HDFC ERGO General Insurance

my: health Medisure Super Top Up Insurance
Proposal Form

Application No

For Office Use Only	
Imd code	
Imd Name	
Mobile No	

Photograph

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
2. 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.
3. The Company's liability does not commence until the acceptance of the proposal has been formally intimated to the Policyholder and full premium has been realized by the Company.

Proposer Details

Name of the Proposer:
Address:

☐ Please tick if your permanent address is same as above. If not, kindly fill in Permanent address below:

Permanent Address:

Marital Status: **Nationality:**

Contact No. **Permanent Account number (PAN No.)**

I have eIA No

I would like to apply for eIA with Karvy / CAMS / NSDL / CDSL.
Employee ID

Professions: Salaried ☐ **Self-Employed** ☐ **Others** _____

Date of Birth			
Annual Income	☐ Upto 2.5 Lac	☐ 2.5 Lac to 5 Lac	
	☐ 5 Lac to 15 Lac	☐ 15 Lac to 30 Lac	
	☐ Above 30 Lac		
Education Level			
Employee ID (Employees of HDFC Group and Munich Re Group)			
Policy Number of any active HDFC ERGO Policy where you are the Policyholder			
CKYC No.			
Are you a Politically Exposed Person (PEP) or family member/ close relative / associate of PEP	☐ Yes	☐ No	
Note: Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials			
Occupation	☐ Salaried	☐ Self Employed	☐ Business Owner
	☐ Student	☐ Housewife	☐ Retired
	☐ Others		

	If others, please select source of income whichever is applicable: ☐ Rentals ☐ Interest ☐ Pension ☐ Investment		
Industry Type	☐ Antique dealer	☐ Art dealer	☐ Jewellery
	☐ Import-Export	☐ Mining	☐ Shipping
	☐ Scrap Dealing	☐ Agriculture	☐ Stock Broking
	☐ BFSI	☐ Real Estate	☐ Manufacturing
	☐ if Others, please specify _____		
Is your total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs?	☐ Yes	☐ No	
Do you have investable assets for more than INR 5 crores? *(Investable assets like cash holdings, deposits, stocks and bonds etc.)*	☐ Yes	☐ No	
Is your total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited INR 30 lakhs or more?	☐ Yes	☐ No	

Details of the Persons Proposed to be insured

S. No	Name	Date of Birth	Gender (M/F/TG)	Height	Weight	Relationship with Proposer	Sum Insured	Name of Pre-Existing Illness (if any)	Politically Exposed person (Y / N)	ABHA ID (if available)
1										
2										
3										
4										
5										
6										

Note: In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link:

https://healthid.ndhm.gov.in/register

Nominee Details

Name of Person Proposed to be insured	Name of Nominee	Relationship	Address of the Nominee	Permanent Address of Nominee (If same not required to be filled)	e-mail of Nominee	Mobile number of Nominee	Bank account number of Nominee	IFSC Code	Name of the Bank	% Share of Nomination

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

Note:
1.The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.
2. Name of Nominee should be as per bank records to ensure smooth processing

Policy Details

Policy Type	Individual ☐ Family Floater ☐
Tenure	☐ 1 Year ☐ 2 Year ☐ 3 Year
Policy Period	From _____ To _____

Deductible and Sum Insured

Aggregate Deductible (INR)	Sum Insured (INR)			
2 lakhs	3 lakhs	8 lakhs		
3 lakhs	7 lakhs	12 lakhs		
4 lakhs	6 lakhs	11 lakhs	16 lakhs	
5 lakhs	5 lakhs	10 lakhs	15 lakhs	20lakhs

Add-On Covers

my: health Critical Illness (You can opt for a Sum Insured from 1 Lakh to 500 Lakhs)	**Plan 1** (9 Illnesses)	**Plan 2** (12 Illnesses)	**Plan 3** (15 Illnesses)	**Plan 4** (18 Illnesses)
	Plan 5 (25 Illnesses)	**Plan 6** (40 Illnesses)	**Plan 7** (51 Illnesses)	

my: health Hospital Cash Benefit	India☐ Global☐

S. No.	Name	my: health Critical Illness Sum Insured	my: health Hospital Cash Benefit Sum Insured Per Day Sum Insured in ₹								
			500	1,000	1500	2,000	2500	3,000	5,000	7,500	10,000
1											
2											
3											
4											
5											
6											

my: health Critical Illness add-on can be opted by adults (persons over 18 years of age) only
Sum Insured for add-on covers is on individual basis only

Go Green and make a difference to our planet! We shall provide you with soft copy of your Policy at your registered e-mail id.

Note: Soft copy of your policy can be easily accessed at your fingertips to refer to terms and conditions, for lodging claims and for any other service needs.

