

supreme enhance

Proposal Form

Proposal No.:	URN: CHIL / R / HE / 118 / 24-25	
	Proposal No.:	

- 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.)																							
		(Firs	t Name))					(M	liddle	Name)							(Last	t Nar	ne)			
Correspondence Address :																							
Locality:										City	/:												
Pin Code :							Sta	ite:															
Landmark:	Ш													\perp						Ш			
Permanent Address : If same as above, please tick here																							
Locality:										City	/:												
Pin Code :							Sta	ite:															
Landline (Residence):										Off	ice :												
Mobile No [*] .:													Alte	rnate	No.	:							
Email:																							
*The registered mobile number will be enrolled	for W	/hatsAp	op notif	ication	s relat	ed to	your	Care H	Health	Insu	irance	Policy	\odot										
Date of Birth / Incorporation (in case Proposer is	an er	ntity)	: DI	DM	M)	ΥY	Y	Y		Ge	nder :	Male			Fei	male				Other	rs		
Marital Status : Single	1	1arriec	<u> </u>			Di	vorce	ed			Wide	ow(er)		S	Separ	atec	ı 🗀						
PAN Number:			П					Natio	nality	:	Indian		ther th	nan In	ndian	Τ	Т						
Form 60 (only in case the customer does not have PAN no.) :		Yes	5			No					,	4 digits)		X X		X of my Aar	X thaar De	X tails)	×	×			
CKYC								(-) -00										Ī					
PAN Aadhar Pa Letter from a recognized public authority or pub Proof of Present Address (POA) (☑ Tick which Electricity bill (not older than 3 months) Telephone Bill (not older than 3 months)		vant ve is appli Aad	cable) dhar	the ide		and re	ort	nce of the		pos F	er Ration (O Card			[Orivi	ng Li	cens	se				
Letter from a recognized public authority or pub	lic ser	vant ve	erifying	the ide	entity a	and re	sider	nce of t	he Pro	pos	er												
Mother's Name :																							
Would you like to opt for Electronic Policy Issuance		ghane	-Insurar	nce Ac	count ((eIA)	of an	Insuran	ce Rep	osite	ory?		Yes					No)				
If you have an eIA, please provide following details: I) Name of Insurance Repository:										Т						T							
II) elANo:										+				+	+	+				\vdash			
III) Name as appearing in eIA:	+						\Box			+				+		+				\vdash			
If you do not have an eIA, would you like to open an	accou	nt?			Yes				No														
If Yes, choose any one Insurance Repository:																							
CAMSRep—CAMS Insurance Repository &	Servic	es										Manage											
KARVY Insurance Repository Limited										entr	al Insur	ance Rep	ositor	y Lim	ited	_							
Help us preserve the environment by opting to rece	eive po	olicy re	lated inf	format	ion in s	oft co	py/vi	a email o	only:			Ye	S				No						
NOMINEE DETAILS																							
Nom	inee N	Name								Da	te of B	irth (DD)/MM/`	YYYY	()		Rela	ation	ship	with	Prop	oser	
*If the Nominee is of Age 18 years or less, Name of Appointee a	nd Rela	tionship	with Mino	r:																			
		Name								Da	te of B	irth (DD)/MM/	YYYY	()		Re	elatic	onshi	p wit	th Mir	nor	
In event of the death of the Proposer any payment due under the	Policy s	hall beco	me payab	le to the	Nomine	e propo	osed in	this Prop	osal For	m. Th	e receipt	of the pro	ceeds by	the No	omine	e wou	ld be s	ufficie	ent dis	charge	of the	Comp	any. The

