

PROPOSAL FOR AROGYA PREMIER POLICY - INDIVIDUAL/FAMILY

Proposal Form

Guidelines for completion of the form:

1. Please answer all the questions fully and accurately. Where any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Proposer not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on Proposer's behalf. 4. Kindly contact SBI GENERAL's Offices or Agents for any doubts or clarifications on the proposal form. 5. Company may ask for the PAN number of the Proposer in case the premium is more than INR 50,000.

Important Information:

Health Check Up: Medical Examination may be required for all persons aged 55 years and above, and pre-acceptance medical tests is at the cost of the proposer. However, if the proposal is accepted the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the insurer.

FOR OFFICE USE

Quote No.	<input type="text"/>	Inward No.	<input type="text"/>
Receipt No.	<input type="text"/>	Receipt Date	<input type="text"/>

INTERMEDIARY DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social
Business Type	<input type="checkbox"/> New	<input type="checkbox"/> Roll-over	<input type="checkbox"/> Renewal	Sales Channel Type	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct
Sales Channel Code	<input type="text"/>	Specified Person's / Intermediary's Code*		<input type="text"/>			
Specified Person's / Intermediary's Name* <input type="text"/>							

PART I - PROPOSER DETAILS

1. Name	<input type="text"/>	
2. Address where you normally reside	Plot No/Door No. <input type="text"/>	Building name <input type="text"/>
	Road <input type="text"/>	Area <input type="text"/>
	City <input type="text"/>	Pincode <input type="text"/>
	State <input type="text"/>	Phone No. <input type="text"/>
	Email ID <input type="text"/>	
3. Address of Insureds if different from above.	Plot No/Door No. <input type="text"/>	Building name <input type="text"/>
	Road <input type="text"/>	Area <input type="text"/>
	City <input type="text"/>	Pincode <input type="text"/>
	State <input type="text"/>	Phone No. <input type="text"/>
	Email ID <input type="text"/>	
4. Policy term	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	5. Policy Period From <input type="text"/> To <input type="text"/>
6. Total No. of Persons to be covered <input type="text"/>	7. Are you one among the Insureds Covered below? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Nominee Name	<input type="text"/>	
9. Nominee Relation with Proposer	<input type="text"/>	
10. If Nominee is minor, Name of Appointee and his relationship with Nominee	<input type="text"/>	

DETAILS OF COVERAGE SOUGHT

Note: By Family we mean You, Your legal Spouse, Legal & Dependent Children and dependent parents, parents-in-law (Parents, parents-in-law cannot be covered under family floater)

Policy term (Please tick)	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
Type of policy (Please tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Family non Floater	<input type="checkbox"/> Family Floater
Sum Insured (Please specify)			

PART II - DETAILS OF ILLNESS/ACCIDENT

Insured details in case of family	Name	DOB	Age	Relation with proposer	Other insurance
IMPORTANT NOTE: Please mention Yes/No in other insurance column if any insured holds a health insurance cover with any Insurance Company. Please note that the information provided hereunder has a bearing on the admissibility of the claim, if any under the policy proposed and hence request you to provide complete and exact information. If answer in other insurance column is Yes, please provide information in following table.					

Do any of insured suffer from physical /mental disease or infirmity or medical complaints or deformity? ☐ Yes ☐ No

If yes name the insured and disease.

If Yes, Please specify _____

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consume any other type of tobacco including betel nut?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consume alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PAYMENT DETAILS

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited" (*Mandatory fields)

Cheque No/DD No. Amount Date

Bank Name Branch

Bank Account No. * IFSC Code*

PART III - OTHER / CURRENT HEALTH INSURANCE INFORMATION

SECTION 41 OF INSURANCE ACT 1938

(1) No person shall 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 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.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE LIABLE FOR A PENALTY WHICH MAY EXTEND TO RUPEES TEN LAKHS.

DECLARATION BY PROPOSER

1. I/We hereby declare on my behalf and on behalf of all the 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 authorised to propose on behalf of these other persons. 2. 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. 3. 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. 4. 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. 5. I/We authorise 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.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Date: Place: Signature of Proposer _____

Name of the Proposer: _____