

SmartHealth Insurance Policy - Proposal Form

Important Note

Income tax benefits under Section 80D of the Income Tax Act 1961 would be applicable subject to premium for this policy being paid by Cheque / Credit Card / DD.

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate.

1 Staff details

Branch Name Code

Sales Manager's Name Code

Initiative Name Code

Business Indicator Rural Indicator Yes No Intermediary Code

2 Proposer's details

Name Mr./Mrs./Ms./Dr.

Profession or Occupation

Communication (Postal) Address

Pin code State

Contact Nos. Mobile No. Office +91

Residence +91 E-mail ID

(Please mention at least one of your contact numbers)

3 Family doctor's details

Name

Contact Nos. Mobile No.

Clinic/Hospital/Nursing Home No. +91

Registered Office Address :

Bharti AXA General Insurance Co. Ltd.
First Floor, Ferns Icon, Survey No. 28, Doddanekundi, Bangalore- 560 037.
ST Registration No.: AADCB2008DST001 Co. Registration No.: U66030KA2007PLC043362

4 Details of insured person(s) (the person(s) to be insured)

Sl. No.	Name	Gender	Height	Weight	Date of birth	Relationship with the proposer	Name of nominee	Relationship of nominee with the insured person

Note: The insured person(s) has to undergo medical examination in the following condition(s).

Plan	Sum insured (Rs.)	Age band of insured person	Without any pre-existing condition	With pre-existing condition
			Medical examination required?	Medical examination required?
Smart Health Basic	2,00,000	02 Years to 55 Years	No	Yes
		56 Years to 65 Years	Yes	Yes
	3,00,000	02 Years to 45 Years	No	Yes
		46 Years to 55 Years	Yes	Yes
	5,00,000	02 Years to 45 Years	No	Yes
		46 Years to 55 Years	Yes	Yes
Smart Health Premium	3,00,000	02 Years to 45 Years	No	Yes
		46 Years to 55 Years	Yes	Yes
Smart Health Optimum	4,00,000	02 Years to 45 Years	No	Yes
	5,00,000	02 Years to 45 Years	No	Yes

“In case any of the Insured Person(s) is required to undergo medical examination, the Company shall request the Insured Person to undergo Medical Examination at designated Hospital/Diagnostic centre. The Company shall confirm the insurance coverage after scrutiny of medical examination reports and health profile of the Insured Person. It may be noted that Insured Person need not pay for such medical examination/tests, however, in case the proposal is declined, the cost of Health check up i.e. Rs. 630 + service tax as applicable shall be deducted, while refunding the premium.”

1. Have you or any of the Insured Person(s) suffered/are suffering from any disease/illness? Yes No
If yes, indicate in the table given below.

Sl. No.	Name	(a) Name of disease/ illness suffering from	When first treated	Name of attending medical practitioner/ surgeon with his/her address and telephone no.	If fully cured? Yes/No
		(b) Treatment/medication received/receiving			