POLICY DETAILS		
Sum Insured (in Rs.):		Tenure: I Year 2 Year 3 Year
CoverType:	Individual Floater Floater	
Details of Optional Cover(s) as per Annexus Are you applying for portability?		the separate Portability Form)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ED TO BE INSURED INCLUDING	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	ED TO BE INSURED INCEUDING	G PROPOSER
Insured I: Name: Mr./Ms./Mrs.		
Height CMS Marital Statu Weight Kg Gender		Sirth DDMMYYYY Annual Income (In Lass): ₹ Aadhaar No.
Weight Kg Gender Nominee (Relationship with Insured);	Male Female Others	
	Relationship with Proposer : Solution Solution Relationship with Proposer : Solution Soluti	,
, ,	ominent public functions, for example, Heads of	
	fficials, senior executives of state owned corp	
Plan	Please tick whichever is opted	
Plan A Sum Insured Options I		
30 Lac , 40 Lac , 43 lac, 45 lac, 50Lac , 60 lac , 75 Lac , 85 lac, 90 Lac ,93 lac, 95 Lac, 1 Cr , 1.25 Cr , 1.5 Cr, 2Cr, 6C		
Plan A Deductible Options I		
3lac , 5 lac , 7 Lac, 10 Lac, 15 lac, 20Lac, 25Lac		
Plan A Sum Insured Options 2		
5 Lac, 10Lac, 15 Lac, 20 Lac, 25 Lac		
Plan A Deductible Options 2		
I lac, 2 lac, 3 lac, 4 lac, 5 lac		
Benefit 1:Proportionate Charges Cove (Plan B)		Base Policy Sub limits applicable on Room Rent/Room Category and Associated Medical Expenses shall act as the Deductible. (Rs)
Benefit 2: Cataract Treatment(Plan B)		
Sum Insured - 25K, 50K, 1 lac, 2 lac, 3		Base Policy Sub limits applicable on Cataract treatment shall act as the Deductible.
lac, 5 lac		(Rs)
Insured 2 : Name : Mr./Ms./Mrs.		
Height CMS Marital Statu	s Date of B	Sirth DDMMYYYY Annual Income (In Lacs): ₹
Weight Kg Gender	Male Female Others	Aadhaar No.
Nominee (Relationship with Insured) ;	Relationship with Proposer:	City of Residence : If PEP* : Yes \(\) No \(\)
Do you have ABHA No.? (Y/N):	es No If Yes, please provide ABI	7
Have you ever been entrusted with pro	ominent public functions, for example, Heads of fficials, senior executives of state owned corp	of State or of Government, senior politicians,
Plan	Please tick whichever is opted	
Plan A Sum Insured Options I	·	
30 Lac , 40 Lac , 43 lac, 45 lac, 50Lac , 60 lac , 75 Lac , 85 lac, 90 Lac ,93 lac, 95 Lac, 1 Cr , 1.25 Cr , 1.5 Cr, 2Cr, 6C		
Plan A Deductible Options I	_	
3lac , 5 lac , 7 Lac, 10 Lac, 15 lac, 20Lac, 25Lac		
Plan A Sum Insured Options 2		
5 Lac, 10Lac, 15 Lac, 20 Lac, 25 Lac		
Plan A Deductible Options 2		
l lac, 2 lac, 3 lac, 4 lac, 5 lac		
Benefit I:Proportionate Charges Cove (Plan B)		Base Policy Sub limits applicable on Room Rent/Room Category and Associated Medical Expenses shall act as the Deductible. (Rs)
Benefit 2: Cataract Treatment(Plan B)		
Sum Insured - 25K, 50K, 1 lac, 2 lac, 3 lac, 5 lac		Base Policy Sub limits applicable on Cataract treatment shall act as the Deductible. (Rs)

