

carē advantage

Proposal Form

URN: RHICL / R / HE / 050 / 19-20

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- To be filled in by the Proposer in CAPITAL LETTERS only.
- Care Health Insurance Limited (the "Company") (Formerly known as Religare Health Insurance Company Limited) is under no obligation to accept any proposal for insurance and to issue a policy by the mere submission of a completed proposal form or due to any payment for any policy. In the event the Company does not accept the proposal, You will be informed of the same and the premium received (less costs of medical tests) from You, if any, will be refunded without interest.

 If there is insufficient space for You to complete Your answers, please use the Additional Information section. All attached documents form part of this Proposal Form.

 The proposed policyholder will be referred to in this Proposal Form as "Proposal" 	oser"	, "You	ı" or "Yo	our".															_	_							
PROPOSER DETAILS																											
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If ECS is selected, please submit the standing instruction form available at our branches. In case of payment through Cheque/Demand Draft, the instrument should be drawn in favour of "Care Health Insurance Limited"

Note: Should you choose to pay premium by cash, you are advised to do so only at the nearest Care Health insurance limited (Formerly known as Religare Health Insurance Company Limited) branch or any authorized Bank branch, and we insist you to please ask for computerize receipt against the deposited cash against your Proposal. Any claim without computerized receipt against the deposited cash will not be admitted.

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Optional Cover – I : No Claim Bonus Super: Yes No	
Optional Cover-2: Air Ambulance Cover: Yes No	
Optional Cover – 3 : Deductible Option : Yes No	
(If Yes, then please mention Deductible (in Rs.):	
Optional Cover – 4: Smart Select: Yes No	
Optional Cover – 5 : Reduction in PED Wait Period: Yes No	
Optional Cover – 6A : Co-Payment Option: Yes No	
(If Yes, then please mention Co-pay (in %.):	
Optional Cover – 6B: Co-Payment Waiver: Yes No	
Optional Cover – 7: Annual Health Check-up: Yes No	
Optional Cover – 8 : Room Rent Modification: Yes No	
Optional Cover – 9: Daily Allowance: Yes No	
Optional Cover – 10: Additional Sum Insured for Accidental Hospitalization: Yes No	
Optional Cover – II: Unlimited Automatic Recharge: Yes No	
ACKNOWI EDGEMENT EXPROPOSAL	
ACKNOWLEDGEMENT F (PROPOSAL	
ACKNOWLEDGEMENT P PROPOSAL Please retain this counterfoil for your records	(On behalf of Care Health Insurance Limited)
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Care Health Insurance Limited (Formerly Religare Health Insurance Company Limited)
Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Website: www.careinsurance.com
CIN: U66000DL2007PLC161503
UIN: RHIHLIP21015V012021
IRDAI Registration No. - 148