D D Y Y Y Y Y Gender : Male Female Others	
Marital Status : Single	Married Divorced Widow(er) Separated	
Mother's Name :		
PAN Number:	Nationality:	
Form 60 (only in case the customer does not have PAN no.) :	Yes No Aadhaar Number(last 4 digits):	
Please share the following for authentication purpo	(By signing the Proposal form I give my consent for using my Aadhaar No. for Authentication of my Aadhaar Details)	
Proof of Identity (POI) (Tick whichev	ever is applicable)	
PAN Aadhaar Passport	Driving License Voter ID Card	
Letter from a recognized public authority or public s	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 publics	servant verifying the identity and residence of the Proposer	

Would you like to opt for Electronic Policy Issua If you have an elA, please provide following deta		ough an e	-Insurar	nce Acc	coun	t (eIA)) of ar	n Insu	ıranc	e Repo	ositor	~y? `	Yes			No	0					
I) Name of Insurance Repository:																						
ii) elANo:																						
iii) Name as appearing in eIA:																						
If you do not have an eIA, would you like to open an account? Yes No If Yes, choose any one Insurance Repository:																						
□ NDML−NSDL Data Management Limit	:ed								CAI	4SRep	o-CA	MS Re	epository	Servi	es Lir	nited						
☐ Karvy Insurance Repository Limited									CIR	L-Cen	tral Ir	nsurar	се Керо	sitory l	imite	ed (Cl	DSL)					
Help us preserve the environment by opting to	receive	policyre	lated inf	ormati	on ir	n soft c	ору/\	via er	nail o	nly:			Yes				N	0				
																					_	
Proposed Policy Period Start Date:																						
Plan Opted:		Joy Toda	ay		ру Тс	morr	OW				ıred	(in Rs.)):		3 Lac] 5 La	C	
Tenure (applicable only for 'Joy Tomorrow'):		l Year		2	Yea	r			3 Year													
CoverType:		Individu	al	F	loate	er		(in	case	of Floa	iter, 2	2 Adult	s implies	I Male	& I F	emale	e)					
Optional Cover No Claim Bonanza opted:		Yes			10						4											
Are you applying for portability?		Yes		_ N	10			(If ye	es, ple	ease fill	inth	e sepa	rate Por	ability	Form	1)						
NOMINEE DETAILS	Nomine	o Namo									Dat	o of B	irth (DD	/MM/	^	7	-	Rolatio	nship w	vith P	ropos	or.
	VOITIITIE	CTVarric									Dat		ii tii (DE	71 11 17		,		Clatio	i isriib v	VICITI	ороз	51
*If the Nominee is of Age 18 years or less, Name of Appo	intee and P	Relationship	with Min	or:																		
A	Appointe	ee Name	2					_			Dat	te of B	irth (DD	/MM/\	YYY)		Relati	ionship	with	Minor	
In event of the death of the Proposer any payment due under the policy shall become payable to the nominee proposed in this form. The receipt of the proceeds by the Nominee would be sufficient discharge to the company. Nominee for all the other person(s) proposed to be insured shall be the Proposer himself.																						
DETAILS OF THE PERSONS T	O BE	INSUI	RED II	NCL	UD	ING	PR	OP	OSE	R												
Insured I: Name: Mr./Ms./Mrs.											7											
Marital Status	Date (of Birth			М		YY	7		Heigh	nt:	Kg	Weight	cms	Re	lation	l ship	with P	ropose	er:		
Gender Male Female Others	Aadha	ar/PAN	No. (Or	otional)				+		j		Ť			_			es 🗌		No		
Do you have ABHA No. Yes No		es, pleas	, ,		HA I	Numb	er (C	Optic	nal)									T			T	
Insured 2 : Name : Mr./Ms./Mrs.																				\top	1	
Marital Status	Date (of Birth		ND	М	M,	YY	/ Y	Y	Heigh	nt:	Kg	Weight	cms	Re	elation	nship	with P	ropose	er:		
Gender Male Female Others	Aadha	ar/PAN	No. (Op	otional)						ΤĬ					_	f PEP				No		
Do you have ABHA No. Yes No	If Y	es, pleas	se provi	de ABI	1 AH	Numb	er (C	Optic	nal)													
Insured 3 : Name : Mr./Ms./Mrs.																				\top		
Marital Status	Date (of Birth		Q D	М		YY	/ Y	Y	Heigh	nt:	Kg	Weight	cms	Re	elation	ship	with F	ropose	er:		
Gender Male Female Others	Aadha	ar/PAN	No. (Op	otional)						ΤĬ					ŀ	f PEP	* : Ye	es 🗌		No		
Do you have ABHA No. Yes No	1	es, pleas				Numb	er (C	Optic	nal)													
Insured 4: Name : Mr./Ms./Mrs.		1																				
Marital Status	Date (of Birth			М	M.	ΥY	/ Y	Y	Heigh	nt:	Kg	Weight	cms	Re	elation	ship	with F	ropose	er:		
Gender Male Female Others	Aadha	ar/PAN	No. (Or	otional)						Ĭ		Ī			1	f PEP	* : Ye	es 🗌		No		
Do you have ABHA No. Yes No		es, pleas			HA I	Numb	er (C	Optic	nal)									T		\top	T	
Insured 5 : Name : Mr./Ms./Mrs.																						
