



Toll Free: 1800-103-3009, 1800-300-30000

FOR FAMILY FLOATER ONLY

| Member Name | Sex | Date of Birth | Passport No. | Nominee Name | Relationship to Insured |
|-------------|-----|---------------|--------------|--------------|-------------------------|
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MEDICAL HISTORY

Have you received any Treatment/ Advice/ Consultation for any Medical Condition in the last 5 Years?

Yes ☐ No ☐

| Insured | Treatment | Institution | Doctor's Name & Contact No. |
|---------|-----------|-------------|-----------------------------|
| Self | | | |
| Spouse | | | |
| Child 1 | | | |
| Child 2 | | | |

Are you presently taking any medication? Yes ☐ No ☐

| Insured | Medication |
|---------|------------|
| Self | |
| Spouse | |
| Child 1 | |
| Child 2 | |

PAYMENT DETAILS

Cheque/DD/Pay Order/Cash _____ Date _____ Amount (Rs.) _____/-

Amount in Words (Rupees _____)

Bank Name (in case of Cheque/DD/PO) _____ Bank Branch _____

NEFT Payment Details (for Claim Disbursement)

Payee Name: _____ Bank A/c No.: _____ Bank A/c Type: _____

Bank name: _____ Branch: _____ IFSC Code: _____

PROPOSER DECLARATION

I hereby declare that the Insured Person(s) listed above-

- Is/are not travelling against the advice of a physician.
- Is/ are not on the waiting list for any medical treatment.
- Is / are not travelling for the purpose of medical treatment.

- Have not received a terminal prognosis for a medical condition before this day
- I authorize the Insurance Company to obtain any records or references be they medical or otherwise in consideration of this insurance or any potential claims in the future.
- I/we accept that this Policy does not cover treatment for Pre existing Medical Conditions/Diseases/Ailments that are declared or undeclared.

"I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/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.

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."

Place:

Date:

Signature of the Proposer:

NOMINATION

I, _____ hereby declare that, in the event of the death to an Insured Person any payment due under the policy shall become payable to the nominee declared here-in-below and his/her receipt of the proceeds would be sufficient discharge of the company

| Nominee Name | Relationship with Insured and Age | Address of the Nominee |
|--------------|-----------------------------------|------------------------|
| | | |

(Note: 1. The above section is to be filed in by the Proposer. The Nominee must be an immediate relative of the Proposer.
2. Nominee for all other person proposed to be insured shall be Proposer himself/herself)

Date: _____ Name: _____

Place: _____

✓ Signature of proposer

Section 41 of Insurance Act 1938

PROHIBITION OF REBATES –

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.