proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

- v. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and / or Regulatory Authority.
- vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- vii. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- viii. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.

  ix. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.

  x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

  xi. I authorize the Company to exchange, share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory

- and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information. Yes/No (non selection, the option shall be constructed as "Yes" by the Company)
- xii. I hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

Date: d d m m y y y y y Place:

	roposal form have been read over & fully explained to me in nts read over & explained to me have been understood by me.
Signature/Thumb Impression of the Proposer:	
Identified by Name & Signature :	
<b>Date:</b> [d   d   m   m   y   y   y   y	Place:
Prohibition of rebates - Section 41 of The Insurance Act,	1938
any kind of risk relating to lives or property in India, any rebate of the v	in inducement to any person to take out or renew or continue an insurance in respect whole or part of the commission payable or any rebate of the premium shown on the icy accept any rebate, except such rebate as may be allowed in accordance with the
2. Any person making default in complying with the provisions of this Sec	ction shall be punishable with fine which may extend to Rs. 500/-
Reliance General Insurance Co. Ltd. Registered Office: 19, I Corporate Office: 570, Rectifier House, Naigaum Cross Road, I Insurance is a subject matter of solicitation. IRDA Registration N	
insurance is a subject matter of solicitation. INDA Negistration in	0. 100. OHA. INDANIETIETINOI/I TITV.//010/10*14
Registered & Corporate Office Address	
Reliance General Insurance Company Limited.	
Registered Office: Reliance Centre, 19, Walchand Hirachar	nd Marg. Ballard Estate. Mumbai - 400 001.

Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.





