

Group Mediclaim Insurance - Proposal Form

Application No _____

For Office Use Only	
Icd code	
Icd Name	
Mobile No.	

- Please fill the form in BLOCK LETTERS.
- Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the **Insured Person** and full premium has been realized by **Us**.

PROPOSER DETAILS

Name of the Proposer:

Address:

Nature of Business:

Group Type: Employer- Employee Non-Employer-Employee

Contact No. Permanent Account number (PAN No.)

I have eIA No: I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL.

GST NO.

DETAILS OF THE PERSONS PROPOSED TO BE INSURED

S. No	Name	Date of Birth	Gender (M/F/ITG)	Height	Weight	Relationship with Proposer
1						
2						
3						
4						
5						
6						

POLICY DETAILS

Policy Period	From _____ To _____
Policy Type	Individual <input type="checkbox"/> Family Floater <input type="checkbox"/>
Tenure	1 Year
Sum Insured	50,000 <input type="checkbox"/> 1 Lakhs <input type="checkbox"/> 1.5 Lakhs <input type="checkbox"/> 2 Lakhs <input type="checkbox"/> 2.5 Lakhs <input type="checkbox"/> 3 Lakhs <input type="checkbox"/> 3.5 Lakhs <input type="checkbox"/> 4 Lakhs <input type="checkbox"/> 4.5 Lakhs <input type="checkbox"/> 5 Lakhs <input type="checkbox"/> 6 Lakhs <input type="checkbox"/> 6.5 Lakhs <input type="checkbox"/> 7 Lakhs <input type="checkbox"/> 7.5 Lakhs <input type="checkbox"/> 8 Lakhs <input type="checkbox"/> 8.5 Lakhs <input type="checkbox"/> 9 Lakhs <input type="checkbox"/> 9.5 Lakhs <input type="checkbox"/> 10 Lakhs <input type="checkbox"/> 15 Lakhs <input type="checkbox"/> 20 Lakhs <input type="checkbox"/> 25 Lakhs <input type="checkbox"/> 50 Lakhs <input type="checkbox"/>

OPTIONAL COVERS

Sr. No	Coverages		Sum Insured / Sum Insured Limits	Co-payment / Deductible
P1	PED Waiting Period Modification Option	Y <input type="checkbox"/> N <input type="checkbox"/>	3 years <input type="checkbox"/> 2 years <input type="checkbox"/> 1 year <input type="checkbox"/> 0 year <input type="checkbox"/>	NA
2	Specific Illness Waiting Period Modification Option	Y <input type="checkbox"/> N <input type="checkbox"/>	2 years <input type="checkbox"/> 0 year <input type="checkbox"/>	NA

