



Application No:

Agent Code:

**Instructions for Filling up the Form: -**

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.

**1. PROPOSERS DETAILS**

<b>Name of the Proposer</b>			
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>	<b>Date of Birth</b>	DD/MM/YYYY
<b>Marital Status</b>	Married <input type="checkbox"/> Single <input type="checkbox"/> Others <input type="checkbox"/>	<b>Annual Income</b>	
<b>E Mail ID</b>		<b>Mobile No.</b>	
<b>ID Type</b>	Voter Id <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Pan Card <input type="checkbox"/>	<b>ID Number</b>	
<b>Occupation</b>	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other <input type="checkbox"/>	<b>Policy Type</b>	Individual <input type="checkbox"/> Family Floater <input type="checkbox"/>
<b>Address</b>			
<b>Landmark</b>			
<b>City</b>	<b>Pin code</b>	<b>State</b>	
<b>Nationality</b>			
<b>Do you have eIA account? If Yes, Account details</b>		<b>I would like to apply for eIA with :</b>	Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>

**2. POLICY DETAILS**

<b>Policy Type</b>	New <input type="checkbox"/> Renewal <input type="checkbox"/> Roll Over <input type="checkbox"/>	<b>Policy Tenure From</b>	DD/MM/YYYY
<b>Policy Period</b>	1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/>	<b>Policy Tenure To</b>	DD/MM/YYYY

**3. PLAN DETAILS**

<b>Basic</b>	<b>Essential</b>	<b>Privilage</b>	<b>Plus</b>	<b>Premier</b>	<b>Executive</b>
1 L <input type="checkbox"/> 2 L <input type="checkbox"/>	3 L <input type="checkbox"/> 4 L <input type="checkbox"/> 5 L <input type="checkbox"/>	6 L <input type="checkbox"/> 7 L <input type="checkbox"/> 8 L <input type="checkbox"/> 9 L <input type="checkbox"/> 10 L <input type="checkbox"/>	15L <input type="checkbox"/> 20L <input type="checkbox"/>	25L <input type="checkbox"/> 30L <input type="checkbox"/>	40L <input type="checkbox"/> 50L <input type="checkbox"/>

**4. DETAILS OF THE PERSON TO BE INSURED**

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

**5. PHOTOGRAPHS OF INSURED PERSONS IN SAME SEQUENCE AS ABOVE**

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**6. 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	Relationship	Gender(M/F/TG)	Address of the Nominee

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

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

**7. DISCOUNT**

Does any person proposed to be insured presently hold any Insurance Policies (for Loyalty Discount) from Universal Sampo?  YES /  NO  
if Yes, please provide Policy Details below

Sr No	Policy No./ Application No.	Period of Insurance	Sum Insured	Claim lodged during the preceding years

**8. BASE COVERS**

1.In-patient Treatment	6.Organ Donor	11.Vaccination
2.Day Care Procedures	7.Ambulance	12.Out-patient treatment
3.Pre-Hospitalization	8.Dental Treatment (In case of Accident)	13.Convalescence Benefit
4.Post-Hospitalization	9.AYUSH Benefit	14.Mother and Child Care Benefit
5.Domiciliary Treatment	10.Daily Cash for Accompanying an Insured Child	

**9. ADDITIONAL BENEFITS & VALUE-ADDED BENEFITS**

Additional Benefit	Value Added Benefits (Applicable only for Basic, Essential & Privilege plans)						
Restore Benefit	<table border="1"> <tr> <td>Dial a Doctor</td> <td>Specialist Consultation with Two follow up session (Not Applicable for Basic plan)</td> </tr> <tr> <td>Health Educational Library for People (HELP)</td> <td>Wellness Package</td> </tr> <tr> <td>Second Option (Not Applicable for Basic plan)</td> <td>24x7 Customer Service, Newsletter</td> </tr> </table>	Dial a Doctor	Specialist Consultation with Two follow up session (Not Applicable for Basic plan)	Health Educational Library for People (HELP)	Wellness Package	Second Option (Not Applicable for Basic plan)	24x7 Customer Service, Newsletter
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Health Educational Library for People (HELP)	Wellness Package						
Second Option (Not Applicable for Basic plan)	24x7 Customer Service, Newsletter						

## 10. ADD ON COVERS

Sr.No	Coverage	Sum Insured																								
1.	<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Option 1 – 100% of Base SI <input type="checkbox"/> Option 2 – 200% of Base SI (Not Applicable for Basic, Essential & Privilege)																								
2.	<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Option 1 – 100% of Base SI maximum upto 5Lacs																								
3.	<input type="checkbox"/> Hospital Daily Cash	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>200</td> <td>25 lakhs</td> <td>3,500</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>500</td> <td>30 lakhs</td> <td>3,500</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>1000</td> <td>40 lakhs</td> <td>5,000</td> </tr> <tr> <td>15 lakhs</td> <td>2,000</td> <td>50 lakhs</td> <td>5,000</td> </tr> <tr> <td>20 lakhs</td> <td>2,000</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	200	25 lakhs	3,500	3,4,5 Lakhs	500	30 lakhs	3,500	6,7,8,9,10 lakhs	1000	40 lakhs	5,000	15 lakhs	2,000	50 lakhs	5,000	20 lakhs	2,000		
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20 lakhs	2,000																									
4.	<input type="checkbox"/> Sub Limits Applicability	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C																								
5.	<input type="checkbox"/> Treatment in Tiered Network	Covered																								
6.	<input type="checkbox"/> Extension under Pre-Hospitalization	90 Days																								
7.	<input type="checkbox"/> Extension under Post-Hospitalization	120 Days																								
8.	<input type="checkbox"/> Maternity (and Childcare Benefit) Waiting Period	24 Months																								
9.	<input type="checkbox"/> Coverage for Non-Medical Items	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>1,000</td> <td>25 lakhs</td> <td>10000</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>2,000</td> <td>30 lakhs</td> <td>10000</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>5,000</td> <td>40 lakhs</td> <td>20000</td> </tr> <tr> <td>15 lakhs</td> <td>7,500</td> <td>50 lakhs</td> <td>20000</td> </tr> <tr> <td>20 lakhs</td> <td>7,500</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	1,000	25 lakhs	10000	3,4,5 Lakhs	2,000	30 lakhs	10000	6,7,8,9,10 lakhs	5,000	40 lakhs	20000	15 lakhs	7,500	50 lakhs	20000	20 lakhs	7,500		
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10.	<input type="checkbox"/> Condition waiver under Restore Benefit	Covered																								
11.	<input type="checkbox"/> Pre-Existing Disease Waiting Period Waiver	PED Waiting Period will be 12 Months																								
12.	<input type="checkbox"/> Outpatient Dental Waiting Period	Waiting Period will be 24 Months																								
13.	<input type="checkbox"/> Emergency Travelling Allowance	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>1,000</td> <td>25 lakhs</td> <td>10000</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>2,000</td> <td>30 lakhs</td> <td>10000</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>3,000</td> <td>40 lakhs</td> <td>25000</td> </tr> <tr> <td>15 lakhs</td> <td>5,000</td> <td>50 lakhs</td> <td>25000</td> </tr> <tr> <td>20 lakhs</td> <td>5,000</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	1,000	25 lakhs	10000	3,4,5 Lakhs	2,000	30 lakhs	10000	6,7,8,9,10 lakhs	3,000	40 lakhs	25000	15 lakhs	5,000	50 lakhs	25000	20 lakhs	5,000		
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14.	<input type="checkbox"/> Second Opinion	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>2,500</td> <td>25 lakhs</td> <td>5000</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>2,500</td> <td>30 lakhs</td> <td>5000</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>2,500</td> <td>40 lakhs</td> <td>10000</td> </tr> <tr> <td>15 lakhs</td> <td>5,000</td> <td>50 lakhs</td> <td>10000</td> </tr> <tr> <td>20 lakhs</td> <td>5,000</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	2,500	25 lakhs	5000	3,4,5 Lakhs	2,500	30 lakhs	5000	6,7,8,9,10 lakhs	2,500	40 lakhs	10000	15 lakhs	5,000	50 lakhs	10000	20 lakhs	5,000		