## **Proposal Form for Reliance HealthGain Policy**

Intermediary Details  Intermediary Name	<ol> <li>To be filled and signed by proposer.</li> <li>This proposal shall be the basis of cont</li> <li>Reliance General Insurance Company the Company does not commence until Company accepts a proposal for insura</li> </ol>	Ltd. (the "Company the proposal is acc	') is under no obligate pted and underwriter.	tten by the Company					
Intermediary Code		,							
Branch Name Branch Code Sales Manager Name Mr. Mrs. Ms. F. I. R. S. T. M. I. D. D. L. E. L. A. S. T. Sales Manager Code  Proposer Details  1. Name of the Proposer Mr. Ms. F. I. R. S. T. M. I. D. D. L. E. L. A. S. T. Sales Manager Code  Proposer Details  1. Name of the Proposer Mr. Ms. F. I. R. S. T. M. I. D. D. L. E. L. A. S. T. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. S. T. M. I. M. I. D. D. L. E. M. I. M. I. M. I. D. D. L. E. M. I. M. I. M. I. M. I. D. D. L. E. M. I. M	Intermediary Name Mr. Mrs.	Ms.   F <sub>1</sub> I <sub>1</sub> R <sub>1</sub> S <sub>1</sub>	т, , , , ,	M, I, D, D, L,	E, , , , , L,A,	S T			
Branch Code         Sales Manager Name	•								
Sales Manager Name	Branch Name								
Sales Manager Code  Proposer Details  1. Name of the Proposer	Branch Code								
Proposer Details  1. Name of the Proposer Mr. Mrs. Ms. FILR S.T. MIDDLE MAST  2. Address Flat Building Flat Building Floater  Area Marital Status (Married/Single/Others) Mother's Maiden Name Filrs S.T. Marital Status (Married/Single/Others) PAN No. Mationality Floater  Bemail Id Source of Funds Business Profession Salary Agricultural Income Savings Others Monthly Income: Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 and above  Plan/Policy Details  a. Plan & Base Sum insured (₹) (Tick One) Plan A 3 Lacs 6 Lacs 9 Lacs Plan B 12 Lacs 15 Lacs 18 Lacs  b. Cover Type: Individual Floater  c. No. of members to be covered (Minimum 2 Members in case of Floater)  d. Policy Tenure 1 Year	Sales Manager Name	Ms. FIRS	T	MI _ D _ D _ L _	E LA	ST			
1. Name of the Proposer	Sales Manager Code								
Plan/Policy Details  a. Plan & Base Sum insured (₹) (Tick One)  Plan A Base Sum insured (₹) (Tick One)  Plan B Base Sum insured (₹) (Tick One)  Plan A Base Sum insured (₹) (Tick One)  Plan B Base Sum insured (₹) (Tick One)  Plan A Base Sum insured (₹) (Tick One)  Plan B Base Sum insured (₹) (Tick One)	Proposer Details								
Flat Building  Area  Pin Code  Residence Number  Gender  Mother's Maiden Name  Fill R Status  Marital Status (Married/Single/Others)  Mother's Maiden Name  Fill R Status  Marital Status (Married/Single/Others)  Mother's Maiden Name  Fill R Status  Marital Status (Married/Single/Others)  Mother's Maiden Name  Fill R Status  Marital Status (Married/Single/Others)  Nationality  PAN No.  Fmail Id  Source of Funds  Business  Profession  Salary  Agricultural Income  Savings  Others  Monthly Income:  Upto ₹ 20,000  ₹ 20,000  ₹ 50,000  ₹ 50,001 to ₹ 1,00,000  ↑ 1,00,000 and above  Plan/Policy Details  a. Plan & Base Sum insured (₹) (Tick One)  Plan A  3 Lacs  Plan B  12 Lacs  15 Lacs  18 Lacs  b. Cover Type:  Individual  Floater  C. No. of members to be covered  (Minimum 2 Members in case of Floater)  d. Policy Tenure  1 Year	1. Name of the Proposer ☐Mr. ☐Mr	s. Ms. FII	R <sub>I</sub> S <sub>I</sub> T <sub>I</sub> I I	<u> </u>	LIEI I I I LIAIS	T			
Area  Pin Code  Residence Number  Gender  Mother's Maiden Name  FillRistT   MillDiDiLE   Marital Status (Married/Single/Others)    D.O.B   did m, m yyyyyy    Email Id   Nationality    Source of Funds   Business   Profession   Salary   Agricultural Income   Savings   Others    Monthly Income:   Upto ₹ 20,000   ₹ 20,001 to ₹ 50,000   ₹ 1,00,000   ₹ 1,00,000 and above    Plan/Policy Details  a. Plan & Base Sum insured (₹) (Tick One)   Plan A   3 Lacs   6 Lacs   9 Lacs    Plan B   12 Lacs   15 Lacs   18 Lacs    b. Cover Type:   Individual   Floater    c. No. of members to be covered (Minimum 2 Members in case of Floater)  d. Policy Tenure   1 Year	2. Address								
Pin Code  Residence Number  Gender  Mother's Maiden Name  Fill Risit   Marital Status (Married/Single/Others)   Marita	Flat Building		R	toad/Street/Sector					
Residence Number  Gender  Mother's Maiden Name  FIIRSIT  D.O.B  Ld_d   m_m  y_1 y_1 y_1 y   PAN No.    Email Id  Source of Funds  Business  Profession  Salary  Agricultural Income  Savings  Others  Monthly Income:  Upto ₹ 20,000	Area				City L				
Gender Marital Status (Married/Single/Others)   Mother's Maiden Name F   I   R   S   T	Pin Code	Sta	te Liii	Co	untry				
Mother's Maiden Name	Residence Number	Mobile L							
D.O.B    Email Id	Gender	Marital Status (Married/Single/Others)							
Email Id  Source of Funds Business Profession Salary Agricultural Income Savings Others  Monthly Income: Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000	Mother's Maiden Name FIIR	SITI I I I	ı ıMıIıDıD	<u>, L, E, , , , , , , , , , , , , , , , , </u>	, , L , A , S , T				
Source of Funds	D.O.B	_m  y_y_y_y		PAN No. L					
Monthly Income: Upto ₹ 20,000	Email Id			Nationality L					
Plan/Policy Details  a. Plan & Base Sum insured (₹) (Tick One)  Plan A Plan B 12 Lacs 15 Lacs 18 Lacs  b. Cover Type:  C. No. of members to be covered (Minimum 2 Members in case of Floater)  d. Policy Tenure  Plan A 3 Lacs 6 Lacs 9 Lacs 18 Lacs 16 Lacs 17 Lacs 18 Lacs 18 Lacs 18 Lacs 19 Lacs 18 Lacs 19 Lacs 18 Lacs 18 Lacs 18 Lacs 19 Lacs 18 Lacs 18 Lacs 19 Lacs 18 Lacs	Source of Funds Busines	ss Profession	n Salary	Agricultural Inco	ome Savings O	thers			
a. Plan & Base Sum insured (₹) (Tick One)  Plan A  Plan B  12 Lacs  15 Lacs  18 Lacs  Does the sum insured (₹) (Tick One)  Plan A  Plan B  12 Lacs  15 Lacs  18 Lacs  Plan B  19 Lacs  18 Lacs  18 Lacs  19 Lacs  18 Lacs  18 Lacs  19 Lacs  18 Lacs  19 Lacs  18 Lacs  18 Lacs  19 Lacs  18 Lacs  18 Lacs  19 Lacs  18 Lacs  19 Lacs  18 Lacs  18 Lacs  18 Lacs  18 Lacs  19 Lacs  18 Lacs	Monthly Income: Upto ₹ 2	20,000	01 to ₹ 50,000	₹ 50,001 to ₹ 1,00	,000	ove			
b. Cover Type:  c. No. of members to be covered (Minimum 2 Members in case of Floater)  d. Policy Tenure  Plan B 12 Lacs 15 Lacs 18 Lacs  Individual Floater  (1-6 members)  1 Year	Plan/Policy Details								
c. No. of members to be covered (1-6 members)  (Minimum 2 Members in case of Floater)  d. Policy Tenure 1 Year	a. Plan & Base Sum insured (₹) (Tick		_	<u> </u>					
(Minimum 2 Members in case of Floater)  d. Policy Tenure 1 Year	b. Cover Type:		Individ	ual Floater					
•		er)	(1-6 m	embers)					
Nomination Dataile	d. Policy Tenure		1 Year						
The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.	Policy, in the event of the death of the F Company. Nominee for all other person	colicyholder. The re (s) proposed shall b	ceipt of proceeds by be the proposer him	y the nominee would self/herself.	d be sufficient discharge to the				
Name of Nominee D.O.B Relationship with Proposer Address of Nominee	Name of Nominee		Relationship with Pro	oposer	Address of Nominee				