Insured 3: Na	me : Mr./	Ms./Mrs.																																	
Height	cms	Marital Status								С	ate o	of E	Birth	D)	М				Y	Y	1	۱nn	ual I	ncc	me	(In Lac	:s) :	₹						
Weight	kg	Gender	Male		Fer	male	e 🗌		0	the	ers [A	adha	aar	No.														
Nominee (Relations	hip with Insured	f) :		Re	elation	ship	with	Pr	opos	ser	:					City	of F	Resid	dend	ce:								lf l	PEP [;]	*:	Yes		N	0 [
Do you have AB	HA No.?	(Y/N): Ye	s 🗌	Ν	0	lf	Yes, p	olea	ase p	oro'	vide .	ABI	HA Nu	umbe	r ((Opti	ona)																	
Have you ever b] Ye	S	Ν	0 🗌						
Plan				Pleas	e tick	whi	icheve	er is	opt	ted																									
Plan A Sum Insu	ıred Opti	ons I							- 1																										
30 Lac , 40 Lac , 60 lac , 75 Lac , 95 Lac , I Cr , I .	, 43 lac, <i>4</i> 85 lac, 90	15 lac, 50Lac ,) Lac ,93 lac,																																	
Plan A Deductil	ole Optio	ns I				I.																													
3lac , 5 lac , 7 La 20Lac, 25Lac	ac, 10 Lac	, 15 lac,																																	
Plan A Sum Insu	ıred Opti	ons 2													T	T	T		$\overline{}$					T	_	T	Ŧ		$\overline{}$	$\overline{}$	$\overline{}$	\equiv	\equiv		\equiv
5 Lac, 10Lac, 15	Lac, 20 L	ac, 25 Lac																																	
Plan A Deductil	ole Optio	ns 2																																	
I lac, 2 lac, 3 lac	, 4 lac, 5 l	ac																															\perp		
Benefit I:Propo (Plan B)	rtionate (Charges Cover												Policenses														egor)	y an	d As	ssoc	iatec	l Me	edica	al
Benefit 2: Catar	act Treat	ment(Plan B)													T		T		T					T	T	T			T	T	T	T	T		$\overline{}$
Sum Insured - 2	5K, 50K,	I lac, 2 lac, 3											Rasa	Polic	-\-\ S	iuh li	imite	. ann	dica	hla	on (^ata	rac	t tro	atr	nent	cha	ال عدد	t 20	the		luctil			
lac, 5 lac														: I Olic))	ліса	DIC	OIIV	-alc	ıı ac	Luc	au	HEH	. 3110	III ac	l as	LI IC I	Dea	ucu	лс.		
Insured 4: Na	me : Mr./	Ms./Mrs.																																	
Height	cms	Marital Status								С)ate	of E	3irth	D [M	M	Y	Y	Y	Y	1	\nn	ual I	ncc	me	(In Lac	:s) :	₹						
Weight	kg	Gender	Male		Fer	male	9 🗌		0	the	ers [A	adha	aar	No.														
Nominee (Relations	hip with Insured	f) :		Re	elation	ship	with	Pr	opos	ser	:					City	of F	Resid	dend	e:								lf l	PEP ⁹	*:	Yes		N	0 [
Do you have AB		` '	s 🗌		0 🗌								HA Nu																						
Have you ever be senior government																									L	_ Ye	S	Ν	0 🗌						
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Plan A Deductil	ole Optio	ns I													_		_	_						_	_	_	_		_	_	_				
3lac , 5 lac , 7 La 20Lac, 25Lac	ac, 10 Lac	, 15 lac,																																	
Plan A Sum Insu	ıred Opti	ons 2													Т		Т							Т	Т	Т	_		\top	\top	$\overline{}$	$\overline{}$	\top		\neg
5 Lac, 10Lac, 15	Lac, 20 L	ac, 25 Lac				1																													
Plan A Deductil	ole Optio	ns 2													_		_							_	_	_	_		_	_		_			
I lac, 2 lac, 3 lac	, 4 lac, 5 l	ac																																	
Benefit I:Propo (Plan B)	rtionate (Charges Cover				[: Polic										lent.	/Ro	om	Cate	egor)	y an	— d As	SSOC	iatec	— I Ме	edica	al
Benefit 2: Catar						-																													
Sum Insured - 2 lac, 5 lac	5K, 50K,	I lac, 2 lac, 3											1	Polic				арр	olica	ble	on (Cata	arac	t tre	eatr	nent	: sha	all act	t as	the I	 Ded	uctil	ole.		
Insured 5 : Na	me : Mr./	Ms./Mrs.									T	Ī		T							T	T	T	T	Ī										T
Height	cms	Marital Status	1							С)ate	of E	Birth	DI		М	M	Y	Y	Y	Y	1	\nn	ual I	ncc	me	(In Lac	:s) :	₹						
Weight	kg	Gender	Male		Fer	male	e 🗌		0	the	ers [A	adha	aar	No.														
Nominee (Relations	hip with Insured	i):		Re	elation	ship	with	Pro	opos	ser	:					City	of F	Resid	dend	e:								lf l	PEP ³	*:	Yes		N	0 [<u> </u>
Do you have AB	HA No.?	(Y/N): Ye	s 🗌	N	0 🗌	lf	Yes, p	olea	ase p	oro	vide .	AB	HA Nu	ımbe	r ((Opti	ona)																	
Have you ever b	een entru	usted with pror																								Ye	S	N	0 🗌						
senior governme		1 000				a+i.	unc of	sta	ate o	wr	ed o	orp	oration	ns or	ım	port	ant	nolit	tical	par	tv c	ottici	als.												

