

## **Relationship Beyond Insurance**

Bajaj Allianz General Insurance Co. Ltd
G.E. Plaza, Airport Road, Yerawada, Pune - 411006.
IRDA Reg No.: 113 | CIN: U66010PN2000PLC015329 | UIN: IRDAI/HLT/BAGI/P-H/V.II/113/16-17

For Office Use Only:			For Agent Use Only:							
Scrutiny No.	Receipt No.	Policy No.	Loan Account Number	Emp/LG Code	IMD Code	Sub IMD Code	IMD Name	Mobile No.		

## **HEALTH GUARD: PROPOSAL FORM**

## Instructions For Filling Up The Form:-

- Please answer all questions in BLOCK letters.
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted. 3.

Proposer Details									
1. Full Name: Title									
Middle Name									
Is your name mentioned above as per your Aadhaar Card?: YES NO If No, Please mention the Name as per Aadhaar Card									
Syder harne mentioned above as per your hadraur eards The site of mention are name as per hadraur eard									
2. Are you an existing Bajaj Allianz Customer: Y es / No If yes, please mention the Policy No: OG									
3. Gender:   Male  Female  Other  4. Date of Birth									
5. PAN No 6. UID/Aadhaar no									
7. Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee									
8. Marital Status:   Married   Single   Divorced   Widowed   9. No. of Children   Sons   Daughters									
10. Occupation   Business   Salaried   Professional   Student   House Wife   Retired   Others									
11. a) Permanent / Residential Address 11 b) Correspondence Address: (All the communications will be sent to the below	w address)								
House No. House No.									
House Name									
Landmark/Locality Landmark/Locality Landmark/Locality									
Road/Area Name									
City/District Ci									
State State State State									
Pin Code									
Tel									
Mobile									
Email									
12. Educational Qualification:   Matriculate   Under Graduate   Graduate   Post Graduate   Professionally Qualified									
13. Family Monthly Income: □ Up to Rs. 20,000 □ Rs. 20,001 to Rs. 50,000 □ Rs. 50,001 to Rs. 1 lakh □ Above Rs. 1 lakh									
14. In case of any Offer, you would prefer to be contacted by:   Phone   Email									
15. Nationality 15. Nationality 16. Policy Period: 1 1 year 2 year 3 year									
17. Plan: Silver Gold									
18. Sum Insured Options									
a) Health Guard Individual Sum insured:   Please mention the member wise sum insured in the member details table									
b) Health Guard Family Floater Sum Insured – please select the sum insured option from below									
□ 1.5 lacs □ 2 lacs □ 3 lacs □ 4 lacs □ 5 lacs □ 7.5 lacs □ 10 lacs □ 15 lacs □ 20 lacs □ 25 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 10 lacs □ 10 lacs □ 10 lacs □ 25 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 45 lacs □ 45 lacs □ 45 lacs □ 40 lacs □ 45 la	acs 🗆 50 lac								
19. Premium Payment Zone: ☐ Zone A ☐ Zone B  There are Two Zones for Premium payment									
Zone A: "Following cities has been clubbed in Zone A:-									
Delhi / NCR, Mumbai including Navi Mumbai, Thane and Kalyan, Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara and Surat.									
Zone B: Rest of India apart from Zone A cities are classified as Zone B.  Note:-									
Policyholders paying Zone A premium rates can avail treatment allover India without any co-payment.									
But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co – payment wi	I not be								
applicable for Accidental Hospitalization cases."									
Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.									
20. Co pay Discount:   Yes   No (If yes please choose from below options)									
□ 10% □ 20%  Note:If opted voluntarily by the Insured then Insured will be eligible of additional 10% or 20% discount respectively on the policy premium. In case of a claim has be	een.								
admitted under In-patient Hospitalisation Treatment then, the insured person shall bear 10% or 20% respectively of the eligible claim amount payable under this									
21. DETAILS OF PERSONS TO BE INSURED									

21. DETAILS OF TENSORS TO BE INSURED									
Member Details	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Height	Weight	Gender (M/F)	Sum Insured	Nominee	Nominee Relationship with Insured

	disorder of urinary tract or kidneys, blood d	chest pain, high blood pressure, stroke, asthi isorder, any mental or psychiatric conditions, AIDS or positive HIV, If yes, indicate in the tab	any disease of brain or nerv			
23.	Do you or any of the family members to be (Please provide details in the table given be		et with any accident in the p	ast and have been taking	treatment/ hospitalization?	
Sr. No	Name of the person	Name of the Illness/injury suffered / suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injur	
Place	or from any past or present employer concert insurer to whom an application for insurance I authorize the company to share information	eking medical information from any doctor o ning anything which affects the physical or mer e on the person to be insured /proposer has be on pertaining to my proposal including the many Governmental and/or Regulatory authority	tal health of the person to be been made for the purpose edical records of the insured y.	e insured/proposer and se of underwriting the propo /proposer for the sole purp Signature/ Thun	eking information from any osal and/or claim settlement. cose of underwriting the object of the Proposer	
Place *Plea	e:// e:ase read declaration wordings carefully before signis is required only where, for any reason, the Pro	gning the proposal form.	t filled by the Droppest/Droppest	9	(On behalf of Proposer)	
Sect No p or p acce	tion 41 of Insurance Act 1938 as amended by person shall allow or offer to allow either directly person shall allow or offer to allow either directly property in India, any rebate of the whole or part of ept any rebate, except such rebate as may be allown is section shall be punishable with fine which may	Insurance Laws Amendment Act, 2015 (Pro or indirectly, as an inducement to any person to if the commission payable or any rebate of the p wed in accordance with the published prospect	nibition of Rebates): take out or renew or continue remium shown on the policy,	e an insurance in respect of nor shall any person taking	out or renewing a policy	

22. Has any of the persons to be insured suffer from/or investigated for any of the following?