Proposal Form No:

Reliance General Insurance Company Limited.
Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400001.
Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.

An ISO 9001:2008

For any assistance call 1800 3009 (toll free)

r : Loyal Insurance Brokers Ltd.
Broker
Downloaded from www.insureatclick.com -

March   Price   Pric	Details of persor	n(s) proposed to l	oe insured						Type of Cover	□IND	□IND	□IND	□IND	□IND			
Series   First state	Section A: Perso	onal Details															
Name  Re  Grants  Gran	Details		Member 1	Member 2	Member 3	Member 4	Member 5	Member 6		LIFLOATER	LIFLOATER	LIFLOATER	LIFLOATER	☐ FLOATER			
Consideration   Construction   Con	Name								insured ever filed a claim with	Yes / No	Yes / No	Yes / No	Yes / No	Yes / N			
Sender	DOB		dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	If yes, please provide details on a	100 /140		100 /					
Reduction/to incline								101	'								
Relationary of the Proposer    Conception																	
Conception	Relationship with I	Proposer								Yes / No	Yes / No	Yes / No	Yes / No	Yes / N			
Mary for furty	Marital Status								<u> </u>								
Head of the company	Occupation																
Has any person to be injured been all representations and the property during any any any person to be injured burger any times provided by the property during any any one provided by the pr	Height (in cms.)									Yes / No	Yes / No	Yes / No	Yes / No	Yes / N			
or improved using any term in past? Type peace search or disease in jury as membrood below. Horse, please specify  A Dishberson  By physicians Cestion  By physicians  Center Amending Physicians  Cente	Weight (in kgs.)								with the Company? (Including Critical Illness	5)							
B. Hypothreion    Year   Year								y									
S. Hyperfension.    Vec   marry   Vec   marr	A. Diabetes		Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	If yes, please mention policy number								
C. Respiratory disorder(s)  Tyes immony Ty	D. Hemontonoion				DV loom vaaad	Dv. Jeses was ad			Attending Physician's Details								
D. HIVADOSTD	B. Hypertension		Yes [IIIII [yyyy]	Yes [IIIII [yyyy]	Yes [IIIII Jyyyy]	Yes [IIIII Jyyyy]	Yes IIIII Jyyyy	Yes [IIIII ]yyyy	Name of Family Physician:   Mr.	☐ Mrs. ☐ Ms. L	F <sub>I</sub> I <sub>I</sub> R <sub>I</sub> S <sub>I</sub> T		M <sub>I</sub> I <sub>I</sub> D <sub>I</sub> D <sub>I</sub> L	ı E ı ı ı			
E. Liver disease(s)							1	<u> </u>	Contact Number			Ema	il ld				
Cheque of DD Amount in words	D. HIV/AIDS/STD	)	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Premium Payment Details								
F. Cancer Tunor    Yes imm yyy   Yes imm yyy	E. Liver disease(s	s)	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm lyyyy	Yes mm jyyyy	Yes mm jyyyy				er is applicable)					
H. Arthritis/Joint pain    Yes   mm   ymm   Yes   mm   ym	F. Cancer/Tumor		Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm yyyyy	Yes mm jyyyy	•			words (					
L. Kidney Disease(s)  J. Paralysis/Stroke  Ves Imm pyyy Ves Imm pyy Ve	G. Heart Disease	e(s)	Yes mm jyyyy	Yes mm jyyyy	Yes mm yyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Bank Name					1 1 1			
J. Paralysis/Stroke    See   mm   mm   mm   mm   mm   mm   mm	H. Arthritis/Joint p	pain	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Cheque No./DD No./Card No								
J. Paralysis/Stroke  See Immyny Tyes Immyn	I. Kidney Disease	e(s)	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy									
L. Injury    Yes   mm pyyy	J. Paralysis/Strok	xe															
M. Others (Please Specify) Name of Disease / Injury Name of the Employee  ii. I understand that the information provided by me will come the basis of the linear one general health of the life to be insured / propose and oncern to the Company seeling medical information or general health of the life to be insured / propose in the cocapitance by the Company (in the policy) withing any change occurring in the occupation or general health of the life to be insured / propose in the propose of the linear one policy in writing any change occurring in the occupation or general health of the life to be insured / propose insured in the propose	K. Congenital Dise	ease(s)	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Declaration & Warranty on Behalf	of All Persons	Proposed to be	Insured					
M. Others (Please Specify) Name of Disease / Injury    Commany and the companied of the premium chargeable.   Injury   Commany and the companied of period and the companied of period has been submitted to be been submitted to been submitted to be been submitted to be been submitted to been submitted to	L. Injury		Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy	Yes mm jyyyy			-	-	•				
Does any person proposed to be insured smoke or consume tobacco or alcohol? If yes, please indicate  Are you an employee of Reliance Group Company?  Yes / No  If yes, please mention Employee SAP ID  Are you an employee of Reliance Group Company?  Yes / No  If yes, please mention Employee SAP ID  All the subject to receipt of payment of the proposal form and the health status of the members proposed to be insured. These loadings would be applied from the first policy and its subsequent renewals with the Company, Any loadings, if applicable, shall be suitably intimated to the Proposal form and/or medical tests. The Proposer shall be required to pay the additional premium within 15 days of such intimation. The Company shall cancel your proposal and refund the amount after deducting cost of medical tests, if any.  Section B: Current/Previous Health - Insurance details  Name of Insurer  Policy period  From  (DD/MM/YYYY)  To    ODM/MYYYYY     To   ODM/MYYYYY     To   ODM/MYYYYYY     To   ODM/MYYYYYY     To   ODM/MYYYYY     To   ODM/MYYYYYY     To   ODM/MYYYYYY     To   ODM/MYYYYYY     To   ODM/MYYYYY     To   ODM/MYYYYY     To   ODM/MYYYYYY     To   ODM/MYYYYY     To   ODM/MYYYY     To   ODM/MYYYYY     To   ODM/M	,								company and that the policy will come into force only after full receipt of the premium chargeable.  iii. I/We further declare that I/We will notify in writing any change occuring in the occupation or general health of the life to be insured / pr has been submitted but before communication of the risk acceptance by the Company.								
insured smoke or consume tobacco. Yes / No Yes /	Since		mm įyyyy	mm լуууу	mm Jyyyy	mm jyyyy	mm jyyyy	mm jyyyy									
Are you an employee of Reliance Group Company?    Yes / No   If yes, please mention Employee SAP ID	insured smoke or	consume tobacco	☐Yes / ☐No	□Yes / □No	Yes / No	Yes / No	Yes / No	Yes / No	Acknowledgement for Proposal								
