PROPOSAL FORM -
A PLUS HEALTH INSURANCE

Application No: ____________ Agent Code: ____________

Guidelines For Completion Of The Form (to Be Filled By Proposer): -
1.This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2.The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully and in BLOCK letter. Any incomplete, incorrect, or partially correct answers may lead to rejection of the proposal.

For Office Use Only

Intermediary Name:		Intermediary Contact No.:		Intermediary Reference Code:	
Intermediary Email:		Intermediary Sales Person's Name:			
Intermediary Sales Person's Contact:		Intermediary Sales Person's Code:		Source Code:	
POS UID Aadhar No./PAN:		Policy Issuing Office Code			
Policy Issuing Office Address:					

1. PROPOSERS DETAILS

Name of the Proposer			
Gender	Male ☐ Female ☐ Third Gender ☐	**Date of Birth**	DD/MM/YYYY
Martial Status	Married ☐ Single ☐ Others ☐		
E Mail ID		**Mobile No.**	
ID Type	Aadhar Card* ☐ Driving License ☐ Passport ☐ Pan Card ☐	**ID Number**	
CKYC No.			
Occupation	Salaried ☐ Self Employed ☐ Other ☐		
If salaried, specify designation		If self employed, specify business/occupation	
Annual Income	< 50,000 ☐ 50,000 to 150000 ☐ 50,001 to 300000 ☐ 300001 to 500000 ☐ >500000 ☐		
Address			
Landmark			
City	Pin code	State	
Nationality			

* Mandatory

2. POLICY DETAILS

Cover Type	Individual ☐ Family Floater ☐		
If Family Floater*, number of persons to be covered	Adults :	Children :	
Policy Type	New ☐ Renewal ☐ Migration ☐ Portability ☐		
Policy Period	1 year ☐ 2 year ☐ 3 year ☐		
Policy Tenure From	DD/MM/YYYY	**Policy Tenure To**	DD/MM/YYYY

3. PLAN DETAILS

☐ **Silver**	☐ **Gold**	☐ **Diamond**
3 L ☐ 5 L ☐ 7.5 L ☐	10 L ☐ 12.5 L ☐ 15 L ☐ 20 L ☐	25L ☐ 50L ☐ 75L ☐ 100L ☐

4. DETAILS OF THE PERSON TO BE COVERED

Sl. No	Insured Name (First, middle, Last)	Date of birth (DD/MM/YYYY)	Age	Gender (M/F/T)	Relationship with proposer	Height (cm)	Weight (kg)	Occupation

ABHA ID (Ayushman Bharat Health Account)

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

5. NOMINEE DETAILS

The nominee must be an immediate relative of the proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender(M/F/TG)	Address of the Nominee

*If the Nominee is Minor, Name and relationship with minor.

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Address of the Appointee

6. BASE COVERS

1.In-patient Treatment	6.Domiciliary Treatment	11.Global Cover(Applicable only for Diamond Plan)
2.Pre-Hospitalization	7.Second Opinion	12.Psychiatric Illness
3.Post-Hospitalization	8.Ambulance Cover	13.Organ Donor
4.Day Care Procedures	9.Auto Restore Benefit	14.Assistance Services
5.AYUSH Treatment	10.OPD Expenses (Only for Diamond Plan)	15.Wellness Services

7. RENEWAL BENEFITS

	Silver Plan	Gold Plan	Diamond Plan
Cumulative Bonus	20% of Base maximum upto 100%	50% of Base maximum upto 100%	50% of Base maximum upto 200%
Health Check Up	Preventive Health Check up every claim free Year upto Rs.1000	Preventive Health Check up every claim free Year upto Rs.2500	Preventive Health Check up every claim free Year upto Rs.5000

8. ADD ON COVERS (Please Tick (√) Add on you wish to have in your Policy)

Covers	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1. Pre-Existing Disease Waiting Period Waiver	☐	☐	☐	☐	☐	☐
2. Maternity Cover (36 months waiting period)	☐	☐	☐	☐	☐	☐
3. Diabetes Day 1 cover (ONLY FOR Diamond plan)	☐	☐	☐	☐	☐	☐
4. Hypertension Day 1 Cover (ONLY FOR Diamond plan)	☐	☐	☐	☐	☐	☐
5. Non-Medical Items	☐	☐	☐	☐	☐	☐

9. MEDICAL AND LIFESTYLE INFORMATION

Please answer the below mentioned questions accurately to the best of your knowledge in respect of each person proposed to be insured.
If the answer to any of these questions is YES, please provide the complete details in the table for additional medical information.
Important: You must answer these questions truthfully.