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15.	<input type="checkbox"/> Rest Cure, Rehabilitation and Respite Care [Nursing Care] Expenses Extension	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>1000</td> <td>25 lakhs</td> <td>5000</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>1000</td> <td>30 lakhs</td> <td>5000</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>1000</td> <td>40 lakhs</td> <td>5000</td> </tr> <tr> <td>15 lakhs</td> <td>2,000</td> <td>50 lakhs</td> <td>5000</td> </tr> <tr> <td>20 lakhs</td> <td>2,000</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	1000	25 lakhs	5000	3,4,5 Lakhs	1000	30 lakhs	5000	6,7,8,9,10 lakhs	1000	40 lakhs	5000	15 lakhs	2,000	50 lakhs	5000	20 lakhs	2,000		
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16.	<input type="checkbox"/> Obesity/ Weight Control Expenses Extension [24 months waiting period]	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>25000</td> <td>25 lakhs</td> <td>100000</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>25000</td> <td>30 lakhs</td> <td>100000</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>50000</td> <td>40 lakhs</td> <td>100000</td> </tr> <tr> <td>15 lakhs</td> <td>100000</td> <td>50 lakhs</td> <td>100000</td> </tr> <tr> <td>20 lakhs</td> <td>100000</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	25000	25 lakhs	100000	3,4,5 Lakhs	25000	30 lakhs	100000	6,7,8,9,10 lakhs	50000	40 lakhs	100000	15 lakhs	100000	50 lakhs	100000	20 lakhs	100000		
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17.	<input type="checkbox"/> Sterility and Infertility Treatment Expenses Extension [24 months waiting period]	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>NA</td> <td>25 lakhs</td> <td>50000</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>NA</td> <td>30 lakhs</td> <td>50000</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>NA</td> <td>40 lakhs</td> <td>100000</td> </tr> <tr> <td>15 lakhs</td> <td>50000</td> <td>50 lakhs</td> <td>100000</td> </tr> <tr> <td>20 lakhs</td> <td>50000</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	NA	25 lakhs	50000	3,4,5 Lakhs	NA	30 lakhs	50000	6,7,8,9,10 lakhs	NA	40 lakhs	100000	15 lakhs	50000	50 lakhs	100000	20 lakhs	50000		
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18.	<input type="checkbox"/> Enhanced Organ Donor	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>50000</td> <td>25 lakhs</td> <td>500000</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>100000</td> <td>30 lakhs</td> <td>500000</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>200000</td> <td>40 lakhs</td> <td>500000</td> </tr> <tr> <td>15 lakhs</td> <td>500000</td> <td>50 lakhs</td> <td>500000</td> </tr> <tr> <td>20 lakhs</td> <td>500000</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	50000	25 lakhs	500000	3,4,5 Lakhs	100000	30 lakhs	500000	6,7,8,9,10 lakhs	200000	40 lakhs	500000	15 lakhs	500000	50 lakhs	500000	20 lakhs	500000		
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19.	<input type="checkbox"/> Premium Waiver	Covered																								
20.	<input type="checkbox"/> Global Cover	Covered (Not Applicable for SI Upto 10 L)																								
21.	<input type="checkbox"/> Medically Advised Support Devices	<table border="1"> <thead> <tr> <th>Base SI</th> <th>Limit up to</th> <th>Base SI</th> <th>Limit up to</th> </tr> </thead> <tbody> <tr> <td>1,2 lakhs</td> <td>15000</td> <td>25 lakhs</td> <td>50000</td> </tr> <tr> <td>3,4,5 Lakhs</td> <td>15000</td> <td>30 lakhs</td> <td>50000</td> </tr> <tr> <td>6,7,8,9,10 lakhs</td> <td>15000</td> <td>40 lakhs</td> <td>100000</td> </tr> <tr> <td>15 lakhs</td> <td>25000</td> <td>50 lakhs</td> <td>100000</td> </tr> <tr> <td>20 lakhs</td> <td>25000</td> <td></td> <td></td> </tr> </tbody> </table>	Base SI	Limit up to	Base SI	Limit up to	1,2 lakhs	15000	25 lakhs	50000	3,4,5 Lakhs	15000	30 lakhs	50000	6,7,8,9,10 lakhs	15000	40 lakhs	100000	15 lakhs	25000	50 lakhs	100000	20 lakhs	25000		
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22.	<input type="checkbox"/> Co-Payment	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50%																								
23.	<input type="checkbox"/> Home Care treatment	5% of Base SI or Rs 25,000, whichever is lower																								
24.	<input type="checkbox"/> Wellness Benefit <input type="checkbox"/> Disease Management Programme (Additional Premium)	Covered																								
25.	<input type="checkbox"/> Modern Treatment	Covered																								
26.	<input type="checkbox"/> Emergency Assistance Services	Covered																								

