GROUP HEALTH POLICY PROPOSAL FORM

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

NOTE: This form is to be completed by the Group/ Association/ Institution/ Corporate Body. The Company will not be on risk until the Proposal has been accepted by Company and the full premium paid.

Period of Insurance

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y

1. Name of the Proposer (in full)

2. Address

State																		**Pin code**								
Telephone no												**Mobile no**															
Email id																											

3. Description of the Proposer's Business

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

5. Please mention the proposed Sum Insured (in words):_____

6. Please state whether all eligible members of the Group/ Association/ Institution/ Corporate Body are proposed for Insurance? ☐ YES ☐ NO

7. Do you require Preexisting Diseases cover Extension? ☐ YES ☐ NO

8. Do you require Maternity Expenses Benefit Extension? ☐ YES ☐ NO

9. Have you provided complete details of coverages/ terms in Annexure 2(GMC template)? ☐ YES ☐ NO

10. Have you provided demography in Annexure 2 (GMC template) or List of members (Annexure 1)? ☐ YES ☐ NO

SECTION IV: 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 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.
3. 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.
4. 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 purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share the 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: _____

**** Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than Rs 25000/-.***

SECTION 41. OF INSURANCE ACT, 1938-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 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 published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

UIN:IRDA/NL-HLT/FGII/P-H/V.I/79/13-14

ANNEXURE 1: LIST OF PERSONS PROPOSED FOR INSURANCE

Note: 1. This list will be attached to and forming part of the proposal form and policy to be issued. 2. Separate list should be attached in respect of persons proposed to be covered under each Sum Insured.

Name of the Proposer:

Details of Insured: Sum Insured to be covered in respect of the persons to be listed below

Sr. No.	Name of the Employee/ Member	Employee code	Names of Employee's/ Member's family members to be covered	Relationship of the dependant members to the Employee/ Member	Age/ Date of Birth	Gender	Sum Insured
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							

1. Please attach additional sheets, if space not sufficient to complete details.
2. Names of the family members to be covered should be mentioned immediately after the name of each employee/ Member