Marital Status	Date (of Birth		D D	М	M.	YY	/ Y	Y	Heigh	nt:	Kg	Weight	cms	Re	elation	ıship	with P	ropose	er:		
Gender Male Female Others	Aadha	ar/PAN	No. (Or		-				+			Ť			_	f PEP				No		
Do you have ABHA No. Yes No		es, pleas			L HA I	Numb	er (C	Optic	nal)												$\overline{\top}$	
Insured 6 : Name : Mr./Ms./Mrs.			<u> </u>				Ť	Ť	Ť												+	
Marital Status	Date o	of Birth			М	M '	YY	/ Y	Y	Heigh	nt:	Kg	Weight	cms	Re	elation	ı ıshin	with P	ropose	 er:		
Gender Male Female Others			No (Or			-	+	+	+ '	1 100			1 1 1 1 1 1 1		_			es \square		No		
Do you have ABHA No. Yes No		es, pleas			L I AH	Numb	er (C	l Optic	nal)		+	+			+	T			\top		T	
*Have you ever been entrusted with promine executives of state owned corporations or imp	ent public	c functic	ns, for e	exampl						overn	ment	, senic	r politici	ans, ser	nior g	overn	ment	., judici	al or m	ilitary	officia	lls, senior
MEDICAL / LIFESTYLE RELATI	ED IM	FORM	ATIC	N.																		
	-C-III	- ONI			le:				nc	od 2		lea	word 2			od 4						
Particulars Does any proposed insured c	urrent	tly or	in r	past	in	surec	1 1		risul	ed 2		ınsu	red 3	II	sure	eu 4		Insur	eu 3		Insur	eu o
Diagnosed/Suffered/Treated/Taken Medicatic conditions: If yes, please provide details in section below:	on for a	any of t	he follo	wing																		

	Y	Y	Y	Y	Y	Y
Cancer, tumor, polyp or cyst	Since	Since	Since	Since	Since	Since
2. Any heart disease or disorder, chest pain or discomfort, irregular heart	YN	YN	YN	Y	YN	Y
beats, palpatations or heart murmur	Since	Since	Since	Since	Since	Since
	YN	YN	YN	Y	YN	YN
3. Hypertension / High Blood Pressure (BP) / High Cholestrol	Since	Since	Since	Since	Since	Since
4. Asthma / Tuberculosis (TB) / COPD/ Pleural effusion / Bronchitis /	YN	YN	YN	Y	YN	Y
Emphysema or any other disease of Lungs, Pleura and airway or Respiratory disease?	Since	Since	Since	Since	Since	Since
5. Thyroid disease/ Cushing's disease/ Parathyroid Disease/ Addison's	YN	YN	YN	Y	YN	Y
disease / Pitutiary tumor/ disease or any other disorder of Endocrine system?	Since	Since	Since	Since	Since	Since
6. Diabetes Mellitus / High Blood Sugar / Diabetes on Insulin or	YN	YN	YN	Y	Y N	Y
medication	Since	Since	Since	Since	Since	Since
7. Motor Neuron Disease/ Muscular dystrophies/ Myasthnia Gravis or	Y	YN	YN	Y N	Y	Y
any other disease of Neuromuscular system (muscles and/or nervous system)	Since	Since	Since	Since	Since	Since
8. Stroke/ Paralysis/ Transient Ischemic Attack/ Multiple Sclerosis/ Epilepsy/	Y	YN	YN	Y	YN	YN
Mental-Psychiatric illness/ Parkinsonism/ Alzeihmer's/ Depression / Dementia or any other disease of Brain and Nervous System?	Since	Since	Since	Since	Since	Since
9. Cirrhosis / Hepatitis / Wilson's disease / Pancreatitis / Liver disease /	Y N	YN	YN	YN	Y N	Y N
Crohn's disease / Ulcerative Colitis /Piles or any other disease of Mouth, Esophagus, Liver, Gall bladder, Stomach or Intestines or	Since	Since	Since	Since	Since	Since
Mouth, Esophagus, Liver, Gall bladder, Stomach or Intestines or any other part of Digestive System?						
