



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):																									
	Fir	rst N	ame								Μ	iddle	Nar	ne					S	urna	ime				
Marital Status:	Marr	ied			- <u>r</u>	Sing	le 🗌		_ Ot	hers			Geno	der:	Mal	e		F	ema	le 🖵					1
Date of Birth:	D	D	Μ	Μ	Y	Y	Y	Y			Dccup	oatio	n: P	vt Ser	vice		G	ovt S	Servio	ce L		Busi	ness		
Mobile:													Un	nique l	D										
PAN Card*:												OR	Vo	ter's l	D				<u> </u>						
E-Mail:						<u> </u>															Ļ				
Income(in lakhs)	Upto	3		3-6			5-10		1	0-15		15	5-20		2	20-25			>25						
Address:																									
Landmark																									
Area																									
City/Town														Distrie	ct L										
Pin Code							S	tate																	
*Pan card mandatory in cas	e of p	remiu	ım >R	s.1 La	c (In c	ase p	ropos	er is r	not an	indiv	idual	entity	then	details	oft	ne ent	ity to	be fill	ed, P/	AN is	mand	atory	for su	ch ca	ses)
2. PLAN DETAILS		Г					r	<u> </u>	r –	r	1		-		1					_					
Proposed Policy Period:			D	D	Μ	Μ	Y	Y	Y	Y	to	D	D	\mathbb{M}	N		(ſ	Y	Y		_			
Policy Tenure:		1 Y	ear L		2	Year	s (5%	prei	nium	n disc	ount	:)		3 Ye	ears	(10%	6 pre	miuı	n dis	scou	nt)				
Sum insured type:		Floa	ater		In	divid	ual																		
Accidental Death Benefi	it ride	er*	Yes																						

• Riders shall be opted by all the eligible members. There cannot be selection between the eligible members for choosing riders.

- *Personal Accident Benefit will be applicable provided the Proposer is insured in this Policy.
- Dependent Children will not be covered under Personal Accident Benefit.
- Please provide Income proof for Personal Accident Benefit.

3. DETAILS OF THE PERSON(S) TO BE INSURED

SI No.	Name of the Insured Person	Gender M / F	Relationship with Proposer*	Date of Birth	Unique ID	Height cms	Weight kgs	Sum Insured [#]	
1									L L C
2									
3									
4]=
5]
6]
7									

* Allowed relations (Spouse, children and dependent parents) # Options available (2, 3, 4, 5 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:

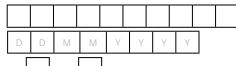
 Appointee Name
 Relationship
 Address of the Appointee

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.

No

Yes

	Name of	Name of Period of Insurance SI &								
Policy No.	Insured person	Insurer	From D D M M YYYY	To 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			Ins	ured Per	son		
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	mended
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

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 Toll Free No. (24x7): 1800 266 7780, 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: TATHLIP21225V022021



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Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	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	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
EDD: D M M Y 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 conditions by any insurance company?	Y / N	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?	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

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.		

																	In	sured	d Per	son	ı				
													1		2		3		4		5		6	-	7
Alcohol (equivalent c	of 30ml F	egs c	ofhai	rd liqı	uor/b	ottle	s of k	beer/	wine	e per v	week)								Γ					
Smoking (No of Cig	garettes	or Bi	idis/c	day)																Τ					
Pan Masala/Tobaco	co (no. d	of sm	all -5	igms	-Pack	ets/o	day)													Τ					
Others habit formi	ng subs	stance	es/ac	dicti	ve (Q	uant	tity c	onsu	med	d)										Τ					
7. PAYMENT DE	TAILS																								
Premium Payer: if different from propose	er																								
Relationship: with the proposer, if diffe	erent fror	m pro	poser]							
Premium Amount (R	s):] 	_				7			٦								
Instrument type:	Cash	י ך ר		Cheq	lue L		Debi	it Car	d L		redit	t Car	d	0	thers	;∟									
Sources of funds:	Sala	ry∟	В	usine	ess		Othe	er																	
Please i AML guidelines: 1. I/we hereby cor proceeds of crir 2. I understand the 3. The insurance c under any of the Nationality : Ind	nfirm th ne relat at the C compan e statut	at all ed to ompa y has es, di	l prei o any any h s righ	mium of th nas th nt to o y or i	ns ha ne off ne rig cance indire	ve b ence ht to el the ectly	een/ liste call e ins gove	will b ed in for d	pe pa prev locu ce co g the	aid fr ventio ment ontra	om k on of ts to ict in venti	oona Mor estal case on o	fide s ley La plish e Lan f mor	souro aund souro n/hav ney la	ces a ering ces o /e be	nd r g Act of fur en f	no pro , 2002 nds. Found	emiui 2. guilt	ms h	ave	been	n/will	be p		
	Road (· 15+	h Elor	or To	wor		ninci	ıla P		3-	ark (Aara		or D-	nol N	lumb		100 /	013				

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Date: -

Type of Organization making the payment (Pls tick)

Limited company □ Government organization Non-Governmental Organization (NGO) □ Society □ 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) 🗖

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned Account is to be attached. #mandatory if annualized premium is more than Rs 10,000

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.
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- 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 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:	Code:
	Name & Signature of agent/intermediary:	
	to the proposer who has understood and confirmed the same.	ns and exclusions have been clearly explained by me in vernacular $\overset{\otimes}{\exists}$
	Signature/Thumb impression of the Proposer	Name & Signature of agent/intermediary
1. A	AGENT DECLARATION	201
ave cluc ugh	ance Advisor/ Specified Person of the Corporate Agent/Authorized em explained all the contents of this Proposal Form, including the nature ling statement(s), information and response(s) submitted by him/her it herein will form the basis of the Contract of Insurance between the Cor	of the questions contained in this Proposal Form to the Proposer \simeq n this Proposal Form to questions contained herein or any details \simeq npany and the Proposer, if this Proposal is accepted by the Company \supseteq

SO 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 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:											
Name of the specified Person and code.	 									L	
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 1. except such rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate,

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. 2.

13. FOR OFFICE USE ONLY

Tata AIG Office Code:

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Intermediary Code and Name: _

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

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TATA AIG & MediCare PROTECT		Application no:
	ACKNOWLEDGEMENT	Date :
Name of the Proposer:		
We acknowledge with thanks the receipt of your application for Tata AIG MediCare Protect and amount by		
Cash Cheque Demand Draft Others 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 within 15 days, we shall cancel application and refund the premium paid without interest subject to deduction of the Pre Policy Checku p 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.		

Tata AIG General Insurance Company Limited.

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