BAJAJ | Allianz

CIN: U66010PN2000PLC015329
UIN:IRDA/NL-HLT/BAGI/P-H/V.I/22 /13-14

For Office Use Only:

Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

Emp/LG Code	Loan Account Number	Intermediary Code	Sub Intermediary Code	Intermediary Name	Mobile No.

HEALTH CARE SUPREME INDIVIDUAL POLICY - PROPOSAL FORM

INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted

PROPOSER DETAILS

1) Full Name Title First Name

Middle Name Surname

2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG_____

3) Gender: Male Female 4) Date of Birth D D M M Y Y Y Y 5) PAN No.

6) UID/Unique ID 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee

8) Marital Status Married Single Divorced Widowed 9) No. of Children Sons:_____ Daughters:_____

10) Occupation Business Salaried Professional Student House Wife Retired Others_____

11 A) PERMANENT / RESIDENTIAL ADDRESS

House No. House Name

Landmark/ Locality

Road/ Area Name

City/District

State Pin Code

Tel.

Mobile

Email

11 B) CORRESPONDENCE ADDRESS: (All the communications will be sent to the below address)

House No. House Name

Landmark/ Locality

Road/ Area Name

City/District

State Pin Code

Tel.(Res.)

Tel.(Office)

Mobile Number

E-Mail

12) Educational Qualification: Matriculate Under Graduate Graduate Post Graduate Professionally Qualified

13) Family Monthly Income: Up to ₹20,000 ₹20,001 to ₹50,000 ₹50,001 to ₹1 lakh Above ₹1 lakh

14) In case of any Offer, you would prefer to be contacted by: Phone Email 15)Nationality

Medical Expenses Section :- Details of the persons to be insured

Sr No	Name	DOB (dd/mm/yy)	Age	Gender (M/F)	Ht	Wt	Occupation	Relation	Nominee	Relationship of Nominee

16) Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

Add On Covers – Optional (please tick option opted for and mention sum insured in table given below)

a. Ancillary Expenses Benefit Section:- Yes No

b. Critical Illness:- Yes No

c. Personal Accident:- Yes No

Sum Insured Table:

Sr No.	Name	Hospitalisation Section	Ancillary Expenses	Critical Illness	Personal Accident*

*For dependent family members the maximum Sum Insured under Personal Accident would be ₹ 5lacs.

17) Do you have any other Health policy/policies, Personal Accident Policy/policies (with us or any other insurer) if yes, please provide the details in the below table. If opting for portability, please fill the portability annexure

Name of Insured	Name of Insurance Company	Details of previous health insurance policy / policies no	Sum Insured	Period of insurance		First policy inception date
				From MM/DD/YY	To MM/DD/YY	

18) Medical history:-

Questions	Yes / No
During the last 4yrs and before 4yrs, have any of the proposed insured consulted any physician for treatment or medical investigation or surgical operation, Accident or been hospitalized for any disorder?	
Have any of the proposed insured's ever been diagnosed with or advised to seek treatment for any one or more from the following: heart disease, Diabetes/ raised blood sugar, High blood pressure/ Hypertension, Circulatory disease?	
Paralysis, cancer, Disease of kidney, Liver, Stomach, Intestine, brain, Lung or joint disorder, mental illness, Congenital/ Birth defect ,Physical deformity, or HIV/AIDS	
Disorders of eye, ear, nose or throat, Gland disorder such as thyroid, Blood disorder or disorder of reproductive or urinary system	
Any other illness, impairment, disability or surgery not mentioned above?	
Have any of the proposed insured's Parents, brothers or sisters had heart disorders, cancer, Diabetes, neurogical or mental disorder, hereditary or chronic disorder?	
Is any of the proposed insured currently taking any medication/ treatment for any disease or disorder?	
Is any of the proposed insured currently pregnant?	
Have any of the proposed insured proposal or application for reinstatement of life, health and accident insurance ever been declined, postponed, withdrawn or accepted with modified terms by any insurance company?	

19) Additional information:- If you have answered yes in any of the above questions please furnish details:-

Sr No	Name of the proposed insured	Please specify the illness details with symptoms	Treatment details with treating Doctor details	Outcome of treatment (e.g. Ongoing, complete recovery, recurrent or likely to recur)

20) Does any person proposed to be insured smoke or consume tobacco, alcohol or any other form of Tobacco? Yes ☐ No ☐

DECLARATION

- ☐ I/We 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/We am/are authorized to propose on behalf of these other persons.
- ☐ 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.
- ☐ 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.
- ☐ 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.
- ☐ I/We authorize 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.

Signature of Proposer

Date: D D M M Y Y Y Y Place:_____ Name and Designation:_____

INSURANCE ACT, 1938 SECTION 41 - 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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

BAJAJ | Allianz

Relationship Beyond Insurance

CIN: U66010PN2000PLC015329
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HEALTH CARE SUPREME FAMILY FLOATER POLICY - PROPOSAL FORM

INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted

PROPOSER DETAILS

1) Full Name Title First Name

Middle Name Surname

2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG_____

3) Gender: ☐ Male ☐ Female 4) Date of Birth D D M M Y Y Y Y 5) PAN No.

6) UID/Unique ID 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee

8) Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed 9) No. of Children Sons:_____ Daughters:_____

10) Occupation ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ House Wife ☐ Retired Others_____

11 A) PERMANENT / RESIDENTIAL ADDRESS

House No. House Name
Landmark/ Locality
Road/ Area Name
City/District
State Pin Code
Tel.
Mobile
Email

11 B) CORRESPONDENCE ADDRESS: (All the communications will be sent to the below address)

House No. House Name
Landmark/ Locality
Road/ Area Name
City/District
State Pin Code
Tel.(Res.)
Tel.(Office)
Mobile Number
E-Mail

12) Educational Qualification: ☐ Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionally Qualified

13) Family Monthly Income: ☐ Up to ₹20,000 ☐ ₹20,001 to ₹50,000 ☐ ₹50,001 to ₹1 lakh ☐ Above ₹1 lakh

14) In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email 15)Nationality

Medical Expenses Section :- Details of the persons to be insured

Sr No	Name	DOB (dd/mm/yy)	Age	Gender (M/F)	Ht	Wt	Occupation	Relation	Nominee	Relationship of Nominee

16) Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

Add On Covers – Optional (please tick option opted for and mention sum insured in table given below)

a. Ancillary Expenses Benefit Section:- Yes ☐ No ☐
b. Critical Illness:- Yes ☐ No ☐
c. Personal Accident:- Yes ☐ No ☐

Sum Insured Table:

Sr No.	Name	Hospitalisation Section	Ancillary Expenses	Critical Illness	Personal Accident*

*For dependent family members the maximum Sum Insured under Personal Accident would be ₹ 5lacs.

17) Do you have any other Health policy/policies, Personal Accident Policy/policies (with us or any other insurer) if yes, please provide the details in the below table. If opting for portability, please fill the portability annexure

Name of Insured	Name of Insurance Company	Details of previous health insurance policy / policies no	Sum Insured	Period of insurance		First policy inception date
				From MM/DD/YY	To MM/DD/YY	

18) Medical history:-

Questions	Yes / No
During the last 4yrs and before 4yrs, have any of the proposed insured consulted any physician for treatment or medical investigation or surgical operation, Accident or been hospitalized for any disorder?	
Have any of the proposed insured's ever been diagnosed with or advised to seek treatment for any one or more from the following: heart disease, Diabetes/ raised blood sugar, High blood pressure/ Hypertension, Circulatory disease?	
Paralysis, cancer, Disease of kidney, Liver, Stomach, Intestine, brain, Lung or joint disorder, mental illness, Congenital/ Birth defect ,Physical deformity, or HIV/AIDS	
Disorders of eye, ear, nose or throat, Gland disorder such as thyroid, Blood disorder or disorder of reproductive or urinary system	
Any other illness, impairment, disability or surgery not mentioned above?	
Have any of the proposed insured's Parents, brothers or sisters had heart disorders, cancer, Diabetes, neurogical or mental disorder, hereditary or chronic disorder?	
Is any of the proposed insured currently taking any medication/ treatment for any disease or disorder?	
Is any of the proposed insured currently pregnant?	
Have any of the proposed insured proposal or application for reinstatement of life, health and accident insurance ever been declined, postponed, withdrawn or accepted with modified terms by any insurance company?	

19) Additional information:- If you have answered yes in any of the above questions please furnish details:-

Sr No	Name of the proposed insured	Please specify the illness details with symptoms	Treatment details with treating Doctor details	Outcome of treatment (e.g. Ongoing, complete recovery, recurrent or likely to recur)

20) Does any person proposed to be insured smoke or consume tobacco, alcohol or any other form of Tobacco? Yes ☐ No ☐

DECLARATION

- ☐ I/We 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/We am/are authorized to propose on behalf of these other persons.
- ☐ 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.
- ☐ 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.
- ☐ 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.
- ☐ I/We authorize 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 have read and understood the Privacy Policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.

Signature of Proposer

Date: D D M M Y Y Y Y Place:_____ Name and Designation:_____

INSURANCE ACT, 1938 SECTION 41 - 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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.