



suraksha ka
naya nazariya

Proposal Form **Group Health Assure**

The Policy does not commence until the proposal is accepted by the Company and full premium is paid.

PROPOSER DETAILS							
Name of the Proposer (Name of the Corporate)							
Address City/Town: District: State: PIN Code:							
Pan Card No.							
E- Mail:							
Contact details:							
Occupation (nature of duties) :							
Plan Type				Individual <input type="checkbox"/>		Family Floater <input type="checkbox"/>	
Proposed Policy Period				From DD/MM/YYYY		To DD/MM/YYYY	
PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including Proposer)							
Sno	Name of the Family Member	Relationship with the employee	Date of Birth	Gender	UID Aadhar No	Nominee Name and Relationship	Whether suffering from any pre-existing condition /disease/injury? If so, the details
*Kindly attach separate sheet if required.							
Name of the Nominee and relationship							
In the event of the death of an Insured Person any payment due under the Policy will be payable to the Nominee in accordance with the Policy terms and conditions. Please give below the details of the Nominee, who must be an immediate relative of the Proposer. Nominee for all other persons proposed to be insured shall be the Proposer							
Nominee Name				Relationship to the Proposer		Address of the Nominee	

Section	Sum Insured	Type of Restriction	Restriction (% or INR. Or days)	Sublimit	Scope of Cover	Basis of Payment
	INR.	Co-pay, Deductible etc	Co-pay% or deductible in INR.etc.	In INR. Or % or Benefit period in days	India/Worldwide	Indemnity/Benefit

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/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:

Place:

Proposer's Signature

Prohibition of Rebates (Section 41) of the Insurance Act 1938

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 provision/s of this section shall be punishable with fine, which may extend to ten lakh rupees.

Authorization for electronic Policy fulfilment and service communications

☐ I /We would like to protect my environment and would like to help save paper by authorizing Bharti AXA General Insurance Company Limited to send all my Policy and service related communication to the email ID as mentioned here in the application form. **Yes/No**

(Note : Please tick this option if you wish to receive your Policy at the e-mail address mentioned by you in this proposal form)

☐ I hereby consent to and authorize Bharti AXA General Insurance Company Limited 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. **Yes/No**

Date:

Place:

Proposer's Signature