

Relationship Beyond Insurance

For Office Use Only:	
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Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

IMD Code	IMD Name				

HEALTH GUARD: PROPOSAL FORM

Instructions	For	Filling	Up	The	Form:
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- 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.

rioposei Details
1. Full Name; Title
Middle Name
2. Are you an existing Bajaj Allianz Customer: Y es / No If yes, please mention the Policy No: OG
3. Gender: Male Female Other 4. Date of Birth DDMM YYYYYY
5. PAN No 6. UID/Unique ID: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
7. Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee
8. Marital Status: Married Single Divorced Widowed 9. No. of ChildrenSonsDaughters
10. Occupation Business Salaried Professional Student House Wife Retired Others
11. a) Permanent / Residential Address 11 b) Correspondence Address: (All the communications will be sent to the below address)
House No. House No.
House Name House Name House Name
Landmark/Locality Landmark/Locality Landmark/Locality Landmark/Locality
Road/Area Name
City/District City/District City/District
State State State
Pin Code
Tel
Mobile Mobile Mobile
Email Email Email
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 2 year 3 year
17. Plan: Silver Gold
18. Sum Insured Options a) Health Guard Individual Sum insured: □ Please mention the member wise sum insured in the member details table
b) Health Guard Family Floater Sum Insured – please select the sum insured option from below
□ 1.5 lacs □ 2 lacs □ 3 lacs □ 4 lacs □ 5 lacs □ 7.5 lacs □ 10 lacs □ 15 lacs □ 20 lacs □ 25 lacs □ 30 lacs □ 35 lacs □ 40 lacs □ 45 lacs □ 50 lacs
19. 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 allover 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.

20. DETAILS OF PERSONS TO BE INSURED

Member Details	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Height	Weight	Gender (M/F)	Sum Insured	Nominee	Nominee Relationship with Insured

	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, If yes, indicate in the table given below. Yes/ No No								
22.									
Sr. No	Name of the person	Name of the Illness/injury suffered / suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury				
C	* · ·	nitiative, we will send the policy copy o want to receive the physical hard copy	-	igitally signed valid d	ocument.				
*DE	CLARATION								
1.	true and complete in all respects to the I understand that the information provid	behalf of all persons proposed to be insur best of my knowledge and that I am author led by me will form the basis of the insurar	ised to propose on behalf of nce policy, is subject to the	these other persons.					
3.	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								
4.	submitted but before communication of the risk acceptance by the company.								
5.	underwriting the proposal and/or claim sell authorize the company to share informati	• •	medical records of the insure						
Prop	osed Policy Period: From: DD/MM/YYYY , To:	: DD/MM/YYYY Date: D D M M	Y Y Y Y	Signatur	re of Proposer				
INS	SURANCE ACT, 1938 SECTION 41 - PROHIBI	TION OF REBATES							
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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 WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.

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

21. Has any of the persons to be insured suffer from/or investigated for any of the following?