☐ Additionally, by ticking the check box we understand that you wish to have a physical copy of your policy.
For details on the process to receive your physical policy kindly visit "Help" section on www.hdfcergo.com or contact our customer care for the same

Existing/Previous Insurance Policy Details

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Mediclaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

Since when you are continuously insured:
Do you want us to consider these details for continuity*? Yes ☐ No ☐

Sr. No.	Policy No.	Insurer	From Date (DDMMYY)	To Date (DDMMYY)	Sum Insured	Previous Health Card Number
1.						
2.						
3.						
4.						
5.						
6.						

Claim Details			Cumulative Bonus Earned	
No. of Claims	**Amount**	**Ailment**	**%**	**Amount**

* Please note that continuity of benefits shall NOT be considered if the above question of want of continuity is not replied affirmative, details are not provided and Portability form and relevant supporting documents are not submitted

If no, please tick below declaration:

☐ I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that I/We do not hold any Mediclaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)policy from HDFC ERGO.

Medical and Life Style Information

Please answer the below mentioned questions in Yes (Y)/No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper

Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure? Yes ☐ No ☐

Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Yes ☐ No ☐

Does any person, proposed to be insured, suffer from any other disease/ailment? Yes ☐ No ☐

Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability? Yes ☐ No ☐

Please provide details of hereditary medical history, if any

If answer to the above questions is Yes, please elaborate:

Sr. No.	Name of the person proposed to be insured	Name of illness/injury suffering from or suffered in the past *Treatment/medication received/receiving	Date first diagnosed /treated	Name of attending Medical Practitioner/ Surgeon with address & Tel. No./Hospital details	Whether fully cured
1.					
2.					
3.					
4.					
5.					

Payment & Bank Account Details

Premium Details: Amount Rs.
Premium Payment Options - Monthly / Quarterly / Half Yearly / Annual
Premium Payment Options - 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_____

For refund (Excess Premium/PPC reimbursement) and for payment of claims credited directly into your bank account

Please provide the following bank details and a copy of a Cancelled Cheque for direct credit into your bank account:

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

Note:

1. The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.
2. Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly
3. Name on Cancelled Cheque should match with Proposer Name to ensure smooth refund / claim processing
4. If ECS is selected, please submit the standing instruction form available at our branches.

Declaration, Consent & Warranty on behalf of all Person(s) 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 including the minor/s insured, if any.
- I/ We understand that the information provided by me/ us will form the basis of 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 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 Insurance Company.
- I/We declare and further consent to the Insurance Company to seek medical and other relevant information from any hospital who at any time has attended the person to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the person to be insured / proposer and seeking information from any insurance company to which an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- I/ We declare and provide my unconditional consent that, pursuant to a claim filed by me/ us, the Insurance Company can seek medical and other relevant information/ documents for me/ us from any Doctor and/ or Hospital where I, or other Insured, had taken treatment i.e. OPD and/ or hospitalization etc.
- I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/ or claims.
- I/ We authorize the Company to process my/ our Personal information for profiling purposes and contact me/ us for (i) communicating for renewal of the Policy, (ii) upsell and/ or cross sale of other insurance products.
- I/ We authorize the Insurance Company to share my/ our Personal Information and other relevant records details with (i) the Law Enforcement Agencies, as and when demanded and (ii) any other vendor as per the requirement etc. like printing the Insurance policy/ renewal reminders or any other such activity.
- I/ We authorize the Insurance Company to share my/ our Personal Information and/ or medical Information/ records with any Government and/ or Statutory authorities/ bodies, including but not limited to Insurance Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and/ General Insurance Council etc.
- Customer Satisfaction Surveys: I/ We hereby consent to the Insurance Company to use and share my/ our Personal Information with the vendors for the purpose of conducting customer satisfaction surveys and related activities aimed at improving service quality and enhancing the overall customer experience.
- Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or

Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.

- I/We hereby consent that, in any of the above scenarios, my/ our Personal Information and the medical documents etc. can be shared, and/ or accessed, as the case may be, without any intimation to me/ us.
- I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date

Signature of the Proposer

Time Place

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 Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.

Vernacular/Assistance Deceleration

Declaration in case the proposal is filled by other than the Proposer if the proposer is illiterate or having disability and requires assistance in completing the proposal form (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me to the Proposer who has understood and confirmed the same.)

Name of the Translator / Representative		
Place		
Date		**Signature of the Translator / Representative**

Name of the Proposer		
Place		
Date		**Signature of the Proposer**

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:**_____

Check List

Please check the following documents are attached along with the proposal form

1. **ID Proof : Passport / Pan Card / Voter ID / Driving License / Letter from a recognized public authority**
2. **Proof of residence : Telephone Bill / Bank Account Statement / Letter from any recognized public authority Electricity Bill / Ration Card**
3. **Age Proof : Proof of Age**
4. **Renewal notice with claim details**
5. **Photocopies of all previous policies and endorsements**

For Office Use Only

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.