

[illegible]

## HEALTH GUARD : 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.

## Proposer Details

1. Full Name:	Title	First Name
Middle Name	Surname	
Is your name mentioned above as per your Aadhaar Card? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, Please mention the Name as per Aadhaar Card		
2. Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG		
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	4. Date of Birth	
5. PAN No.	6. UID/Aadhaar no.	
7. Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee		
8. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	9. No. of Children _____ Sons _____ Daughters	
10. Occupation <input type="checkbox"/> Business <input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> House Wife <input type="checkbox"/> Retired <input type="checkbox"/> Others		

### 11. a) Permanent / Residential Address

[illegible]**11 b) Correspondence Address:** (All the communications will be sent to the below address)[illegible]

12. Educational Qualification: ☐ Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionally Qualified
13. Family Monthly Income: ☐ Up to Rs. 20,000 ☐ Rs. 20,001 to Rs. 50,000 ☐ Rs. 50,001 to Rs. 1 lakh ☐ Above Rs. 1 lakh
14. In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email
15. Nationality 

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 16. Policy Period: ☐ 1 year ☐ 2 year ☐ 3 year

17. Premium Payment Zone: ☐ Zone A ☐ Zone B

There are Two Zones for Premium payment

Zone A: "Following cities has been clubbed in Zone A:-

Delhi / NCR, Mumbai including Navi Mumbai, Thane and Kalyan, Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara and Surat.

**Zone B:** Rest of India apart from Zone A cities are classified as Zone B.

Note:-

Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment.

But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co – payment will not be applicable for Accidental Hospitalization cases.”

Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

- 18.. Co pay Discount: ☐ Yes ☐ No (If yes please choose from below options)  
☐ 10% ☐ 20%

Note: If opted voluntarily by the Insured then Insured will be eligible of additional 10% or 20% discount respectively on the policy premium. In case of a claim has been admitted under In-patient Hospitalisation Treatment then, the insured person shall bear 10% or 20% respectively of the eligible claim amount payable under this cover.

## 19. DETAILS OF PERSONS TO BE INSURED

[illegible]

## Plan Details:

Member Name	Plan opted (Silver/Gold)	Sum Insured (individual)	Sum Insured (floater)

- 20) Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption?
- 21) Has any proposal for life, critical illness or health related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details \_\_\_\_\_
- 22) Has any of the persons to be insured suffer from/or investigated for any of the following? Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV. ☐ YES ☐ NO
- 23) Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and prior to 4 years and have been taking treatment, regular medication (self/ prescribed) or planned for any treatment / surgery / hospitalization? (Please provide details in the table given below) ☐ YES ☐ NO

If the reply is YES for question 22 and 23 please share details in below table

Member Name	Name of the Illness/injury suffered /suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury

- 24) Have any of your immediate family members (father, mother, brother or sister) have/ had diabetes, hypertension, cancer, heart attack, or stroke and at what age? ☐ YES ☐ NO

If yes, was it before age 60 years or after 60 years?

Member Name	Relationship with Proposer	Disease Name	At what Age illness suffered

- 25) Payment mode ☐ Full Payment ☐ Installment Payment  
If Installment Payment Mode is opted, please provide below details: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual
- 26) Payment Details ☐ Cash ☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card

Amount	Transaction No.	Transaction Date	Bank Name	Branch

## Declaration\*

- 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.
- 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.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Place : \_\_\_\_\_

Signature/ Thumb Impression of the Proposer

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract\*\*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Place: \_\_\_\_\_

\*Please read declaration wordings carefully before signing the proposal form.

\*\*This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

Signature (On behalf of Proposer)

## Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (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 default in complying with the provisions of this section shall be punishable with fine which may extend to rupees ten lakh.

## ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mr: \_\_\_\_\_ through Cash# / Cheque / DD / Credit Card / Debit Card No. \_\_\_\_\_ against your proposal for Health Policy.  
sum of Rs. \_\_\_\_\_  
Signature of Bajaj Allianz Official/ Intermediary: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
Bajaj Allianz Official / Intermediary Name: \_\_\_\_\_

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion