



## **PROPOSAL FORM**

Agent Code: .

Application no: \_

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. The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancelation of policy.

#### Please fill-up this form in CAPITAL LETTERS

#### **1. PROPOSER'S DETAILS**

Name	(Mr/Mrs/Ms/Dr):																								
		Fii	rst Na	ame								Μ	iddle	Nan	ne			_		S	urna	me			
Marita	al Status:	Marr	ied				Sing	le		Ot	thers			Geno	ler:	Mal	e		F	ema	le				
Date c	of Birth:	D	D	Μ	Μ	Y	Y	Y	Y		(	Dccu	oatio	n: P	vt Se	ervice			Sovt S	Servi	ce		Busines	s	
Mobile	e:													Uni	que	ID								<u> </u>	
PAN C	ard*:												OR	Vo	ter's	ID									
E-Mail	:																								
Incom	ie(in lakhs)	Upto	3		3-6		] 6	5-10		] 1	0-15		] 1	5-20			20-25	5		>25		]			
Addre	SS:																								
Landn	nark																							<u> </u>	
Area																									
City/To	own														Distr	ict L								<u> </u>	
Pin Co									tate																
	ard mandatory in cas	se of p	remiu	ım >R	s.1 La	c (ln c	ase p	ropos	er is i	not ar	ı indiv	idual	entity	then	detail	s of tł	ne en	tity to	be fil	led, P.	AN is ı	mand	atory for	such ca	ses)
2. PL	AN DETAILS		Г					r		1	1	1													
Propo	sed Policy Period	:		D	D	Μ	Μ	Y	Y	Y	Y	to	D	D	M	N	1	Y	Y	Y	Y	_			
Policy	Tenure:		1 Ye	ear L		2 ۱	/ears	; (5% Г	prer	nium	n disc	ount			3 Y	'ears	(10%	6 pre	emiur	n dis	coun	t)			
Sum ir	nsured type:		Floa	ter		In	divid	ual																	
3. DE	TAILS OF THE	E PE	RSO	N(S	5) TC	) BE	INS	SUR	ED																
SI No.	Name Insure						nder /F			onsh opos				of B		Y	I	Uniq	ue II	)		e <b>ight</b> ms	Weight kgs	Su Insu	
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2																									
3																									
4																									
5																									
6																									
-						1																			

\* Allowed relations (Spouse, children and dependent parents) # Options available (5, 10, 15, 20, 25, 50 Lakhs); Same Sum Insured for all members in floater option



#### **4. NOMINEE DETAILS**

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions

Nominee Name	Date of birth*	Relationship	Address of the Nominee

The nominee must be an immediate relative of the Proposer.

\*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

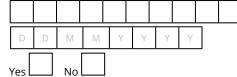
Appointee Name	Relationship	Address of the Appointee

#### 5. EXISTING/PREVIOUS INSURER DETAILS

Is the proposer or any of the persons proposed, already Insured under a health plan with Tata AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for Policy issuance?

If yes, please indicate the Policy/Application number(s):

Since when continuously insured:



Do you want Us to consider these details for portability\*

\* In case of portability, please fill up IRDAI portability form. Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach at least 45 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.

	Name of		Period of	Insurance	SI &	Claims
Policy No.	Insured person	Insurer	From D D M M YYYY	<b>To</b> D D M M YYYY	Cumulative bonus / Rs.	Claims lodged*

\*during the preceding years along with the diagnosis

#### 6. MEDICAL AND LIFESTYLE DETAILS

#### A. Medical History :

Please answer the below mentioned questions individually in Yes(Y) / No (N):

You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each											
Insured Person by ticking the relevant box.	1	2	3	4	5	6	7				
Have you or any of the persons proposed for insurance, ever suffered from to take investigations / medication / surgery or undergone a surgery for					or have be	en recom	mendec				
Chest Pain / Heart Disease	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N				
Arthritis	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N				
	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N				
🗌 Kidney Failure, Dialysis	Y / N	Y/N	Y / N	Y / N	Y / N	Y / N	Y / N				
Liver Cirrhosis/Hepatitis B or C	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N				
Cancer	Y / N	Y/N	Y / N	Y / N	Y / N	Y / N	Y / N				
	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N				
🗌 Stroke, Epilepsy, Paralysis	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N				
Psychiatric, Mental Illness or disorder	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N				
Ulcerative Colitis/Crohn's disease	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N				
Auto-immune diseases	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N				



Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?Y/NAre you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?Y/NHave you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? - Elevated Blood Sugar/ Diabetes/ Elevated Blood Pressure/ Hypertension/ High Cholesterol/ HypothyroidismY/N	Y / N Y / N Y / N	Y / N Y / N	Y / N Y / N			
Ayurvedic treatment) or awaiting any procedure/treatment?       Y/N         Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? – Elevated Blood Sugar/ Diabetes/ Elevated Blood Pressure/ Hypertension/ High Cholesterol/ Hypothyroidism       Y/N         Is any of the insured pregnant currently? If yes, please mention expected       Y/N						Y / N
or without any follow-up tests/medications? – Elevated Blood Sugar/ Diabetes/ Elevated Blood Pressure/ Hypertension/ High Cholesterol/ Hypothyroidism Is any of the insured pregnant currently? If yes, please mention expected	Y / N	Y / N	Y / N	Y/N		
					Y/N	Y / N
date of delivery (EDD). Any history of pregnancy related complications?	Y / N	Y / N	Y / N	Y / N	Y/N	Y / N
EDD: D D M M Y Y Y						
Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special Y/N conditions by any insurance company?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Has any health or life insurance policy ever been terminated in the past? $\hfill Y / N$	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

# **B.** Detailed information in case any of the questions in section 6 (A) is ticked 'Yes'. (Please send us medical documents along with this application form.)

Insured Name	Diagnosis as per documents	Treatment details	Diagnosis date/ Surgery Date	Date of last consultation	Doctor/Hospital Name and Ph No.

### C. Lifestyle Information

	Г	
Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? Yes	No	
If yes please indicate the name and quantity per day.		

1									
	2		3	4		5	6		7
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bonafide f Money l establish n case l a tion of mc	source aunder source m/have oney lau	s and ing A is of f been	no pre ct, 2002 unds. found	emium: 2. guilty	s hav	e been	/will be		
	lit Card	lit Card Oth	lit Card Others	lit Card Others Tata AIG General Insurance bonafide sources and no pre of Money Laundering Act, 2002 c establish sources of funds. n case I am/have been found tion of money laundering in Ir ify Country	Image: Constraint of the second se	Image: Construction of the second	Image: Second	Image: Second	Image: sources and no premiums have been/will be paid of Money Laundering Act, 2002.   Destablish sources of funds. n case I am/have been found guilty by any competent court tion of money laundering in India.

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013 Toll Free No. (24x7): **1800 266 7780 OR 1800 229966 (For Senior Citizens)** • Fax: 022 6693 8170 • Email: **customersupport@tataaig.com** IRDA of India Registration No: 108 • Website: **www.tataaig.com** • CIN: U85110MH2000PLC128425 | UIN: TATHLIP21257V022021



Date: -

#### Type of Organization making the payment (Pls tick)

#### Limited company □ Government organization Non-Governmental Organization (NGO) □ Society D Trust 🛛 Partnership International Organization Cooperatives Section 25 Company □

Signature of Proposer:

#### 8. BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RGTS) / Interbank Mobile Payment Service (IMPS) For this purpose, please submit the following details of the proposer's bank account.

Name of the account holder	
Name of the bank	
Branch Bank	
Account no.	
Bank IFSC code	
Account Type	SB Account 🗆 Current Account 🗆 Others (please specify) 🗆

#### 9. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- 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 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- 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.
- 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. 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.
- I have understood the purpose of Aadhar authentication and hereby state that I have no objection in providing my Aadhar details.
- Signature of Proposer: Date:

GoGreen: I would like to protect my environment and would like to help save paper by authorizing Tata AIG General Insurance Company П Limited to send all my policy and service related communication to the email id as mentioned in this application form.

#### **10. DECLARATION/VERNACULAR DECLARATION**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of Proposer:

Name & Signature of agent/intermediary: -

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer \_\_\_\_

\_\_\_\_ Name & Signature of agent/intermediary \_\_\_\_

Code:

#### **11. AGENT DECLARATION**

for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form  $\leq$  including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which  $\geq$  may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor 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. (Intermediary/Corporate Agent/Broker/Relationship Officer)											
Name of the specified Person and code:											
Signature of Agent:			- Plac	:e:			Date	e:			

#### 12. Prohibition of Rebates - Section 41 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

- 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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- 2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

#### **13. FOR OFFICE USE ONLY**

Tata AIG Office Code:		Intermediary Code and Name:
Branch Receipt Date:		Channel Type:
Business type: Urban □ Rural □ Soc	ial 🗆 🛛 Customer ID:	
Insurance is the subject matter of solicitat	on. For more details on risk factor	s, terms and conditions, please read sales brochure carefully, before concluding a sale.

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	Application no:
ACKNO	OWLEDGEMENT Date :
Name of the Proposer:	
We acknowledge with thanks the receipt of your application for Tata AIG MediCare Premier and amount by	
Cash Cheque Demand Draft Others of around of Rs. Cheque Demand Draft Others of anount of Rs. Cheque Demand Draft Others of a completed proposal for insurance nor any payment towards this application 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 proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup and/or additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. In case of counter offer nor revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 15 days, we shall cancel application and refund the premium paid without interest subject to deduction of the Pre Policy Check up charges, as applicable. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable.	

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