PROPOSAL FORM



AROGYA PLUS POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and accurately. Where any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Proposer not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular to the proposal form/ personal statement, declaration and connected documents or any material information having been with held by the Proposer or anyone acting the on Proposer's behalf. 4. Kindly contact SBI General Offices or Agents for any doubts or clarifications on the proposal form. Important Information: Health Check-Up/ Medical Examination may be required for all persons aged 55 years and above, and pre-acceptance medical tests is at the cost of the Proposer. However, if the proposal is accepted, the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

FOR OFFICE USE													
Quote No.:				In	ward No.:								
Receipt No.:				Re	eceipt Date:	D D M M	ΥY	ΥY					
INTERMEDIARY'S DETAILS	(* Mandatory Fiel	lds if Sales Cł	hannel Type	e selected	is Banca)								
Segment Type:	Corporate	Retail	SME	Busi	ness Sector:	Urban	Metro	R	ural [\ \	/illage		Social
Business Type:	lew	Roll-Over	Renev	/al	Sales Char	inel Type:	Ba	nca		Ageno	су		Direct
Sales Channel Code:				Specified P	erson's / Intei	rmediary's Code*:							
Specified Person's / Intermediary's Name*:													
GSTIN/ISDN: IF APPLICABLE													
PART I - PROPOSER'S DETA	MLS												
1. Name:	S U R N	A M E	M	D D	L E N	A M E	F I	R S	Т	N A	M	Е	
Gender:	Male	Female		Others		D	ate of Birt	h: D	D	MN	ΛY	ΥŊ	ΥY
Marital Status:	Single	Married		Others								•	•
Occupation:	Salaried	Self Emplo	oyed/	Busines	s Stude	ent Retired	Ag	riculture		Others	s (speci	fy)	
2. Address where you	Plot No./Door No.:	:				Building name:							
normally reside (Communication Address):	Road:					Area:							
	City:					Pincode:							
	State:					Phone No.:							
	Email ID:												
3. Address of the Insured	Plot No./Door No.:	:				Building name:							
if different from above (Permanent Address):	Road:					Area:							
(i emanent Address).	City:					Pincode:							
	State:					Phone No.:							
						Phone No.:							
4 Doliny Torrey													
4. Policy Term:	1 Year	2 Years	3 Yea										
5. Policy Period:	From: D D	MMYN		To: D D									
 Total No. of Persons to be covered: 			7. Are you	i one amon	g the Insureds	Covered below?	Yes	No)	r - 1			
8. Nominee's Name:													
Nominee's Relationship with the Proposer:							Date of E	Birth: D	D	MN	ΛY	ΥŊ	Υ

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | UIN: SBIHLIP22135V032122 | URN: SBIG/APLP/V.01/22122014.

10. If the Nominee is a minor, Name of the Appointee and his																			Τ	Τ					
relationship with the Nominee:																			Т	Τ	Т	Τ			
11. Aadhaar Card No.:										12.	PAN:] / For	m 60	:
13. Corporate:	. Corporate: Yes No 14. GSTIN/IS												DN: IF APPLICABLE												
ETAILS OF COVERAGE SOUGHT ote: By Family we mean You, Your legal Spouse, Legal & Dependent Children, Dependent Parents and Parents-in-law Parents, Parents-in-law, cannot be covered under Family Floater).																									
Policy Term (Please tick):																									
Type of Policy (Please tick):	Type of Policy (Please tick): Individual Family No											Family Floater													
Sum Insured:	₹2 La	cs			₹3	₹3 Lacs																			
Premium before taxes as applicab	Premium before taxes as applicable: ₹8,900 ₹13,350																								
ELECTRONIC INSURANCE A	CCOUN		ILS SEC																						
I want Arogya Plus Policy and related	informati	ion in:			Physic	al For	mat		e-Fori	mat (e	electr	onic)); as	& wh	ien a	applie	cabl	e.							
Choose your Insurance Repository (or those	selecting	e-Forma	at)																					
NSDL Data Management Ltd.	CE	OSL Insura	ance Rep	ository	Ltd.		Karvy l	nsura	nce Re	eposit	tory L	.td.		CAI	MSI	Repo	sito	ry Se	ervi	ces L	td.				
I have an e-Insurance Accoun	t & the No	. is																							
My CKYC No. (Central Know Your Cu	stomer R	egistry N	umber) is	5											(11	avai	ilabl	e).							
PART I - MEMBERS PROPOSE	D FOR I	NSURA	NCE																						
Name				G	Gender		Date of Birth		arital atus		Re	elatio	nsh	ip wit	th th	ne Pr	оро	ser			Ot		Insura es	ince No	,
																				\perp					
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																				+					

PART II - OTHER / CURRENT HEALTH INSURANCE INFORMATION

PART III - DETAILS OF ILLNESS/ACCIDENT

	Iffer from physical /mental disease or infirmity or medical complaints or deformity? Jured and the Disease.		Yes		No	
Do any of the Insure	ed smoke?		Yes		No	
Do any of the Insure	ed consume any other type of tobacco including betel nut?		Yes		No	
Do any of the Insure	ed consume alcohol?		Yes		No	
PAYMENT DETA	LS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)					
Please draw your Cheq	ue (A/c payee only) in the name of "SBI General Insurance Company Limited"				(*Mandatory fie	elds
Cheque No./DD No.:	Amount: Date: D	\mathbb{M}	M	Y	YYYY	
Bank Name:	Branch:					
Bank Account No.*:	IFSC Code*:					-
Period of Insurance:	From: D D M Y Y Y To: D D M Y Y Y					

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AML GUIDELINES

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian/Non- Indian

If Non-Indian, please specify the Country: _

Type of Organisation: Corporation/Government/Non-Governmental Organisation/Society/Trust/Partnership/ International Organisation/Cooperative/Section 8 Companies.

SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 whole or part of the commission payable or any rebate of the premium shown in 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 up to 🖲 10 Lacs.

AGENTS DECLARATION

Licence No.

Signature of Agent: ____

DECLARATION BY PROPOSER

1.I/We hereby declare on my/our behalf and on behalf of all the persons proposed to be Insured, that the above statements, answers and/ or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorised to propose on behalf of these other persons. 2. I/We understand that the information provided by me/us 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 person to be Insured / Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. 4. I/We declare that I/ We consent to the Company seeking medical information from any doctor or from a hospital who at anytime 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 Insurance Company to which 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/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority. 6. I/We aware of premium loading, (if any declared above) for habit's as declared/mentioned by me/us above.

Date:	D	D	Μ	Μ	Y
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Signature of Proposer:

Name of the Proposer:

DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language.

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

Place:

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/We have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) _______ adult and inhabitant of (City) ______and residing at ______ do hereby certify that I/We have read out and explained the contents of the Proposal Form and all other

documents incidental to availing the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Date:	D	D	M	Μ	Y	Y	Y	Y	Place:							Signature of the Witness

Signature/Thumb impression of the Proposer

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