3	Modification of General Waiting Period	Y <input type="checkbox"/> N <input type="checkbox"/>	0 days <input type="checkbox"/>	NA
4	Modification of Pre and Post Hospitalization Medical Expenses	Y <input type="checkbox"/> N <input type="checkbox"/>		NA
i	Pre Hospitalization Medical Expenses		15 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/>	
ii	Post Hospitalization Medical Expenses		15 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/>	
5	Room Rent and ICU Modification Option	Y <input type="checkbox"/> N <input type="checkbox"/>	<p>Room Rent (Non ICU) Limit</p> <p>i. 1% of Base SI, max up to INR 3000 per day <input type="checkbox"/></p> <p>ii. 1% of Base SI, max up to INR 5000 per day <input type="checkbox"/></p> <p>iii. 1% of Base SI <input type="checkbox"/></p> <p>iv. 1.5 % of Base SI, max up to INR 3000 per day <input type="checkbox"/></p> <p>v. 1.5% of Base SI, max up to INR 5000 per day <input type="checkbox"/></p> <p>vi. 1.5% of Base SI <input type="checkbox"/></p> <p>vii. 2 % of Base SI, max up to INR 3000 per day <input type="checkbox"/></p> <p>viii. 2 % of Base SI, max up to INR 5000 per day <input type="checkbox"/></p> <p>ix. 2 % of Base SI <input type="checkbox"/></p> <p>x. Up to INR 3000 <input type="checkbox"/></p> <p>xi. Up to INR 5000 <input type="checkbox"/></p> <p>Room Rent (ICU) Limit - 2 X X= Amount selected for room rent (non ICU)</p>	NA
6	Road Ambulance Modification Option	Y <input type="checkbox"/> N <input type="checkbox"/>	<p>i. INR 5000 per hospitalization <input type="checkbox"/></p> <p>ii. At Actuals <input type="checkbox"/></p> <p>iii. Deletion of Cover <input type="checkbox"/></p>	NA
7	Hospital Cash	Y <input type="checkbox"/> N <input type="checkbox"/>	<p>INR (50- 5000) in multiples of 50, per day <input type="checkbox"/></p> <p>15 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/></p>	<p>24 hours <input type="checkbox"/></p> <p>48 hours <input type="checkbox"/></p>
8	Preventive Health Check-Up	Y <input type="checkbox"/> N <input type="checkbox"/>	<p>Frequency</p> <p>i. At the end of block of continuous claim free years <input type="checkbox"/></p> <p>ii. At every renewal irrespective of claim <input type="checkbox"/></p> <p>Benefit Limit</p> <p>i. Up to 1% of SI subject to maximum of Rs 10,000 <input type="checkbox"/></p> <p>ii. INR 500 to INR 10,000 (in multiples of INR 500) <input type="checkbox"/> (Per member basis for individual & Per policy basis for FF)</p>	NA
9	Co-Payment	Y <input type="checkbox"/> N <input type="checkbox"/>		
i	All claims	<input type="checkbox"/>	5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/>	
ii	Employee only	<input type="checkbox"/>	5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/>	
iii	Dependent Only	<input type="checkbox"/>	5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/>	
iv	Only for ECS (Employee, Spouse, Children)	<input type="checkbox"/>	5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/>	
v	Parents Only	<input type="checkbox"/>	5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/>	
10	Alternative Treatment (inbuilt in Base Plan)		Covered upto 100% of Sum Insured	
11	Deletion of Domiciliary Hospitalization	Y <input type="checkbox"/> N <input type="checkbox"/>	NA	NA
12	Second Medical Opinion for Major Illness	Y <input type="checkbox"/> N <input type="checkbox"/>	NA	NA
13	Restore Benefit	Y <input type="checkbox"/> N <input type="checkbox"/>	NA	NA
14	Double Restore Benefit	Y <input type="checkbox"/> N <input type="checkbox"/>	NA	NA
15	Cumulative Bonus	Y <input type="checkbox"/> N <input type="checkbox"/>	<p>10% max up to 50% <input type="checkbox"/></p> <p>10% max up to 100% <input type="checkbox"/></p>	NA

16	Maternity Cover	Y <input type="checkbox"/> N <input type="checkbox"/>	Normal Delivery Up to INR 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 20,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 30,000 <input type="checkbox"/> 35,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 1 Lakh <input type="checkbox"/>	Caesarean Delivery Up to INR 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 20,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 30,000 <input type="checkbox"/> 35,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 1 Lakh <input type="checkbox"/>	NA
			Maternity Waiting Period – 4 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 1 Year <input type="checkbox"/> 9 Months <input type="checkbox"/> 0 Year <input type="checkbox"/>		
17	Pre & Post Natal Expenses	Y <input type="checkbox"/> N <input type="checkbox"/>			NA
18	Baby Cover from Day 1	Y <input type="checkbox"/> N <input type="checkbox"/>	NA		NA
19	Personal Accident Cover	Y <input type="checkbox"/> N <input type="checkbox"/>	INR (50,000 – 50 Lakhs)		NA
i	Accidental Death	<input type="checkbox"/>			NA
ii	Permanent Disablement	<input type="checkbox"/>			NA
	a. Table A	<input type="checkbox"/>			NA
	b. Table B	<input type="checkbox"/>			NA
	c. Table C	<input type="checkbox"/>			NA
	d. Table D	<input type="checkbox"/>	NA		
20	Infertility Cover	Y <input type="checkbox"/> N <input type="checkbox"/>	Up to Maternity Sum Insured <input type="checkbox"/> Up to Base SI <input type="checkbox"/>		NA
21	Corporate Buffer	Y <input type="checkbox"/> N <input type="checkbox"/>			NA
i.	Corporate Buffer restricted to Critical Illness and floater/individual SI	<input type="checkbox"/>			
ii.	Corporate Buffer restricted to Critical Illness but not restricted to floater/individual SI	<input type="checkbox"/>			
iii.	Corporate Buffer restricted floater/individual SI but not restricted to critical illness	<input type="checkbox"/>			
iv.	Corporate Buffer without any restriction	<input type="checkbox"/>			
	List of Critical Illness annexed herewith: 1. Kidney failure requiring regular dialysis 2. Stroke resulting in permanent symptoms 3. Open chest CABG 4. Cancer of specified severity 5. Encephalitis 6. Brain Surgery 7. Total Replacement of Joints 8. Cirrhosis of liver 9. Injury leading to brain surgery 10. Third Degree Burns				
22	OPD Cover	Y <input type="checkbox"/> N <input type="checkbox"/>	INR (500 to 5000) (jn multiples of 500)		NA
			Services a) Super Specialist <input type="checkbox"/> b) Super Specialist + General Physician <input type="checkbox"/> c) Super Specialist + General Physician + Gynaecologist <input type="checkbox"/> d) All Services <input type="checkbox"/>		
			OPD Waiting Period – 4 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 1 Year <input type="checkbox"/> 0 Year <input type="checkbox"/>		NA
23	Aggregate Deductible	Y <input type="checkbox"/> N <input type="checkbox"/>	Sum Insured Options 5 Lakhs <input type="checkbox"/> 10 Lakhs <input type="checkbox"/> 15 Lakhs <input type="checkbox"/> 20 Lakhs <input type="checkbox"/> 35 Lakhs <input type="checkbox"/> 50 Lakhs <input type="checkbox"/>	Deductible Options 2.5 Lakhs <input type="checkbox"/> 5 Lakhs <input type="checkbox"/> 10 Lakhs <input type="checkbox"/> 25 Lakhs <input type="checkbox"/>	