Note: The Company may apoly a risk loading upto 150% on the premium payable (based upon the declarations made in the Proposal form and the health status of the members proposed to be insured). These loadings would be applied from the first policy and its subsequent renewals with the Company. Any loadings, if applicable, shall be suitably intimated to the Proposer based on the assessment of the Proposal form and/or medical tests. The Proposer shall be required to pay the additional premium within 15 days of such intimation. The Company shall cancel your proposal and refund the amount after deducting cost of medical tests, if any.  Section B: Current/Previous Health - Insurance details  Details Member 1 Member 2 Member 3 Member 4 Member 5 Member 6  Name of Insurer  Policy period  From (DD/MMYYYYY)  To  NOT VALID AGAINST CASH  Proposal Form No. □  Date: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	-								Please retain this counterfoil for you	r records (on bel	nalf of Reliance	General Insuran	ce Company Lim	nited)			
health status of the members proposed to be insured). These loadings would be applied from the first policy and its subsequent renewals with the Company, Any loadings, if applicable, shall be suitably intimated to the Proposer based on the assessment of the Proposer form and/or medical tests. The Proposer shall be required to pay the additional premium within 15 days of such intimation. The Company shall only be at any risk once it receives and accepts this additional premium within 15 days of such intimation. The Company shall cancel your proposal and refund the amount after deducting cost of medical tests, if any.  Section B: Current/Previous Health - Insurance details  Details		•				Yes /N	0		NOT VALID AGAINST CASH			Propo	sal Form No.				
Company. Any loadings, if applicable, shall be suitably intimated to the Proposer based on the assessment of the Proposal form and/or medical tests. The Proposer shall be required to pay the additional premium within 15 days of such intimation. The Company shall only be at any risk once it receives and accepts this additional premium. In the event of non-receipt of this additional premium within the stipulated time, the Company shall cancel your proposal and refund the amount after deducting cost of medical tests, if any.  Section B: Current/Previous Health - Insurance details  Details Member 1 Member 2 Member 3 Member 4 Member 5 Member 6  Name of Insurer  Policy no.  From (DD/MMYYYYY)  To  We acknowledge the receipt of payment of ₹ vide cheque/DD Mr./Mrs./Ms.  Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencent Reliance General Insurance Company Limited is not liable for any claim between the time that the proposal amount. Acceptance of proposal amount. Policy start date. The validity of receipt of completed proposal form, premium payment, medical reports (wherever applicable) and decision of the Company.  Name of the Employee:  Signature of the Employee:									Date: dddmmm yryryry								
and accepts this additional premium. In the event of non-receipt of this additional premium within the stipulated time, the Company shall cancel your proposal and refund the amount after deducting cost of medical tests, if any.  Section B: Current/Previous Health - Insurance details  Details  Member 1  Member 2  Member 3  Member 4  Member 5  Member 6  Name of Insurer  Policy no.  From (DD/MM/YYYYY)  To  In the event of non-receipt of this additional premium within the stipulated time, the Company shall cancel your proposal and refund the amount after deducting cost of medical tests, if any.  Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencent Reliance General Insurance Company Limited is not liable for any claim between the time that the proposal amount. Acceptance of proposal and isst shall be subject to receipt of completed proposal form, premium payment, medical reports (wherever applicable) and decision of the Company.  Name of the Employee:  Signature of the Employee:  Signature of the Employee:									We acknowledge the receipt of payr	ment of ₹	vio	le cheque/DD					
Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencent Reliance General Insurance Company Limited is not liable for any claim between the time that the proposal amount Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issued in the subject to receipt of completed proposal form, premium payment, medical reports (wherever applicable) and decision of the Company.  Policy period  From (DD/MM/YYYY)  To  Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencent Reliance General Insurance Company Limited is not liable for any claim between the time that the proposal amount Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal amount after deduction of proposal amount proposal amount proposal amount. Acceptance of proposal amount proposal proposal amount proposal proposal amount pro									Mr./Mrs./Ms		_						
Details Member 1 Member 2 Member 3 Member 5 Member 6  Name of Insurer Policy period  From (DD/MM/YYYY) To  Member 1 Member 2 Member 3 Member 4 Member 5 Member 6  Name of the Employee:  Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal amount. Acceptance of proposal and issuer shall be subject to receipt of completed proposal form, premium payment, medical reports (wherever applicable) and decision of the Company.  Name of the Employee: Signature of the Employee:					onal promium with	in the dipulated th	me, the company	onan oanoer your	Please note that this is only an ackn	owledgement re	ceipt and does n	ot amount to ac	ceptance of risk	or commencen			
Details Member 1 Member 2 Member 3 Member 5 Member 6  Name of Insurer  Policy period  To  Member 1 Member 2 Member 3 Member 4 Member 5 Member 6  Member 5 Member 6  Me	Section B: Curre	ent/Previous Heal	th - Insurance d	etails					-		-						
Name of Insurer  Policy no.  Policy period    From (DD/MM/YYYY)	Details		Member 1	Member 2	Member 3	Member 4	Member 5	Member 6				•		•			
Policy no.  Policy period  From (DD/MM/YYYY)  To  Name of the Employee:  Signature of the Employee:			INIGITIDEL I	IVIGITIDEL Z	I WEITIDEL 3	IVIGITIDEI 4	Mellipel 9	INIGITIDE! 0		teu proposal förr	n, premium payr	nent, medical fe	ports (wherever	applicable) and			
From (DD/MM/YYYY)   Signature of the Employee:					<u> </u> 	<u>                                     </u>	1			1							
Policy period   (DD/MM/YYYY)   Signature of the Employee.	Folicy 110.	From				<u>                                       </u>											
	Policy period	(DD/MM/YYYY)			1	<u> </u>			Signature of the Employee:								
	T								Company Seal & Stamp								
Sum Insured (₹)  Insurance is a subject matter of solicitation. IRDA Registration No. 103. UIN: IRDA/NL-HLT/RGI/P-H/V.I/318/13-14	Sum Insured (₹)	-								citation. IRDA Re	egistration No. 10	03. UIN: IRDA/N	IL-HLT/RGI/P-H	/V.I/318/13-14			

