Universal Sompo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Indian Overseas Bank, Karnataka Bank Limited, Dabur Investments Corp. and Sompo Japan Insurance Inc.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

IOB HEALTH CARE PLUS - PROPOSAL FORM

Branch Code ☐☐☐☐☐☐☐ Branch Name ☐☐☐☐☐☐☐☐☐ Region Code ☐☐☐☐☐☐☐

A/c type ☐☐☐☐☐☐☐ A/C No. ☐☐☐☐☐☐☐☐☐☐ Current Membership No. ☐☐☐☐☐☐☐☐☐☐

Old Membership No.* ☐☐☐☐☐☐☐☐☐☐☐ * to be mentioned if renewed through different Branch

A. PROPOSAL DETAILS

Name of the Proposer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Communication ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/Taluka ☐☐☐☐☐☐☐☐☐ District ☐☐☐☐☐☐☐☐ State ☐☐☐☐☐☐☐☐☐☐

Pin Code ☐☐☐☐☐☐ Phone No. ☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐

Date of Birth ☐☐☐☐☐☐☐☐☐☐ Sex ☐ Male ☐ Female Email ID ☐

Occupation ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Yearly Income (Rs.) ☐☐☐☐☐☐☐☐

B. INSURANCE DETAILS

Sum Insured (Rs.) ☐☐☐☐☐☐☐ No. of dependents to be covered ☐☐☐☐☐☐☐☐

Do you wish to avail Personal Accident rider ☐ Yes ☐ No

Plan ☐ A ☐ B ☐ New Policy ☐ Renewal If Renewal then Previous Policy No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

TPA ID No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Are you/dependents presently covered under any Health Insurance Policy? ☐ Yes ☐ No

If "Yes", please provide name of the Insurance Company and Policy No. _____

C. INSURED'S DETAILS

Sr. No.	Name	Date of Birth	Gender	Occupation	Relation with Proposer
1.					
2.					
3.					
4.					
5.					
6.					

Name of the Nominee ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relation with Nominee ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

D. MEDICAL HISTORY

Sr. No.	Details	Proposer	Spouse	Child 1	Child 2	Father	Mother
1.	Are you suffering from any disease or physical infirmity?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2.	Any nervous or psychiatric disease or sickness.	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
3.	High blood pressure, heart disease, including is chaemic heart disease, other circulatory disorders.	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
4.	Any complaint or accidental injury which may require specialist's consultation or surgical or hospital treatment or investigations in the next one year.	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Are there any additional facts or matters, medical or otherwise, affecting or relevant to the proposed insurance?
Attach separate sheet if required.

Name of Family Doctor ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address of the Doctor ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Contact number of Doctor ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

E. DECLARATION

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance for me or the person to be insured that has not been disclosed to you. I/We and/or the person to be insured agree that this Proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and Universal Sompo General Insurance Co Ltd and I/We and/or the person to be insured agree to accept a Policy, subject to the conditions prescribed by Universal Sompo General Insurance Co. Ltd by payment of premium. I/We and/or the person to be insured hereby consent and authorize you to seek medical information from any Hospital/Medical Practitioner from which or whom I/We and/or the person to be insured have at any time sought or shall seek medical attention concerning any disease, sickness, ailment, or injury which affects my/our and/or the person to be insured's physical or mental health. I have read and understood features of the IOB Health Care Plus Policy and agree to abide by the Terms, Conditions and Exceptions as provided to me alongwith the Proposal form. I fully understand that in case of any Claim, Indian Overseas bank will not undertake any responsibility or will not accept any correspondence and the same have to be pursued with the Third Party Administrator and Universal Sompo General Insurance Co. Ltd. only. I hereby agree that this Proposal and declaration herein shall form the basis of the contract between me and the Universal Sompo General Insurance Co. Ltd. I hereby authorize IOB to debit and transfer the required premium payable under this Proposal from my a/c. to the Insurance Company.

Note: Fresh application to be given in case of first year of the Policy with Universal Sompo General Insurance. For renewals fresh application will be required if there is a change in the Plan or Sum Insured or a renewal after a break of more than 7 days. We suggest that You should renew the Policy well before the Due Date for continuity of coverage.

Name of Proposer _____ Date _____ Place _____

Details of Premium Paid: Amount Paid _____ Date Paid _____ Transaction No. _____

Seal and Signature of Signatory of IOB

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938 (Prohibition of Rebates)

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 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 punishable with fine, which may extend to Five hundred rupees. Insurance is a subject matter of Solicitation.

F. PREMIUM CHART

Plan A - Premium - Health Section (In Rs including Service Tax) Coverage for Self, Spouse and Two dependent Children

Age / SI	0-25	26-35	36-45	46-55	56-65	66-70	71-80
50,000	1,008	1,109	1,210	1,311	1,512	1,815	1,915
100,000	1,949	2,144	2,339	2,534	2,924	3,508	3,703
150,000	2,853	3,139	3,424	3,709	4,280	5,136	5,422
200,000	3,671	4,038	4,405	4,772	5,506	6,607	6,974
250,000	4,395	4,835	5,275	5,714	6,593	7,912	8,351
300,000	5,121	5,633	6,145	6,658	7,682	9,218	9,730
350,000	5,754	6,330	6,905	7,481	8,632	10,358	10,933
400,000	6,389	7,027	7,666	8,305	9,583	11,499	12,138
450,000	7,025	7,728	8,430	9,133	10,538	12,645	13,348
500,000	7,658	8,424	9,190	9,956	11,487	13,785	14,550

Plan B - Premium - Health Section (In Rs including Service Tax) Coverage for Self, Spouse, two dependent Children and dependent Parents

Age / SI	0-25	26-35	36-45	46-55	56-65	66-70	71-80
50,000	1,702	1,872	2,042	2,213	2,553	3,063	3,234
100,000	3,294	3,623	3,952	4,282	4,940	5,928	6,258
150,000	4,823	5,306	5,788	6,270	7,235	8,682	9,164
200,000	6,201	6,821	7,441	8,061	9,302	11,162	11,782
250,000	7,426	8,169	8,912	9,654	11,140	13,368	14,110
300,000	8,652	9,517	10,382	11,248	12,978	15,573	16,439
350,000	9,724	10,696	11,669	12,641	14,586	17,503	18,476
400,000	10,794	11,873	12,953	14,032	16,191	19,429	20,509
450,000	11,869	13,056	14,243	15,430	17,804	21,365	22,552
500,000	12,939	14,233	15,527	16,821	19,409	23,291	24,585

Note:

Above Premium is to be calculated on the age of Proposer

Premium is inclusive of tax

Additional Premium for Personal Accident Death Benefit - Plan A & B (In Rs. including Tax)

SI	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
Premium	25	51	76	103	128	153	179	204	229	255

Note:

Personal Accident Coverage is not available for Parents.

Insurance is a subject matter of solicitation