Sl. No	Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1.	Are you or the proposed Insured Member suffering from any illness or disease at present or in the recent past? If yes, please give details	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
2.	Are you or the proposed insured member taking any type of treatment or medicine? If Yes, please give details	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
3.	Have you or the proposed insured member visited a doctor or medical professional for any health problem in the last 4 years? If yes, please give details	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4.	Have you or the proposed insured member been hospitalized for operation/medical treatment in the last 4 years? If yes, please give details	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
5.	Have any of the person proposed to be insured ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations/ medication/surgery or undergone a surgery for any of the following – Diabetes; Hypertension; Ulcer/Cyst/Cancer; Cardiac Disorder; Kidney or Urinary Tract Disorder; Disorder of muscle/bone/joint; Respiratory disorder; Digestive tract or gastrointestinal disorder; Nervous System disorder; Mental Illness or disorder, HIV or AIDS. If yes, please give details	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

For questions marked Yes (Y) in above Section, please specify following information:
Addition to the above, we may have additional questions for you or may ask you to undergo medical tests to complete your full medical assessment.
Does any person proposed to be insured consume any of the following

Substance		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Alcohol		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Quantity**						
	No. of Years						
Smoking		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Quantity(No./Day)						
	No. of Years						
Any other substance like Tobacco/Guthka/Pan/ Pan Masala, etc		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Quantity(Pouch/Day)						
	No. of Years						
Narcotics		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Quantity(Pouch/Day)						
	No. of Years						

**Beer – No. of Pints per week, Wine & Spirit – ml/week)
If any of these habits has been in the past please mention the year of stopping it and the reason for doing the same habit___________________
____

10. ADDITIONAL MEDICAL INFORMATION

If you have answered YES to any of the questions in section 4, please give full details here. If you need more space please use extra sheets.
If you are unsure whether any details are relevant, please include them

Substance	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of illness/injury suffering from or suffered in the past						
Date of first diagnosis (Month & Year)						
Treatment/medication received/receiving						
Treatment outcome (fully cured/partially cured/ ongoing, etc)						

Note:
Company may apply an exclusion/risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the members proposed to be insured). These loadings would be applied from the policy period start date including all subsequent renewals with the company. Any exclusion/loadings, if applicable, shall be suitably intimated to the proposer based on the assessment of the proposal form and medical tests. Proposer shall be required to pay the additional premium within stipulated time of such intimation. Company shall not be at any risk during this period. In the event of the decline of proposal due to non-receipt of this additional premium within the stipulated time or due to any reason, Company shall cancel your proposal and refund the premium amount after deducting charges as per policy terms and conditions.

11. PREGNANCY INFORMATION

1	Is anyone currently pregnant? If yes, please mention expected date of delivery ____ (DD/MM/YYYY) ____	☐ Yes	☐ No
2	Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy? If you answered "Yes" to any of the questions in Medical History above, then please provide details in the table below	☐ Yes	☐ No

12. GENERAL INFORMATION

I. Family Physician details:

Family Physicians name____________________ Contact Number____________

II. Existing Insurance Details

Is the proposer or any of the persons proposed to be insured already insured under or proposed for a health insurance policy with Universal sompo General Insurance Co. Limited or any other insurance company Yes ☐ No ☐

If YES, please indicate below the Policy/Application number(s). (Please mention application number in case of pending proposal) Since when have you been continuously insured DD MM YYYY

Sr No	Policy No	Name of insured person	Insurer	Period of Insurance		SI & Cumulative bonus /Rs	Claims details if any
				From (DD/MM/YYYY)	To (DD/MM/YYYY)		
1							
2							
3							
4							
5							
6							

If you want to avail the portability benefit from your existing insurance policy, please also submit to us (as an annexure to this proposal form) all the policy documents relating to the existing policy in addition to the information given above.

For Active policies, please attach policy copies.

Insured wise information required with all the above information in Previous/Current Insurance Details.

III. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then may render any policy issued void.

IV. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

☐ I hereby consent that the policy documents may be sent to me by email at____________________
(Please provide us your e-mail id)

☐ I hereby consent to and authorize Universal Sompo General Insurance Co. Limited (" Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time.