24	Disease Capping	Y <input type="checkbox"/> N <input type="checkbox"/>	Sub Limits Applicable	
i	1. Heart 2. Cataract 3. Cholecystectomy 4. Hysterectomy 5. Joint Replacement 6. Genito Urinary 7. Cancer (All types) 8. Appendicitis 9. Chronic Renal Failure 10. Intervertebral Disc	Y <input type="checkbox"/> N <input type="checkbox"/>	(Sub limit applicable for each disease category -1) 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 1Lakh <input type="checkbox"/> 1.5 Lakhs <input type="checkbox"/> 2.5 Lakhs <input type="checkbox"/> 3 Lakhs <input type="checkbox"/> 5 Lakhs <input type="checkbox"/>	
ii	Conditions Independent of Age 1. Hernia 2. Amputation 3. Long Bone Fractures 4. Fissure and Fistula 5. Accident 6. Coma 7. Deviated Nasal Septum	Y <input type="checkbox"/> N <input type="checkbox"/>	(Sub limit applicable for each disease category -2) 25000 <input type="checkbox"/> 50000 <input type="checkbox"/> 75000 <input type="checkbox"/> 1Lakh <input type="checkbox"/>	

OTHER DETAILS OF THE PERSONS PROPOSED TO BE INSURED

Total number of persons to be insured	Expiring Loss Ratio	Type of cover
		Compulsory <input type="checkbox"/>
		Voluntary <input type="checkbox"/>

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing/previous Insurance Policy providing similar coverages as per this proposal

Policy No. / Application No.	Insurer Name	Period of Insurance	Sum Insured	Claims lodged during the preceding years
		DD/MM/YYYY To DD/MM/YY		

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount Rs.
Premium Payment Options - Monthly / Quarterly / Half Yearly
Premium Payment Options - Cash / Cheque / DD / Card / ECS
Cheque No: _____ date _____ Bank Name _____ Amount: Rs _____
Credit Card/ Debit Card No _____ Card Type: Master _____ Visa _____ Expiry Date _____
Relationship with Proposer _____

WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM/PPC REIMBURSEMENT) BY CHEQUE* OR CREDITED DIRECTLY INTO YOUR BANK ACCOUNT?

*Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card their fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Cheque No	Name as in Bank Account
Bank Name	Bank Account No
Branch Name	IFSC Code
Cheque Date	MICR Code
Cheque Amount for ₹	

*Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements 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 insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to 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 further consent to the company. Seeking medical information from any hospital who at any time has attended on the

life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or 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: _____

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect to 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 prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs. 10 Lakhs.

AGENT'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer) _____

Place: _____ Date: _____ Signature of Agent: _____

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Channel Partner Code: _____ Branch Location: _____ Signature of Channel Partner: _____

ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs. _____ Cheque No: _____

Dated _____ Drawn on _____ Bank for a sum of ₹ _____

towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Date Signature & seal _____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.