## 11. 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.	Within the last 2 years have you consulted a doctor or healthcare professional? (other than Preventive Health Check-up or Pre Employment Health Check-up)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Within the last 2 years have you undergone for any detailed investigation (e.g. X-ray, CT Scan, biopsy, MRI, Sonography, etc) (other than Preventive Health Check-up or Pre Employment Health Check-up)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Within the last 5 years have you been to a hospital for an operation/medical treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Do you take tablets, medicines, or drugs on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Within the last 3 months have you experienced any health problems or medical conditions which you/proposed insured person have/has not seen a doctor for	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	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	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Quantity**					
	No. of Years					
Smoking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Quantity(No./Day)					
	No. of Years					
Any other substance like Tobacco/Guthka/Pan/Pan Masala, etc	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Quantity(Pouch/Day)					
	No. of Years					
Narcotics	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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\_\_\_\_\_

## 12. 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.

## 13. PREGNANCY INFORMATION

1 Is anyone currently pregnant? If yes, please mention expected date of delivery _____ (DD/MM/YYYY)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## GENERAL INFORMATION

### 1. Family Physician details:

Family Physicians name \_\_\_\_\_ Contact Number \_\_\_\_\_

### 2. 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

### 3. 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.

### 4. 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 : \_\_\_\_\_

### 14. PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount \_\_\_\_\_ in words \_\_\_\_\_

Premium Payment Options: Monthly  Quarterly  Half YearAnnual

Premium Payment Options: Cash  Cheque  DD  Card

Cheque No. \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card / Debit Card No. \_\_\_\_\_ Card Type Master  Visa

Expiry Date \_\_\_\_\_ Relationship with Proposer \_\_\_\_\_

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

### 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/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.

3. 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.

4. 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.

5. 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.

6. 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."

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. 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 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  Renewal Notice with claim details
- Certification of previous insurer for previous claim details  Photocopies of all previous policies and endorsements

## Universal Sompo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708  
Toll Free No : 1800 200 4030 / 1800 22 4030, for Senior Citizen : 1800 267 4030 | Tel No.: 022 41690888/41690999

Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093, Maharashtra.  
Tel. : 022-41659800 / 900, Email : contactus@universalsompo.com

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 complaint along with details of phone call and number.  
CIN: U66010MH2007PLC166770

Complete Healthcare Insurance

UIN : UNIHLIP23006V032223

IRDAI Reg No:134

### 21. ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mr \_\_\_\_\_ Cheque No \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on \_\_\_\_\_ Bank for a sum of \_\_\_\_\_

Towards payment of premium on behalf of Universal Sompo General Insurance Co Ltd

Date: \_\_\_\_\_ Signature & 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, 6<sup>th</sup> Floor, Reliable Tech Park, Cloud-City Campus, Gut No:31, Mouje Eltham, Thane-Belapur Road, Airoli, Navi-Mumbai-400708  
www.universalsompo.com, Toll free No : 1800 200 4030/1800 22 4030 for senior citizen : 1800 267 4030, email : contactus@universalsompo.com