Plan				F	Please	tick wh	nichever is	s opted																						
Plan A Sum Ins	sured Op	tions I																												
30 Lac , 40 Lac 60 lac , 75 Lac																														
95 Lac, 1 Cr ,																														
Plan A Deduct	tible Opti	ons I																												_
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Plan A Sum Ins	sured Op	tions 2										Ŧ														\equiv	\equiv	\mp	Ŧ	$\overline{}$
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Plan A Deduct	tible Opti	ons 2																												_
I lac, 2 lac, 3 la	ac, 4 lac, 5	lac																												
Benefit I:Prop (Plan B)	ortionate	: Charges	Cover												applion					nt/R	Roon	n Ca	atego)	ory a	ind A	Assoc	ziate	d Me	edica	ıl
Benefit 2: Cata	aract Trea	itment(Pl	lan B)									T															$\overline{}$	$\overline{}$	T	\exists
Sum Insured - lac, 5 lac	25K, 50K	, I lac, 2	lac, 3											mits	applio	able	on	Cata	ract ·	trea	tme	nt sl	hall a	act a	s the	De	 ducti	ble.		
										(Rs)																
Insured 6 : Na	ıme : Mr./	Ms./Mrs.																												
Height	cms	Marital	Status					Da	ate of B	irth	D	D	M	4	ΥY	Y	Y	Ar	nual	Inco	ome	(In La	ics):	₹						
Weight	kg	Gende	r N	1ale 🗌]	Female		Other	's 🗌						Aadh	aar N	Vo.													
Nominee (Relations	hip with Insured	i):			Relat	ionship.	with Pro	poser :				(City o	of Re	siden	ce :							lf	PEP)* :	Yes		No		
Do you have AB			Yes		No		Yes, pleas						•																	
Have you ever be senior government																					_ Ye	es	Ν	lo 🗌]					
Plan				PI	ease t	ick whi	chever is	opted																						$\overline{}$
Plan A Sum Insu	ured Opti	ions I						·																						
30 Lac , 40 Lac 60 lac , 75 Lac , 95 Lac, 1 Cr , 1	85 lac, 90) Lac ,93	lac,			[
Plan A Deducti	ble Optio	ns I																												\neg
3lac , 5 lac , 7 La 20Lac, 25Lac	ac, 10 Lac	, 15 lac,																												_
Plan A Sum Insu	ured Opti	ions 2										T								T		T	Ŧ		$\overline{}$	$\overline{}$	$\overline{}$	\top		
5 Lac, 10Lac, 15	Lac, 20 l	Lac, 25 La	ac			Г																						\perp		_
Plan A Deducti												_										_				_	_	_		\neg
I lac, 2 lac, 3 lac	:, 4 lac, 5 l	lac																												
Benefit I:Propo (Plan B)	rtionate (Charges	Cover												ipplica he De							Cat	egoi _)	ry ar	nd As	ssoci	ated	Med	dical	
Benefit 2: Catar	act Treat	ment(Pla	ın B)								T	Τ	T	Т		T		T	T	T	T	T	T		$\overline{}$	\top	T	\equiv		╗
Sum Insured - 2 lac, 5 lac	25K, 50K,	I lac, 2 la	ac, 3								Poli	,			ıpplica	able	on C	atara	act tr	reatr	men	t sh	all ac	et as	the I	Ded	uctib	ole.		
Have you ever be executives of state								nple, He	ads of S	State o	or of	Gove	ernm	nent,	senio	^ poli	ticiar	ns, se	nior	gove	ernn	nent	, judi	cial o	or m	ilitary	/ offi	cials,	seni	or
Note: In Plan A eitl	ner of Sun	n Insured	Option I	l or Sur	n Insur	~ed Opt	tion 2 can l	be opted	d.																					
MEDICAL /	LIFES	TYLE	RELA	TED	INF	ORM/	ATION																							
Particulars								In	sured	I	Ins	sure	d 2		Insu	ired	3		Insu	ure	d 4		Ins	sure	ed 5		In	sure	d 6	
Has any prop Suffered/Treated yes, please provid	d/Taken M	1edicatior	n for any	y of the	e follo	wing co	onditions:																							
l Ce	l							Y		N	Y	1	N		Y		N		Y		N	\uparrow	Y	1	N	\top	Υ	1	N	П
I. Cancer, tumo	or; polyp c	or Cyst						Sin		_	Sin	CE		1	Sinc				Since				Sin	CE.		1	Sin	- ICE		-

