

SmartHealth – High Deductible Insurance Policy- Proposal Form

HPD

Important Note

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate
(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

1 Intermediary details

Intermediary/
Sales Officer Name Code

Branch Name Code

Sales Manager's Name Code

Campaign Name Code

Business Indicator Rural Indicator Yes No

2 Proposer's details

Name
Mr. / Mrs. / Ms. / Dr.

Communication (Postal) Address

Contact Nos. Mobile No. Residence +91

3 Details of insured person(s) (the person(s) to be insured)

Sl. No.	Name	Date of Birth	Relationship	Gender	Height	Weight	Occupation	Details of pre-existing condition/disease/injury, (if any)	Name of Nominee & Relationship

Insured Person(s) aged 56 years and above or suffering from any pre-existing condition/disease are required to undergo medical examination, as prescribed by the Company.

