BARODA MEDICARE

बैंक ऑफ़ बड़ौदा
Bank of Baroda
India's International Bank

Powered by Group Medicare Product of Tata AIG General Insurance Company Limited
(Introducing Baroda MediCare, a group health campaign exclusively designed for Bank of Baroda account holders)

ENROLLMENT FORM

URN No.: _____

Name of the Group Administrator			
Customer ID/Account No.		Intermediary Code	

This is an Enrollment Form for Insurance & will form the basis of the policy certificate that We may issue. Every information, this Enrollment Form seeks is important & mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of policy certificate even if it is issued.

For existing customers of Baroda Health, continutiy benefit shall be offered, (subject to Underwriting review in case of increase in sum Insured or member addition)

Please fill-up this form in CAPITAL LETTERS (ALL FIELDS ARE MANDATORY)

SECTION I: APPLICANT INFORMATION

Name (Mr/Mrs/Ms/Dr): First Name Middle Name Surname

Date of Birth: D D M M Y Y Y Y Gender : Male ☐ Female ☐ Nationality:

Mobile: E-Mail:

Occupation: Salaried ☐ Self-employed ☐ Others (please specify) ☐ _____

Address:

Landmark

Area District

City State Pin Code

PAN

PART A: PLAN DETAILS:

Sum Insured (in Lacs) ☐ 2 lacs ☐ 3 lacs ☐ 4 lacs ☐ 5 lacs ☐ 7.5 lacs ☐ 10 lacs

Tenure (in Years) ☐ 1 ☐ Auto Renewal (Duly filled Auto Debit Mandate form is mandatory in case of Auto Renewal)

PART B: PROPOSED INSURED PERSONS DETAILS:

Sr. No.	Name of the Insured Persons	Relationship with Applicant	Date of Birth	Gender	Occupation	Unique ID
1						
2						
3						
4						

PART C: MEDICAL & LIFESTYLE INFORMATION:

Note: This section is applicable for all the persons to be insured

Medical Information	**Y / N**
Have you or any of the persons proposed for insurance, 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 medical condition? • Cancer/Kidney failure/Stroke/Heart disease/Paralysis • Any disease of major organs including but not limited to brain, heart, kidney, lungs, liver or any neurological disorder • Any joint disorder including restriction in movement or any form of arthritis	Y / N
Are you or any of the persons proposed for insurance in good health?	Y / N
Are you or any of the persons proposed for insurance undergoing/awaiting any treatment for any illness?	Y / N

Application No:

PART D: PREVIOUS INSURANCE DETAILS :

POLICY NO.	NAME OF INSURED PERSON	FIRST POLICY INCEPTION DATE	PERIOD OF INSURANCE		SUM INSURED (RS)	CLAIMS LODGED DURING THE PRECEDING YEARS ALONG WITH THE DIAGNOSIS
			FROM	TO		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		

SECTION II: NOMINEE DETAILS

Nominee Name

Relationship with the Applicant

In the event of the death of the Applicant any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. Nominee for any of the persons proposed to be insured shall be the Applicant. The nominee must be an immediate relative of the Applicant. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/herself.

SECTION III: DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

I have read the covers offered in the Group Medicare policy and willing to accept the cover for Myself/ Family Members subject to the terms and conditions of the policy issued by Tata AIG General Insurance Company Ltd. 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. Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-co-operation by the insured will nullify the cover under the policy and no benefits or refund shall be payable.

I understand that "Baroda Medicare" is a Group Health Campaign which is powered by "Group Medicare" a product of Tata AIG General Insurance Company Limited.

Signature of the Applicant: _____

Date: D D M M Y Y Y Y

Place: _____

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 the Applicant: _____

Name & Signature of Agent/Intermediary/Specified Person: _____

Code: _____

Vernacular Declaration (Certification in case the applicant 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 applicant who has understood and confirmed the same.

Signature/Thumb impression of the Applicant: _____

Name & Signature of Agent/Intermediary/Specified Person: _____

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy document carefully before concluding a sale. The insurance products are underwritten by Tata AIG General Insurance Company Limited.

FOR OFFICE USE ONLY

Employee ID: _____ Partner ID: _____

Application No:

CUSTOMER ACKNOWLEDGEMENT

Application Number: _____ Date: _____

Name of the Applicant: _____

We acknowledge with thanks the receipt of your application and amount by Cash ☐ Cheque ☐ Demand Draft ☐

Others ☐ _____ of amount of Rs. _____

Neither the submission to us of this completed enrolment form for insurance nor any payment towards this application obliges Insurer to agree to issue a policy, which decision is and always shall be in Insurers sole and absolute discretion. If Insurer accept Enrollment form for insurance, it shall be subject to the policy terms and conditions and Insurer shall have no liability to make any payment if enrolment form is not accepted by Insurer or premium is not received by Insurer in full and in time, or non-fulfilments of Pre-Policy Check-up (if applicable) and/or additional information requested by Insurer. Failure to deposit the entire premium or non-fulfilments of pre-policy check-up (if applicable) or furnish additional information requested by Insurer within 15 days from the date of enrollment, we shall cancel your application and refund the premium paid without any interest subject to deduction of pre-policy charges (if applicable & conducted). If Insurer does not accept the enrolment form, Insurer will inform you and refund any payment received from you, towards this application/ enrollment form, without interest within next 10 days. Insurer shall have no liability to make any payment under the Policy if Enrollment is under-process & claim arises in the interim period before the decision on the enrollment is given by Insurer.

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