Leaflet Size_ 8.25” x 11.75”

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.

I also consent to provide the Company and/or any of its authorized 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: (DD/MM/YYYY) Name: _____ Designation: _____

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.

STATUTORY WARNING

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

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 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.

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

Max Bupa Health Insurance

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

A Max India Joint Venture

Max Bupa Health Insurance

PROPOSAL FORM FOR SWASTHYA PRATHAM MICRO INSURANCE PRODUCT

Marketing Officer: _____

Branch Address: _____

Phone #: _____

Proposal Form No:

Group I.D.No:

Client I.D.No

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. 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.
3. 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.
4. 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 paid.

SCOPE OF COVER

This Policy covers reimbursement of hospitalisation expenses incurred for diseases contracted or injuries sustained in India.
Medical expenses upto 07 days for Pre-hospitalisation and up to 15 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 two years of the Policy.

EXTENSIONS

In addition, certain optional extensions are available, the details of which, are provided in the relevant section of this proposal form.

NOTE

The foregoing is only an indication of the cover offered. For details, please refer to the Policy.

DETAILS: Put a (√) mark wherever applicable

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) Line of Work

2. PROPOSED 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 member/borrower

Name of the Member/Borrower (1)	Date of Birth (2)	Gender (3)	Present Address (4)	Specify existing diseases, if any (6)

For each dependent covered under the same Sum Insured with a member/borrower

Name of the dependent (7)	Relation with the Member/ Borrower	Date of Birth	Gender	Present Address	Specify existing diseases, if any

Note:

Please provide an additional sheet if space is not sufficient to complete details.

Names of the dependents should be mentioned along with the name of the member/borrower they share the sum insured with. Please add additional columns in case there are more dependents.

(iv) Do all the members/ Borrowers proposed to be insured are member/ borrower of the Organisation / Instituion.

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 Members/Borrower /Dependents covered	Total Premium (Rs.)	Total amount of claims (Rs.)

3. NOMINATION

In the event of the death of the proposer any payment due under the policy shall become payable to the nominee proposed in the form and the receipt of the proceeds by such nominee would be sufficient discharge to the company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. Following section to be filled by the proposer

Nominee Name	Relationship	Address of Nominee

4. LOADINGS/DISCOUNTS

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

(i) Maternity Benefits
No ☐ Yes ☐

(ii) Personal Accident and Death cover
No ☐ Yes ☐

(iii) Out-Patient Cover
No ☐ Yes ☐

(iv) Wage Loss
No ☐ Yes ☐

(v) Transport allowance
No ☐ Yes ☐

(vi) By-Stander allowance
No ☐ Yes ☐

(vii) Meal allowance
No ☐ Yes ☐

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

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

(x) Extension of 30 days no claims waiting period to 90 days (Only in case of accident)
No ☐ Yes ☐