☐ Auto Debit Authorization For Current and Future Payments
I hereby Authorize Bank to debit my account number__________ with the bank of Rs.________ towards premium for availing the said Universal Sompo Health Insurance Cover.

☐ I hereby request and authorize Bank to debit my Account number____________ on the yearly due date with the applicable Renewal Premium.

Date : ____________ Signature of the Proposer: ____________

Place : ____________ Name of Proposer : ____________

13. PAYMENT & BANK ACCOUNT DETAILS

I. Premium Details:

Premium Amount: Rs. __________ in words____________________

Payment Terms: Please tick (√) payment option

Payment Mode: ☐ Full Payment ☐ Installment payment

If Installment Payment Mode is opted, please provide below details: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual

Additional Details: ____________________

II. Policy Details:

☐ Cash :

☐ Cheque/NEFT/DD Payment Option: Cheque/NEFT/DD Number : ____________ Cheque/NEFT/DD Date: ____ (DD/MM/YYYY) ____

Bank Name : ____________________

☐ Card Payment Option : Mode of Payment : Debit Card ☐ Credit Card ☐ Date of Expiry ____ (MM/YY) ____

Visa/Master Card No : ____________ Name of the Bank: ____________

Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only

Please tick (√) if you want to opt for Auto Renewal ☐

Signature of Applicant: ____________ Place : ____________

14. E- ACCOUNT OPENING

Do you have eIA account? If Yes, Account details	
I would like to apply for eIA with :	Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

15. MEDICAL EXAMINATION

We may ask You or any of the beneficiaries to undergo below mentioned medical tests for purpose of consideration of Your proposal in the following events

- You or any of the beneficiaries is/are above 45 years of age as on Your last birthday.
- On basis of above medical conditions/ health status declaration.

16. DECLARATION ☐

1."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.

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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.

3.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.

4.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.

5.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 consent and authorize Universal Sompo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the privacy policy of the Company. Company or its representatives are authorized to contact me (to be taken as consent given to call despite NDNC preference) and / or notify about the services being rendered by the Company.

Date : ______________________________ Signature of the Proposer: ______________________________

Place : ______________________________ Name of Proposer : ______________________________

17. VERNACULAR DECLARATION ☐

I hereby declare that I have fully explained the contents of the Proposal Form and all other documents incidental to availing the health insurance from Universal Sompo General Insurance Company Limited to the Proposer in the language understood by him/her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Proposer and the replies have been read out to fully understood and confirmed by the Proposer.

Date : ______________________________ Signature of the Proposer: ______________________________

Place : ______________________________ Name of Proposer : ______________________________

18. AGENT DECLARATION ☐

I, __________(Full Name)__________ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I further confirm that I have explained the product features, terms and conditions to the prospect and the product opted is suitable to the need of the customer.

I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer): ______________________________

Date: ______________________________ Place: ______________________________ Signature of Agent ______________________________

19. INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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 provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

20. CHECK LIST

Please check the following documents are attached along with the proposal form

- ☐ ID Proof : Passport/ PAN Card/ Voter ID/ Driving License/ Letter from a recognized public authority
- ☐ Proof of residence: Telephone Bill/ Bank Account Statement/ Letter from any recognized public authority/Electricity Bill/ Ration Card
- ☐ Age Proof: Proof of Age
- ☐ Certification of previous insurer for previous claim details
- ☐ Renewal Notice with claim details
- ☐ Photocopies of all previous policies and endorsements

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police compliant along with details of phone call and number.

CIN: U66010MH2007PLC166770, URN No: USGIHP074

Version No: USGI237_H003

21. ACKNOWLEDGEMENT CUSTOMER COPY

Please retain this counterfoil for your records (on behalf of Universal Sompo General Insurance Company Limited) Date : ___(DD/MM/YYYY)___

We acknowledge with thanks the receipt of your proposal and amount by Cheque/NEFT/DD/Others No.______________________________

of amount of Rs.__________________ dated____________drawn on______________________________

from Mr./Mrs./Ms.______________________________

Date : ______________________________ Signature of the receiver and office seal: ______________________________

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Insured person may contact the company through Universal Sompo General Insurance Co. Ltd.

Unit no: 601 & 602, A and B Wing, 6th Floor, Reliable Tech Park, Cloud-City Campus, Gut No:31, Mouje Elthan, Thane-Belapur Road, Airoli, Navi-Mumbai-400708

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