Form 8.25″ x 11.75″

1. CLIENT INFORMATION

(i) Proposer's name (please leave a space after each part of name)

(ii) Proposer's mailing address (please leave a space after each part of address)

City/Town/Village

State Pin Code

Phone number

Fax number

E-mail address

(iii) Proposer's trade or business

(iv) Paid-up capital of the firm (in Rs. Million)

2. RISK DETAILS

(i) Period of Insurance: (DD/MM/YYYY)

From: To: Midnight

(ii) Number of persons to be insured

(iii) Please provide the list of persons to be insured in the following format

For each employee

Name of the employee (1)	Date of Birth (2)	Gender (3)	Location (City) (4)	Specify existing diseases, if any (6)	Name of Nominee (7)

For each dependent covered under the same Sum Insured with an employee

Name of the dependent (8)	Relation with the employee	Date of Birth	Gender	Location (City)	Specify existing diseases, if any

Note:
Please provide an additional sheet if space is not sufficient to complete details.
Names of the dependent should be mentioned along with the name of the employee they share the sum insured with, please add additional columns in case there are more dependents.

(iv) Do all the members proposed to be insured form part of one Corporate body?

Yes ☐ No ☐

(v) Kindly provide the particulars for the past 3 policy periods or less period for which policy availed, in the following format.

Policy Period From - To	Name & Address of the Insurer	Policy Number	Number of employees/ dependents covered	Total Premium (Rs.)	Total amount of claims (Rs.)

3. LOADINGS/DISCOUNTS

If you want to avail of extension of the policy, please specify below. Please note that an extension of the policy may be subject to payment of an additional premium or a discount in premium depending on the type of extension opted:

(i) Maternity Benefits

No ☐ Yes, **without** 9 months waiting period ☐

Yes, **with** 9 months waiting period ☐

(ii) Inclusion of Parents of the employee as insureds in the group policy Yes ☐ No ☐

(iii) Inclusion of Parent-in-laws of the employees as insureds in the group policy Yes ☐ No ☐

(iv) Waiver of 30 days no claims waiting period Yes ☐ No ☐

(v) Waiver of 2 years waiting period for exclusions for specific medical conditions Yes ☐ No ☐

(vi) Waiver of 4 years waiting period for Pre-existing Conditions Yes ☐ No ☐

(vii) Inclusions of co-pay for all claims for <60 years age No ☐ Yes, 10% ☐

Yes, 20% ☐ Yes, 30% ☐

(viii) Extension of 30 days no claims waiting period to 90 days Yes ☐ No ☐

(ix) Employee Z category benefits required Yes ☐ No ☐

Any additional information relevant to the policy applied for

Note : Please use additional sheets if space is not sufficient to complete details.

I hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects and that there is no information which is relevant to this application for insurance that has not been disclosed to the Company. I agree that this proposal and any other information provided and the declaration shall be the basis of the contract between me and all persons to be insured and the Company.