

PROPOSAL FORM

National Super Top Up Mediclaim Policy



Proposal for New Policy Renewal (with change in details)

Period of insurance: From To midnight of
DD MM YY DD MM YY

IMPORTANT INSTRUCTIONS

- (a) This Proposal Form shall be the basis of the policy to be issued. It is therefore essential that all the information sought in this Proposal Form and all additional information relevant to the risk to be insured is provided fully & accurately. Please do not leave any space blank, or put dashes
- (b) The Company will not be on risk until the Proposal have been accepted by the company and communication of the acceptance has been given to the proposer in writing after full payment of premium
- (c) Details of the proposer and the insured persons can be filled in this Proposal Form. One stamp size photograph of each person are to be affixed on the Proposal Form.
- (d) List of documents required is provided in Annexure B.

1. PROPOSER / INSURED DETAILS: Mr. Ms. Mrs.

Name: _____
 Occupation/Business/Service/Other: _____ PAN No: _____ Aadhaar No: _____

2. ADDRESS / CONTACT DETAILS:

Address: _____
 _____ District: _____ State: _____ Pin: _____
 Mobile No: _____ Email ID: _____

3. NOMINEE DETAILS:

Name of Nominee: _____ Date of Birth: / /
 Relationship with proposer _____ PAN no: _____ Mobile: _____ Email ID: _____
 Name of Guardian (if nominee is minor) _____ Relationship with proposer _____

4. POLICY DETAILS: (Please strike through the one not required)

Policy Type: Individual Floater Is TPA service required?: Yes No

5. BANK DETAILS:

Name in Bank Account: _____
 Bank: _____ Branch: _____
 SB Account No: _____ IFSC: _____

6. INSURED PERSON DETAILS

No. of persons covered (including proposer) _____ (in figure), _____ (in words)
 Paste one stamp sized photographs and sign below

<i>Proposer</i>	<i>Insured Person</i>	<i>Insured Person</i>	<i>Insured Person</i>	<i>Insured Person</i>	<i>Insured Person</i>

All the fields are mandatory. Please do not leave any field blank.

Customer Code								
	Proposer	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6	Insured Person 7
Name								
Date of Birth (mm/dd/yyyy)								
Age								
Gender (M/F)								
Height (cm)								
Weight (kg)								
Blood Group								
Marital Status								
Relationship with Proposer								
Dependent (Y/N)								
Occupation								
Do you smoke? (Y/N)								
Do you drink alcohol? (Y/N)								
*Threshold								
*Sum Insured								

* If 'Policy Type' is Floater, Threshold and Sum Insured of Proposer shall apply to the entire family.

7. INSURANCE PARTICULARS

Is there an active Base Policy covering any/ all of the insured persons for hospitalisation? Yes/ No
If yes, please give details below and attach policy copies

Policy No.	Insurer	Floater/ Ind	Members covered with SI and CB	Policy Name	Expiry Date	Last Claimed Date	Claimed Amount	Porting? (Y/ N)

8. PRE EXISTING CONDITION OF PROPOSER AND INSURED PERSON

If proposer/ any insured person is suffering from any-diseases or has signs or symptoms and/or was diagnosed and/or received medical advice/ treatment within 48 months (pre existing disease/ condition), write Yes/ No. Please do not leave the spaces blank.

	Proposer	Insured Person	Insured Person	Insured Person	Insured Person	Insured Person
Are you in good health, free from physical and mental disease or infirmity or medical complaints?						
Yes/ No						
If No, please specify the illness/disease						

9. PAYMENT DETAILS

Premium Paid by: Cash Cheque DD Others, specify _____

Amount _____ Date ____/____/____ Bank Name _____

National Insurance Co. Ltd.

Regd. Office 3, Middleton Street, Post Page 2 of 6

Box 9229, Kolkata 700 071

National Super Top Up Mediclaim Policy
UIN: NICHLP19042V021920

10. DECLARATIONS

I hereby declare and warrant that the above statements are true and complete. I consent and authorize the Insurers to 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.

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 insurance policy and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

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 proposer or from any past or present employer concerning anything which affects the physical or mental health of the proposer and seeking information from any insurance company to which an application for insurance on the proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

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.