10. Kidney Stones/ Renal Failure/ Dialysis/ Chronic Kidney Disease/ Prostate Disease or any other disease of Kidney, Urinary Tract or	Y N	YN	Y	Y	Y	Y N
reproductive organs?	Since	Since	Since	Since	Since	Since
II. HIV/SLE/ Arthiritis/ Scleroderma / Psoriasis/ bleeding or clotting disorders or any other diseases of Blood, Bone marrow/ Immunity or	Y	Y	Y N	Y	Y	Y
Skin.	Since	Since	Since	Since	Since	Since
12. Disease or disorder of eye, ear, nose or throat (except any sight related problems corrected by prescription lenses)?	YN	Y	Y N	Y	Y	Y
	Since	Since	Since	Since	Since	Since
13. Smoke, consume alcohol, or chew tobacco, ghutka or paan or use any recreational drugs? If 'Yes' then please indicate the following:	Y	Y	Y N	Y	Y	Y
	Since	Since	Since	Since	Since	Since
- Hard Liquor (No. of Pegs in 30 ml per week)	_					
- Beer(Bottles/ml per week) - Wine(Glasses/ml per week)						
- Smoking (no. of Sticks per day)						
- Gutka/Pan Masala/Chewing Tobacco(Sachets/Grams per day)						
14. Any other disease / health adversity / injury/ condition / treatment not	YN	YN	YN	Y	YN	YN
mentioned above?	Since	Since	Since	Since	Since	Since
15. Has any of the Proposed to be Insured been hospitalized	N N	Y	YN	Y	Y N	Y N
/recommended to take investigations/medication or has been under any prolonged treatment/ undergone surgery for any illness/injury	Since	Since	Since	Since	Since	Since
other than for childbirth/minor injuries?	JII ICC					
For Female Insured only: a. Any complications in past pregnancy? If yes, please share the	Y	YN	YN	V N	YN	Y
premature delivery report.				Y		
b. Are you pregnant currently? If yes, please share ANC records.	Y	Y	Y	Y	Y	Y

Note: The Company shall cancel 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.

ADDITIONAL INFORMATION (IF YOUR ANSWER IS 'YES' TO ANY OF THE ABOVE QUESTIONS OR THE PROPOSED TO BE INSURED ARE SUFFERING FROM ANY OTHER PRE EXISITING DISEASE WHICH IS NOT MENTIONED IN THE ABOVE LIST)

DETAILS OF PREVIOUS OR EXISTING HEALTH INSURANCE / PORTABILITY

Please fill the following details W.r.t. health insurance proposal(s) / policy(ies) with the Company or any other insurance companies

Details	Insured I	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Have any of the persons to be insured ever filed a claim with their current/previous insurer? If Yes, please provide details on a separate sheet	YN	YN	YN	Y	Y	YN
Has any of your proposal(s) for Health insurance been declined, cancelled, charged a higher premium or issued with special condition(s)	YN	YN	YN	YN	Y	YN
Is any of the persons proposed for insurance covered under any other health	YN	YN	YN	Y	Y	YN
insurance policy with the Company or any other Company without break?	Since	Since	Since	Since	Since	Since
		(DD/MM/YYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)		(DD/MM/YYYY)
Does your existing Health insurance policy cover Maternity benefit?	YN	YN	YN	YN	Y	YN

ATTENDING PHYSICIAN'S	DETA	ILS																	
																			_
Name of Family Physician :																			
		(F	irst Name)				(Middl	e Name)					(L	ast Nam	e)		
Contact Number :						Email	:												
DECLARATION																			
a. I hereby declare, on my behalf and c	n behalf (of all perso	ons propo	sed to be	e insured	, that the	above s	statemer	nts, ansv	vers and	d/orpa	ırticula	ars giv	ven b	y me a	re true	and con	plete in	all
respects to the best of my knowledge b. I understand that the information pr									Roard ar	pprovod	undon	vriting	nolic	~v of t	tho inc	uror and	d+ha++h	policy	. zill
come into force only after full payme					ii isui ai ic	c policy, i	3 Subjec	t to the L	ooai a ap	proved	under	vi itili ig	, pond	_y Oi i	u ic ii is	ui Ci ai i	ı il iai il i	policy v	VIII
c. I further declare that I will notify in water before communication of the risk accommunication.				in the oc	cupation	or gene	ral healt	h of the	life to b	e insure	d/pro	poser	after	the	propo:	sal has b	een sub	mitted b	out
d. I declare that I consent to the compa		,	1 /	on from a	ny docto	r or hosp	oital who	o/which	at any t	ime has	attende	ed on t	he pe	erson	n to be	insured	/propos	er or fro	m
any past or present employer conce whom an application for insuranc	rning any	thing which	ch affects	the phys	ical or m	ental hea has hee	lth of th	ne person	n to be	insured	/ propo	oser ar	nd se the	eking prop	g inforr	nation f	rom any	Insurer	to nt
e. lauthorize the company to share info	ormation p	pertaining	to my pro	posal inc	uding the							_							
or claims settlement and with any Go	vernmen	ital and / oi	^Regulato	ryautho	rity.						4								
Date : / / /		(DD/MM/	YYYY)				S	ignature	of the P	'roposei	^ : <u> </u>								
Place :							(0	On behalf	ofallthe	persons ⁻	to be ins	ured un	derth	ne Poli	icy)				
NEFT DETAILS (FOR CLAII	MS & R	EFUNI) PURI	POSES)														
`					<u>, </u>		IEC							7					
Account Number :							_	C Code						-			4		\dashv
Bank Name :							Bar	nk Brancl	n IName	∌:				+					\dashv
Name of the Account Holder:	na with Dan																		
Note: Please submit copy of cancelled cheque ald I declare that the information given above is true and	correct. I he	ereby authori	ze Care Hea	ılth Insurano	e Limited t	o directly cr	redit payou	ut/refund, if	fany, to th	ie above m	nentioned	account	and I	shall n	ot hold (Care Heal	th Insurano	e Limited	
responsible for non-credit/non-payment of payout or cheque/demand draft in spite of providing above info		ny, due to any	reason inclu	uding but no	t limited to	incorrect/ii	ncomplete	informatio	on. Care H	lealth Insu	rance Lim	ited rese	erves r	right to	use any	alternativ	e payout o	ption such	as
Date: / /		(DD/MM/Y	YYY)						Si	ignature of	the Propo	oser :							
Place :	$\overline{}$									On behalf	of all the r	ersons t	o he in	suredi	underth	e Policy)			
		1011							,	CITOCINA	or an error			Jan Ca (ander en	o. oc/)			
PREMIUM PAYMENT INFO						F 11.3													
Payment By Cash / Cheque / Demand I			e out whi	chever is	not app	licable):													-
Cheque / Demand Draft No. / Authori	zation ID	:					. 3												-
Payment Amount (₹):	1 Y Y		David N		Premiur	n Amou	nt (<):												-
Date: In case of payment through Cheque / Demand Draft, th		t should bo de	Bank N		loalth Inc	wansa Lin	aitod"												
Key Exclusions:	einstrument	i snould be dr	awniniavour	O Carer	ieaith insi	irance Lin	iitea												
Any disease contracted during the first 30 days of 2 Year Wait Period: Non-infective arthritis/joint.						disorders an	ıd surgerie	c/Stones et	c										
(iii) Pre-existing Diseases: 48 months from the date	of the first po	olicy	S/I ISSUI C/Ldi	, ilose allo til	IOdi (LIVI)	aisoi aci s ai	iu sui gei ie.	5/3tories, etc	C.										
	nt / Expenses	attributable															lental treat	ment / Med	lical
For a detailed set of exclusions, please log on to www.ca		com.	eable to pregi			expenses incurred for treatment of AIDS / Treatment arising from or traceable to pregnancy and childbirth, miscarriage, abortion and its consequences or relating to infertility and in vitro fertilization / Congenital disease													
Note: Should you choose to pay premium by cash, you										_					_				ash
against your Proposal. Any claim without computerized						e Limited br	anch or an			_					_		against the	deposited o	
						e Limited br	anch or an			_					_		against the	deposited o	
STATUTORY WARNING						e Limited br.	anch or an			_					_		against the	deposited o	
STATUTORY WARNING Prohibition of Rebates						e Limited br	anch or an			_					_		against the	deposited c	
STATUTORY WARNING Prohibition of Rebates (Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct	receipt agains	st the deposit	ed cash will n	ot be admitte	ed. ake out or re	enew or con	tinue an in:	y authorized	d Bank bra	anch, and w	ve insist yo	g to lives	or pro	for con	mputeriz in India, a	re receipt a	of the whole	e or part of	the
Prohibition of Rebates (Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, either direc commission payable or any rebate of the premium tables of the Insurer.	receipt agains	st the deposit ttly, as an induc he policy, nor	ed cash will n	ot be admitted by person to to contaking ou	ed. ake out or n	enew or con ng or contin	tinue an in: uing a polid	y authorized surance in re	d Bank bra	anch, and w	ve insist yo	g to lives	or pro	for con	mputeriz in India, a	re receipt a	of the whole	e or part of	the
Prohibition of Rebates (Under Section 4 I of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the properties of the Insurer.	receipt agains	st the deposit ttly, as an induc he policy, nor	ed cash will n	ot be admitted by person to to contaking ou	ed. ake out or n	enew or con ng or contin	tinue an in: uing a polid	y authorized surance in re	d Bank bra	anch, and w	ve insist yo	g to lives	or pro	for con	mputeriz in India, a	re receipt a	of the whole	e or part of	the
Prohibition of Rebates (Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, either direc commission payable or any rebate of the premium tables of the Insurer.	receipt agains	st the deposit ttly, as an induc he policy, nor	ed cash will n	ot be admitted by person to to contaking ou	ed. ake out or n	enew or con ng or contin	tinue an in: uing a polid	y authorized surance in re	d Bank bra	anch, and w	ve insist yo	g to lives	or pro	for con	mputeriz in India, a	re receipt a	of the whole	e or part of	the
Prohibition of Rebates (Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the process of the Insurer. DECLARATION FOR AGEN	receipt against ttly or indirect n shown on the provisions of t	st the deposit	eed cash will n	y person to to on taking our a penalty wurance Advisurance	ake out or n it or renewi which may e	enew or con ng or contin xtend to ten d Person of 1	tinue an in: uing a polio lakh rupeo the Corpo	surance in recy accept an	d Bank bra espect of a y rebate, e	anch, and w	risk relatin	g to lives may be	or pro	pperty i d in acc	mputeriz in India, a cordance	ny rebate o with the p	of the wholi oublished p	e or part of ospectuse: nave explain	the s or
Prohibition of Rebates (Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, either direc commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the proposal Form, including the nature or any details sought herein will form basis of the	ctty or indirect in shown on the provisions of the contract of the que Contract of	ttly, as an induction should be policy, nor this section should be policy in my cappestions contain linsurance by	ed cash will need cash will need cash will need cash will need and shall any persual label for the cash will be liable for acity as an Inspect in this Protective on the	y person to toon taking our a penalty vurance Advisoposal Form	ake out or n it or renewi which may e cor/Specifie to the Prop nd the Prop	enew or con ng or contin xtend to ten d Person of 1 oser includi poser, if th	tinue an in uing a polid lakh ruped the Corpo ng stateme is propose	y authorized surance in recognized and surance in recognized and surance and s	espect of a yrebate, e	anch, and wany kind of except such	risk relation rebate as	g to lives may be roker/Re ed by hir	or pro	pperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fui	ny rebate of with the phereby de Form to questions.	of the wholo bublished p clare that II uestions co ained that	e or part of rospectuse: nave explain ntained her if any unt	the sor
Prohibition of Rebates (Under Section 4 of Insurance Act 1938) 1. No person shall allow or offer to allow, either directommission payable or any rebate of the premiuntables of the Insurer. 2. Any person making default in complying with the process of the Insurer. I all the contents of this Proposal Form, including the nature or any details sought herein will form basis of the statement(s)/information/response(s) is/are contained in Terms and Conditions and furthermore, if there has be	ttly or indirect shown on the ordinaries of the que (Full Nan re of the que (Contract of n this Propose)	at the deposit the deposit this section shame) in my capastions contain Insurance b sal Form/inclus	ed cash will n rement to any shall any pers all be liable for acity as an Ins ned in this Pre et ween the ding addend.	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	y authorized surance in recy accept an ess. rate Agent/ rate(s), inform all is accepted to be fixed t	espect of a ly rebate, e Authorize nation and ed by the urnished, t	anch, and v	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the s or
Prohibition of Rebates (Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the proposed promotion of the Insurer. I all the contents of this Proposal Form, including the nature or any details sought herein will form basis of the statement(s)/information/response(s) is/are contained in the Insurance of Insu	ttly or indirect in shown on the contract of the que Contract of in this Propose en a non-disc	ttly, as an inductive, as an inductive, as an inductive policy, nor this section shape in my capasitions contain Insurance be all Form/Incluclosure of any	ed cash will n rement to any shall any pers all be liable for acity as an Ins ned in this Pre et ween the ding addend.	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	y authorized surance in recy accept an ess. rate Agent/ rate(s), inform all is accepted to be fixed t	espect of a ly rebate, e Authorize nation and ed by the urnished, t	anch, and v	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the s or
Prohibition of Rebates (Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the proposed for the Insurer. I all the contents of this Proposal Form, including the nature or any details sought herein will form basis of the statement(s)/information/response(s) is/are contained Terms and Conditions and furthermore, if there has be forfeited to the Company. License No. (Advisor/Corporate Agent/Broker/Relation	ttly or indirect shown on the provisions of the que (Full Nanre of the que Contract of n this Proposen a non-disc ship Officer)	st the deposit tily, as an induce the policy, nor this section sh me) in my cape stions contail insurance be tal Form/inclu closure of any):	eed cash will n eed cash will n essential any pers all be liable for accity as an Ins need in this Pre tetween the ding addendu, material fact	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	y authorized surance in recy accept an ess. rate Agent/ rate(s), informal is accept the dyto be fit his Proposa	espect of a y rebate, e Authorize nation and ed by the urnished, t al may be t	anch, and v	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the s or
Prohibition of Rebates (Under Section 4 I of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the process of the Insurer and the Company of the Insurer and the Company of the Insurer and Insure	ttly or indirect shown on the provisions of the que (Full Nanre of the que Contract of n this Proposen a non-disc ship Officer)	ttly, as an inductive, as an inductive, as an inductive policy, nor this section shape in my capasitions contain Insurance be all Form/Incluclosure of any	eed cash will n eed cash will n essential any pers all be liable for accity as an Ins need in this Pre tetween the ding addendu, material fact	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	surance in recy accept an es. rate Agent/ int(s), informal is accepte hed/to be fully from this Proposa	espect of a yrebate, e Authorize nation and ed by the urnished, t all may be t	any kind of except such ed employed responsel (Company he Compa reated by 1	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the s or
Prohibition of Rebates (Under Section 41 of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the proposed for the Insurer. I all the contents of this Proposal Form, including the nature or any details sought herein will form basis of the statement(s)/information/response(s) is/are contained Terms and Conditions and furthermore, if there has be forfeited to the Company. License No. (Advisor/Corporate Agent/Broker/Relation	ttly or indirect shown on the provisions of the que (Full Nanre of the que Contract of n this Proposen a non-disc ship Officer)	st the deposit tily, as an induce the policy, nor this section sh me) in my cape stions contail insurance be tal Form/inclu closure of any):	eed cash will n eed cash will n essential any pers all be liable for accity as an Ins need in this Pre tetween the ding addendu, material fact	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	surance in recy accept an es. rate Agent/ int(s), informal is accepte hed/to be fully from this Proposa	espect of a y rebate, e Authorize nation and ed by the urnished, t al may be t	any kind of except such ed employed responsel (Company he Compa reated by 1	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the s or
Prohibition of Rebates (Under Section 4 I of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the process of the Insurer and the Company of the Insurer and the Company of the Insurer and Insure	ttly or indirect shown on the provisions of the que (Full Nanre of the que Contract of n this Proposen a non-disc ship Officer)	st the deposit tily, as an induce the policy, nor this section sh me) in my cape stions contail insurance be tal Form/inclu closure of any):	eed cash will n eed cash will n essential any pers all be liable for accity as an Ins need in this Pre tetween the ding addendu, material fact	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	surance in recy accept an es. rate Agent/ int(s), informal is accepte hed/to be fully from this Proposa	espect of a yrebate, e Authorize nation and ed by the urnished, t all may be t	any kind of except such ed employed responsel (Company he Compa reated by 1	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the s or
Prohibition of Rebates (Under Section 4 I of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the process of the Insurer and the Company of the Insurer and the Company of the Insurer and Insure	ttly or indirect shown on the provisions of the que (Full Nanre of the que Contract of n this Proposen a non-disc ship Officer)	st the deposit tily, as an induce the policy, nor this section sh me) in my cape stions contail insurance be tal Form/inclu closure of any):	eed cash will n eed cash will n essential any pers all be liable for accity as an Ins need in this Pre tetween the ding addendu, material fact	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	surance in recy accept an es. rate Agent/ int(s), informal is accepte hed/to be fully from this Proposa	espect of a yrebate, e Authorize nation and ed by the urnished, t all may be t	any kind of except such ed employed responsel (Company he Compa reated by 1	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the s or
Prohibition of Rebates (Under Section 4 I of Insurance Act 1938) 1. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the process of the Insurer and the Company of the Insurer and the Company of the Insurer and Insure	ttly or indirect shown on the provisions of the que (Full Nanre of the que Contract of n this Proposen a non-disc ship Officer)	st the deposit tily, as an induce the policy, nor this section sh me) in my cape stions contail insurance be tal Form/inclu closure of any):	eed cash will n eed cash will n essential any pers all be liable for accity as an Ins need in this Pre tetween the ding addendu, material fact	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	surance in recy accept an es. rate Agent/ int(s), informal is accepte hed/to be fully from this Proposa	espect of a yrebate, e Authorize nation and ed by the urnished, t all may be t	any kind of except such ed employed responsel (Company he Compa reated by 1	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the s or
Prohibition of Rebates (Under Section 4 of Insurance Act 1938) I. No person shall allow or offer to allow, either direct commission payable or any rebate of the premium tables of the Insurer. 2. Any person making default in complying with the proposed or any details sought herein will form basis of the statement(s)/information/response(s) is/are contained in Terms and Conditions and furthermore, if there has be forfeited to the Company. License No. (Advisor/Corporate Agent/Broker/Relation Date:	ttly or indirect shown on the provisions of the que (Full Nanre of the que Contract of n this Proposen a non-disc ship Officer)	st the deposit tily, as an induce the policy, nor this section sh me) in my cape stions contail insurance be tal Form/inclu closure of any):	eed cash will n eed cash will n essential any pers all be liable for accity as an Ins need in this Pre tetween the ding addendu, material fact	y person to to on taking out or a penalty when a pe	ake out or n t or renewi which may e sor/Specifie to the Prop nd the Pro- cits, stateme	enew or conting or conting or continuted to tend to tend to soer including poser, if the this, submissi	tinue an inuing a policular de la composition della composition de	surance in recy accept an es. rate Agent/ int(s), informal is accepte hed/to be fully from this Proposa	espect of a yrebate, e Authorize nation and ed by the urnished, t all may be t	any kind of except such ed employed responsel (Company he Compa reated by 1	risk relatin rebate as ee of the E (s) submit / for issu ny shall ha	g to lives may be roker/Red by hir ance of ve the rig	or pro	opperty i d in acc	mputeriz in India, a cordance fficer, do Proposal have fur e benefit	ny rebate of with the phereby deform to quither explicit.	of the whole published p clare that I l uestions co ained that y be payab	e or part of ospectuse: nave explain ntained her if any unt e as per Po	the sor



ACKNOWLEDGEMENT FOR PROPOSAL	ļ.	
Please retain this counterfoil for your records	(On behalf of Care	e Health Insurance Limited
We acknowledge the receipt of payment of $\overline{\xi}_{}$	vide Cash/Cheque/DD No./Authorization ID	fron
Mr./Ms	Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or c	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 p	proposal amount. Acceptanc
of proposal and issuance of the Policy shall be subject to receipt of	$the \ completed \ Proposal \ Form, premium \ payment, \ medical \ reports \ (wherever \ applicable) \ and \ underwriting \ decreases \ d$	ecision of the Company.
Proposal No.:	Signature of the Representative :	
Name of the Representative :		
Insurance is a subject matter of solicitation. IRDAI Registration No. 148		
	ed to do so only at the nearest Care Health Insurance Limited branch or any authorized Bank branch, and v al. Any claim without computerized receipt against the deposited cash will not be admitted.	we insist you to please ask fo