1,750 0. 0010.	IND	LIND	LIND	LIND	∐IND	LIND
	FLOATER	FLOATER	FLOATER	FLOATER	FLOATER	FLOATER
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	□Yes / □No	Yes / No	□Yes / □No	□Yes / □No	□Yes / □No	Yes / No
Has any proposal of life, critical illness or health insurance been declined, cancelled or charged a higher premium?	☐Yes / ☐No	Yes / No	Yes / No	☐Yes / ☐No	Yes / No	Yes / No
Are any of the persons proposed for insurance covered under any other health insurance policy with the Company? (Including Critical Illness)	☐Yes / ☐No	Yes / No	☐Yes / ☐No	☐Yes / ☐No	Yes / No	Yes / No
			n the separate P			
Do you have any other Reliance Gene						
If yes, please mention policy number						
Attending Physician's Details						
Name of Family Physician: Mr.						
Contact Number			Emai	l ld		
Premium Payment Details						
Payment by: Cheque*/DD*/ Credit Ca	ard#/Debit Card	# (Tick whicheve	er is applicable)			
☐ Cheque ☐ DD ☐ Credit Ca	ard Debit C	Card				
Cheque or DD Amount	/-	Amount in	words (			
Bank Name						
Cheque No./DD No./Card No						
Name of the Premium Payer				•		
*In case of payment made through C Company Limited" #In case of payment	heque / DD ther	n please issue ai	n A/c payee instr	rument in favour	of "Reliance Ge	neral Insurance
Declaration & Warranty on Behalf of	of All Persons	Proposed to be	Insured			
I. I have read and understood the brochure,     ii. I understand that the information provided company and that the policy will come into iii. I/We further declare that I/We will notify in has been submitted but before communic iv. I/We declare and consent to the Company	by me will form the oforce only after ful writing any change ation of the risk acc y seeking medical in	e basis of the insurar I receipt of the preme e occuring in the occ eeptance by the Corn oformation from any	nce policy, is subject ium chargeable. upation or general h ipany. Doctor or from a hos	to the Board approve	ved underwriting pole insured / proposer e has attended on the	after the proposal
Acknowledgement for Proposal						
Please retain this counterfoil for your	records (on beh	nalf of Reliance (	General Insuranc	ce Company Lim	ited)	
NOT VALID AGAINST CASH			Propos	sal Form No.		
Date: d d m m y y y y y						
We acknowledge the receipt of paym Mr./Mrs./Ms.			e cheque/DD			from
Please note that this is only an acknown Reliance General Insurance Companion Policy start date. The validity of receiphall be subject to receipt of complete decision of the Company.	y Limited is not pt is subject to r	liable for any clarealization of pro	aim between the posal amount. A	time that the pro	pposal amount is pposal and issua	received and ance of Policy
Name of the Employee:						
Signature of the Employee:						
Company Seal & Stamp						