2. Any heart disease or disorder, chest pain or discomfort, irregular heartbeats, palpitations or heart murmur

Since_

Since_

Since_

Since_

Since_

Since_

Hypertension / High Blood Pressure(BP)/ High Cholesterol/Any other Lipid disorders	Y N	Y N Since	Y N Since	Y N	Y N Since	Y N Since
4. Asthma / Tuberculosis (TB) / COPD/ Pleural effusion / Bronchitis / Emphysema or any other disease of Lungs, Pleura and airway or	Y N	Y N	Y N	Y N	Y N	Y N
Respiratory disease? 5. Thyroid disease/ Cushing's disease/ Parathyroid Disease/ Addison's	Since	Since	Since	Since	Since	Since
disease / Pituitary tumor/ disease or any other disorder of Endocrine system?	Y N Since	Since	Since	Since	Since	Y N Since
6. Diabetes Mellitus / High Blood Sugar / Diabetes on Insulin or	Y N	YN	YN	Y	YN	Y N
medication	Since	Since	Since	Since	Since	Since
7. Motor Neuron Disease/ Muscular dystrophies/ Myasthenia Gravis/ Demyelinating disease or any other disease of Neuromuscular system (muscles and/or nervous system)	Y N	Y N Since	Y N Since	Y N Since	Y N Since	Y N Since
8. Stroke/ Paralysis/ Transient Ischemic Attack/ Multiple Sclerosis/ Epilepsy/ Mental-Psychiatric illness/ Parkinsonism/ Alzheimer's/ Depression / Dementia or any other disease of Brain and Nervous System?	Y N	Y N Since	Y N	Y N	Y N Since	Y N Since
Cirrhosis / Hepatitis / Wilson's disease / Pancreatitis / Liver disease /	Y N	Y	Y	Y	YN	Y N
Crohn's disease / Ulcerative Colitis //Inflammatory Bowel Diseases/ Piles or any other disease of Mouth, Esophagus, Liver, Gall bladder, Stomach or Intestines or any other part of Digestive System?	Since	Since	Since	Since	Since	Since
10. Kidney Stones/ Renal Failure/ Dialysis/ Chronic Kidney Disease/	Y	Y	YN	Y	Y	YN
Prostate Disease or any other disease of Kidney, Urinary Tract or reproductive organs?	Since	Since	Since	Since	Since	Since
II. HIV/SLE/ Rheumatoid Arthiritis / Scleroderma / Sarcoidosis/ Psoriasis/ bleeding or clotting disorders or any other diseases of Blood, Bone	Y N	Y	Y N	Y N	Y N	Y N
marrow/ Immunity or 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)?	Since	Since	Since	Since	Since	Since
13. Disease of the musculoskeletal system /Orthopedic	Y N	Y N	Y N	Y N	Y N	Y N
disorders/Degeneration, Fracture or dislocation of bones or joints/ avascular necrosis of joints or any other disorder related to it?	Since	Since	Since	Since	Since	Since
14. Smoke, consume alcohol, or chew tobacco, ghutka or paan or use any recreational drugs? If "Yes" then please indicate the following:						
- 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)						
15. Any other disease / health adversity / injury/ condition / treatment	YN	YN	YN	YN	YN	Y
not mentioned above?	Since	Since	Since	Since	Since	Since
16. Has any of the Proposed to be Insured been hospitalized/ recommended to take investigations/medication or has been under any prolonged treatment/ undergone surgery for any illness/injury other than for childbirth/minor injuries?	Y N	Y N Since	Y N Since	Y N	Y N Since	Y N Since
17. Has any of the Proposed to be Insured have been suffering/suffered from Covid-19 disease?	Y N	Y N Since	Y N Since	Y N Since_	Y N Since_	Y N Since_
If yes, confirm if any complications arise due to covid-19.	JIIICC			JIIICC	JII ICC	
Note: The Company shall reject Your proposal and refund the premium amo	unt (after deductir	ng cost of medical t	ests, if any) in case	of incompleteness	or any discrepancy	highlighted or any

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-EXISITNG DISEASE WHICH IS NOT MENTIONED IN THE ABOVE LIST)

