

I also consent to provide the Company and/or any of its authorised representatives any information and/or document with regard to the source of income and age of the persons proposed to be insured, as may be sought by the Company.

Place: _____ Proposer's Signature: _____
 Date: Name: _____
 (DD/MM/YYYY) Designation: _____

Acknowledgement

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/Others
 of amount of Rs.....dated..... drawn on.....

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

.....
 Signature of the receiver and official seal



Max Bupa Health Insurance Company Limited

Corporate Office: D-1, 2nd Floor, Salcon Ras Vilas, District Centre, Saket, New Delhi - 110017.
 Registered Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi - 110020
 www.maxbupa.com

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 Insurance is the subject matter of solicitation

STATUTORY WARNING

PROHIBITION OF REBATES.
 (Under Section 41 of Insurance Act 1938)

- 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 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.



PROPOSAL FORM - EMPLOYEE FIRST HEALTH INSURANCE PLAN

Marketing Officer: _____
 Branch Address: _____
 Phone #: _____
 Proposal Form No:
 Group I.D.No:
 Client I.D.No:

GUIDELINES FOR COMPLETION OF THE FORM

- Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. This obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay.
- The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.
- Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE

The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

SCOPE OF COVER

This Policy covers reimbursement of hospitalisation expenses incurred for diseases contracted or injuries sustained in India. Medical expenses up to 30 days for Pre-hospitalisation and up to 60 days for post-hospitalisation are also admissible.

SIGNIFICANT EXCLUSIONS

The following is an indicative list of exclusions from the cover under the Policy. For a detailed set of exclusions, kindly consult the policy document.

Pre-Existing Conditions, Diseases contracted during first 30 days, Cost of Spectacles/Contact Lenses, Dental/Oral Treatment, HIV and AIDS, Pregnancy and certain specified diseases during first year of the Policy.

PERMANENT EXCLUSIONS

Addictive conditions and disorders, Ageing and puberty, Artificial life maintenance, Circumcision, Conflict and disaster, Congenital conditions, Convalescence and rehabilitation, Cosmetic surgery, Dental/oral treatment, Drugs and dressings for out-patient or take-home use, Eyesight, Experimental treatment, Health hydros, nature cure, wellness clinics etc., HIV and AIDS, Hereditary conditions, Items of personal comfort and convenience, Non-allopathic treatment, Neurological and Psychiatric Conditions, Obesity, Out-patient Treatment, Reproductive medicine - Birth control & Assisted reproduction, Self-inflicted injuries, Sexual problems and gender issues, Sexually transmitted diseases, Sleep disorders, Speech disorders, Treatment for developmental problems, Treatment received outside India, Unrecognized physician or facility & Unlawful activity

EXTENSIONS

In addition, certain optional extensions are available, the details of which, are provided in the relevant section of this proposal form. DETAILS: Put a (✓) mark wherever applicable