Place: _____

Date: _____

Signature of the proposer

11. IN CASE PROPOSAL FORM IS NOT COMPLETED BY PROPOSER

As per clause no. 6.(4) of Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, - 'where, for any reason, the proposal and other connected papers are not filled by the proposer, a certificate may be incorporated at the end of proposal form from the proposer that the contents of the form and documents have been fully explained to him/her and that he/she has fully understood the significance of the proposed contract'

CERTIFICATE FROM PROPOSER

The proposal form is filled up by my representative, but the contents of the documents have been fully explained to me and I am willing to accept the coverage subject to terms, conditions and exceptions prescribed by the Insurance Company therein.

Place : _____
Date : ____/____/____

Signature

Name of the Proposer (in BLOCK LETTERS) _____

N.B. : This should necessarily be signed by proposer, and not by his/her representative.

12. SECTION 41 OF INSURANCE ACT, 1938 – PROHIBITION OF REBATES (Amended as per The Insurance Laws (Amendment) Act, 2015

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 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurers.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

13. FOR OFFICE USE ONLY

Premium (before discounts) : Rs. _____
Net Premium : Rs. _____

Intermediary _____ Code _____ Date ____/____/____

Dev. Officer _____ Code: _____ Date ____/____/____

Do you consider the risk acceptable?

Competent Authority: Name _____ Designation: _____ Signature _____

Policy No. _____ Issuing Office: _____ Office code: _____

MEDICAL EXAMINATION REPORT

PART I:

PERSONAL HISTORY

To be completed by consulting physician / surgeon in case of adverse medical history

- 1 Name of the Insured Person :**
- 2 History :**
- (a) Present complaints and investigation, if any :**
- (b) Any past history of disease, operations, accidents, investigations with date, major medical complaints of hospitalisation? :**
- (c) Details of present and past medication with duration :**
- (d) Is he cured of diseases, if any? :**
- When was your treatment, if any, given, stopped? :**
- 3 General examination :**
- 4 Systematic examination :**

Name of Medical Examiner & qualification:

Regd.No:

Address:

Date:

Signature of Medical Examiner:

Signature of Proposer:

Policy No. :

Name of Insured Person :

*To be completed by the insured in case of porting from a health insurance policy issued by another insurance company***Portability Form**

1)	Name of the Policyholder / insured (s)	
2)	Date of Birth/Age	
3)	Address of the policyholder/insured	
4)	Details of existing insurer	
	i. Name of insurance company	
	ii. Name of the product	
	iii. Sum Insured	
	iv. Cumulative Bonus	
	v. Add-ons/riders taken	
	vi. Policy number	
5)	Details of the proposed insurance	
	i. Name of the product proposed/intend to take	
	ii. Sum Insured Proposed	
	iii. Whether Cumulative Bonus to be converted to an enhanced sum insured	
6)	Reason(s) for Portability	
7)	No. of family members to be included in the policy to be ported	
Enclosure: Photocopy of the existing & previous policy documents		
Date:		Signature of the policyholder

1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy? (Please indicate Yes / NO):

2. If yes, please give written consent to the declaration below:

I am aware that the waiting period for the following disease(s)/treatment(s) is more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s)/treatment(s).

<u>Name of disease/ treatment</u>	<u>Waiting period in days/ years</u>
1.	
2.	
3.	
4.	

Place :

Date :

 Signature of the policyholder

Documents required

1. Completed proposal form
2. Cancelled cheque (supporting bank account details)
3. Stamp size photograph (1 nos) for each insured person
4. Pre policy check up reports (if applicable)
5. Copy of existing health insurance policies (if applicable)
6. Proof of identity (any one document listed below)
7. Proof of residence (any one document listed below)
8. Copy of IT Certificate/ IT Return (wherever applicable)
9. Pan Details (in case PAN not available, Form 60 or 61 as per Rule 114B of the Income-tax Rule,1962 must be submitted)

Documentary proof

Features	Documents
Proof of identity	<ol style="list-style-type: none"> i. Passport ii. PAN Card iii. Voter's Identity Card iv. Driving License v. Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(c) of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer vi. Personal identification and certification of the employees of the insurer for identity of the prospective policyholder. vii. Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number viii. Job card issued by NREGA duly signed by an officer of the State Government
Proof of Residence	<ol style="list-style-type: none"> i. Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract ii. Current Passbook with details of permanent/present residence address (updated upto the previous month) iii. Current statement of bank account with details of permanent/present residence address (as downloaded) iv. Letter from any recognized public authority v. Electricity bill vi. Ration card vii. Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof viii. Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)
Proofs of both Identity and Residence	Written confirmation from the banks where the proposer is a customer, regarding identification and proof of residence.