DETAILS OF PREVIOUS OR EXISTING HEALTH INSURANCE

Please fill the following details with respect to health insurance proposals/policies with the Company or any other insurance companies

riedse iii the following details with respect to health insurance proposals	policies with the	company or any c	ou ici ii isai ai ice ce	прапісз		
Particulars Particulars	Insured I	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Have any of the person(s) to be insured ever filed a claim with their current/previous insurer? If Yes, please provide details on a separate sheet	YN	YN	YN	YN	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	YN	YN
Is any of the person(s) proposed for insurance covered under any other	YN	YN	YN	YN	YN	YN
health insurance policy with the Company or any other Company without break?	Since	Since	Since	Since	Since	Since
Dreak!	(DD/MM/YYYY)	(DD/MM/YYYY)				(DD/MM/YYYY)

	eby declare, o																			, ans	wers	anc	d/oi	r pa	ırticu	ulars	giver	n by n	ne a	re tr	ue a	nd co	ompl	lete ir	all
b. Iunc	ects to the bes derstand that th	e infor	matio	n pro	ovideo	d by r	ne v	vill for	rm t	he ba	sis of									ard a	ppro	ved	lunc	derv	writir	ng po	olicy c	of the	e insu	ırer a	and [.]	that t	he p	olicy	will
	ne into force on ther declare th	,	1 /						,	_		e occ	unati	on o	nr ger	nerall	ealth	n of t	he life	- to h	ne in	sure	-d / r	nro	nose	r aft	er th	e pro	אחחפ	al ha	ıs he	en si	ıhmi	itted	out.
befo	ore communica	tion of	the risl	kacc	eptar	nce b	ythe	ecom	npar	ıy.																									
any p	lare that I cons past or presen	emplo	oyer co	once	rning	anyt	hing	whic	:h at	ffects	the p	ohysio	al or	mer	ntal h	ealth	of th	e pei	rson t	to be	insu	ired	/pr	opo	oser a	and:	seeki	ng in	forn	natio	n fr				
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orcl	aims settlemer					nent	alan	id/or	Re	gulato				CI IC I	ricai	carre															61116	пер	ГОРС	JJai ai	iu,
Date :			/					MM/Y	~~	Y)							Si	gnatu	ire of	the	rop	oser	r :												
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PREM	IIUM PAYI	1EN	ΓΙΝΙ	FOI	RM/	ATIO	ON																												
Payment	By: Cash / C	heaue	/ Der	nanc	d Dra	ft / C	Card	/ECS	3 (N	JACH	1)/Rev	warc	Poir	its/V	Vallet	/Any	othe	r mc	de (S	Strike	out	wh	iche	ever	is no	ot ac	plica	.ble)							
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Payment	Amount (₹):												Prem	ium	Amo	ount (₹):																		
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DECLARATION

I, son/daughter of	, resident of	declare that I have read out a
fully explained the contents of the Proposal Form and all other accompanying documents in the Proposer to avail the insurance from the Company . The contents and import of the proposal have been been read out to, fully understood and confirmed by the Proposer:		the Proposer which is a language understood by him/her and is imperative according to the information provided by the Proposer. The replies have a
Date: / / (DD/MM/YYYY)		
Place: Name of the Declarant:	Signature of the Declarati	
	Signature of the Declarant	::
(On behalf of all the Proposed to be Insured under the Policy)		
ANNEXURE – I: OPTIONAL BENEFITS(PLAN A)		
Optional Benefit: Smart SelectGlobal Coverage : Yes No		
Options/ Geography	Worldwide excl India	Worldwide excl USA, Canada, India
Only Planned Hospitalization (Diagnosis proof within India required)	Yes No	Yes No
All Planned + Emergency Hospitalization	Yes No	Yes No
All Planned + Emergency Hospitalization (only for 32 Cl)	Yes No	Yes No
Optional Cover — I: Daily Cash Allowance: Yes No Optional Cover — 2: Air Ambulance Cover: Yes No Optional Cover — 3: International Second Opinion: Yes No Optional Cover — 4: PED Wait Period Modification: Yes No Optional Cover — 5: Named Ailment Wait Period Modification: Yes No Optional Cover — 6: Modification of Advance Technology Methods: Yes No Optional Cover — 7: Unlimited Care: Yes No	Please specify:	
ACKNOWLEDGEMENT FOR PROPOSAL **lease retain this counterfoil for your records **Ve acknowledge the receipt of payment of ₹	only an acknowledgement receipt and does not amoun	nt to acceptance of risk or commencement of the Policy. Th
and issuance of the Policy shall be subject to receipt of the completed Proposal Form, premiur Signature of the Representative :		underwriting decision of the Company.
nsurance is a subject matter of solicitation. IRDA Registration No. 148		
Insurance is a subject matter of solicitation. IRDA Registration No. 148 Note: Should you choose to pay premium by cash, you are advised to do so only at the n computerize receipt against the deposited cash against your Proposal. Any claim without com		