BAJAJ Allianz

Relationship Beyond Insurance

PF000810654

For Office Use Only:

Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

IMD Code	IMD Name

Family Health Care: PROPOSAL FORM

Instructions For Filling Up The Form:-

1. Please answer all questions in BLOCK letters.
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
3. This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

1. Name of the Proposer (in full)

2. PAN/TAN no.

3. Address

State

Pin Code

E mail ID

4. Description of the Proposer's Business

5. Please mention detail of the Bank/ Financial Institution / Group whose members are being covered under the Policy?

6. Plan Opted ☐ **Silver** ☐ **Gold**

7. Do you want policies with Pre Policy Medical Checkup Post Age 45 Years? ☐ **YES /** ☐ **NO**

8. Please state whether all eligible members of the Bank/ Financial Institution / Group are proposed for Insurance? ☐ **YES /** ☐ **NO**

9. Please mention the Total number of persons to be covered:_____
(Please attach the list of persons to be covered as per the format attached)

10 Have you provided complete details of members in Annexure I? **YES /** ☐ **NO**

Annexure I

LIST OF PERSONS PROPOSED FOR INSURANCE

Sr. No.	Name of the Insured	Employee Code/ Account No (if Applicable)	Relationship of the dependent members to the Employee/ Member	Date of Birth (DD-MM-YYYY)	Gender	Sum Insured (Floater)	Nominee	Nominee Relationship with Insured	Pre- Existing Disease (if any)
1									
2									
3									
4									

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5									
6									
7									
8									
9									
10									
11									

Please attach additional sheets, if space not sufficient to complete details.

DECLARATION

1. 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 authorised to propose on behalf of these other persons.
2. 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.
3. 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.
4. 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.
5. 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.

Date: D D M M Y Y Y Y

Signature, Name and Address of Witness
(Applicable only if the Proposer has affixed Thumb Impression)

Signature/ Thumb Impression of the Proposer

Proposed Policy Period: From: DD/MM/YYYY , To: DD/MM/YYYY

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and Terms and Conditions of the policy to the Proposer in the language understood to him / her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof.

Date ____ / ____ / ____ Place _____

Signature of the Declarant (Intermediary/ Agent/ Insurance Official) _____

Name of the Declarant: _____

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITHFINE WHICH MAY EXTEND TO RUPEES TEN LAKH.