bharti AXA
redefining / general insurance

Enrolment Form – Group Hospital Cash

Please note:

- Please answer all questions completely
- The insurance is not effective until the proposal is accepted and premium received

Intermediary Details			
Name		Code	
Branch		Code	
Sales Manager's Name		Code	

Customer Information (To be filled in block capitals)	
Loan Account No. (LAN)	
Customer ID	
Proposer's Name	
Address	
Fixed Line Contact No.	
Mobile No.	
Email ID	
Gender	
Date of Birth	
Nationality	Indian / others. In case of others, please specify _____
Pan No.	
UID Aadhaar No (Mandatory)	
Status of Proposer	Main applicant / Co-applicant
Source Of Funds	Salary Business Other _____
Occupation	Salaries / Self-employed
Loan Tenure	1-5 yrs 5-10yrs 11-20 yrs 20 yrs and above
Type of Loan	
Policy Tenure	1 Yr / 2 yrs/ 3yrs/4yrs / 5yrs
Name of the Bank / Financial Institution	
Proposed Policy period: (Must be on or later than instrument date/ premium payment date)	From……..TO……..

Proposer Details

Details of Insured person

Sl. No.	Name of the member	Gender	Date of Birth	Relationship of the Family Member with the Primary Insured	Name of the Nominee	Nominee's Relationship with person to be insured
	Primary Insured					
	Dependent 1					
	Dependent 2					

	Dependent 3					
	Dependent 4					
	Dependent 5					
	Dependent 6					
	Dependent 7					
	Dependent 8					

Premium Payment Details

☐Cheque ☐Demand Draft ☐Credit Card ☐Cash ☐ NEFT

Instrument Number (Cheque or DD) or NEFT UTR No. _____ Date _____

Bank Name _____

Branch

Amount (in Figures and Words) _____

Please make a Crossed Cheque/DD/Pay Order in favour of 'Bharti AXA General Insurance Company Limited' only.
*PAN Card copy is Mandatory for premium of `50,000 and above accepted in Cash/DD or `100,000 and above by Chq/Credit/Debit Card
Payment to be collected only from Proposers Card / Bank Account

Coverages

Sr.No	Sections	Sum Insured	Benefit Period (Days)	Deductible/Franchise (Days)
1	Hospital Daily Cash (Per day)			
2	Enhanced Hospital Daily Cash (Accident) (Per day)			
3	Enhanced ICU Benefit (Per day)			
4	Enhanced Benefit (Day Care Treatment) (Per day)		1 day	NA
5	Parents Accommodation (Per day)			
6	Convalescence Benefit		NA	
7	Pre/Post Hospitalization Expenses			NA
8	Transportation of Mortal Remains & Funeral Expenses		NA	NA
9	Home and Vehicle Modification		NA	NA
10	Ambulance Cost		NA	NA
11	External Aids & Appliances		NA	NA
12	Reduced Allowance (Minor & Senior Citizens) (Per day)			
13	Joint Accidental Hospitalization (Per day)			

Sr No.	Sections	Waiting Period
14	Pre Existing Disease exclusion	NA/1 year/2 year/3 year/ 4 year
15	30 Days exclusion	Waived/Applicable
16	2 Years exclusion	NA/1 year/ 2 year

Sr No.	Sections	Min Entry age	Max Entry age

17	Waiver/Revision of age restriction		

Sr No.	Sections	Specified Ailment
18	Restriction to Named Illness/Sickness/Accident	Typhoid/Malaria/Dengue Fever/Tuberculosis/Kidney Stones/Meningitis/Accident

Sr No.	Sections	
19	Type of Sum Insured	Individual/ Family Floater

Sr No.	Sections	
20	Maternity Extension waiting period	9 Months applicable / Waived off

Proposer's Bank Details (In case of any dues from the company, the amount will be credited to this bank account)

Name of the Bank Account Holder

Bank Account No Account Type

Name of the Bank / Branch MICR Code IFSC Code

Declaration

1. I hereby declare, on my behalf and on behalf of all 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 am 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects thephysical or mental health of the person to be insured/proposer and seeking information from any insurer to whom 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.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date:

Place: Proposer's Signature

Prohibition of Rebates (Section 41) of the Insurance Act 1938

1. 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 or 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to ten lakh rupees.

Assignment of Loan Amount (only of borrowers)

From the policy start date, any claim payable by the Company under this Policy shall be deposited directly in the loan account number_____ maintained by the master policyholder. In the event of any claims becoming payable under this Policy, an amount to the extent of principal outstanding amount, as on the date of claim being incurred, shall be deposited by the Company in the aforementioned loan account held with the master policyholder. Difference of the admissible claim amount and the amount deposited by the Company in the aforementioned loan account shall be paid to the Insured Person or Nominee of the insured person or Legal Heir.

Upon receipt of such amount in the aforesaid manner by the Master Policyholder and/or Insured Person, the Insured Person and Master Policyholder shall completely discharge the Company from all liability under the policy and shall be binding on the undersigned and the heirs, executors, administrators, successors or legal representatives of the Insured Person, as the case may be.

Signature Date:

Place: