

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.

1) 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
Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and prior to 4 years and have been taking treatment, regular medication (self/ prescribed) or planned for any treatment / surgery / hospitalization?	
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, neurological 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?	
Has any proposal for life, critical illness, health and accident related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details	

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

Member Name	Name of the Illness/injury suffered / suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury

20) Have any of your immediate family members (father, mother, brother or sister) have/ had diabetes, hypertension, cancer, heart attack, or stroke and at what age? If yes, was it before age 60 years or after 60 years?

Member Name	Relationship with Proposer	Disease Name	At what Age illness suffered

21) Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption? _____

22) Payment Details Cash Cheque DD Credit Card Debit Card

Amount	Transaction No.	Transaction Date	Bank Name	Branch

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 the physical 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 : _____

Signature/ Thumb Impression of the Proposer

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract**

Date ____ / ____ / ____

Place: _____

*Please read declaration wordings carefully before signing the proposal form.

**This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

Signature (On behalf of Proposer)

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (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 default in complying with the provisions of this section shall be punishable with fine which may extend to rupees ten lakh.



To support our Go Green initiative, we will send the policy copy on your email. This is a digitally signed valid document.

Please confirm if you still want to receive the physical hard copy of insurance policy

Yes No

ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mr: _____
sum of Rs. _____ through Cash# / Cheque / DD / Credit Card / Debit Card No. _____ against your proposal for Health Policy.

Signature of Bajaj Allianz Official/ Intermediary: _____ Date: _____ Time: _____ Place: _____

Bajaj Allianz Official / Intermediary Name: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion