## **HDFC ERGO General Insurance Company Limited**



## HEALTH SURAKSHA - TOP UP PLUS - PROPOSAL FORM

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MEDICAL AND LIFESTYLE INFORMATION  MEDICAL AND LIFESTY LIFESTY LIFESTY  MEDICAL AND LIFESTY  MEDICAL AND LIFESTY  MEDICAL	MEDICAL AND LIFESTYLE INFORMATION    Ease answer the below mentioned questions in Yes(Y)/No (N)   Section A: Have any of the persons proposed to be insured ever suffered from/currently suffering from any of the following:   Insured 1   Insured 2   Insured 3   Insured 1   Insured 2   Insured 3   Insured 1   Insured 2   Insured 3   Insured 3   Insured 3   Insured 3   Insured 4   Insured 5   Insured 6   Insured 7   Insured 7   Insured 8   Insured 9   Insured 9	Non sthe proposer or any of the per	ns proposed to be insured ninee Name sons proposed, already In ation number(s) (Please m	d, the Proposer	EXISTIN plan with HDFC E	G/PREVICE RGO Genera	Relationship  DUS INSURANCE DETAIL  al Insurance Company Limited of	LS or any other insurer		Address of the	e Nominee	
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ACKNOWLEDGMENT - CUSTOMER COPY

Please retain this counterfoil for your records

Section B: Have any of the persons proposed to be insured:			Insured 1	Insured 2	Insured 3	Insured 4
xiv. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication xv. Been under any regular medication (self/ prescribed)	on therapy					
xvi. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years						
xvii. Undertaken any surgery or a surgery been advised in the last 10 years or is a su	urgery still pending					
xviii. Suffered from any other disease/illness/ accident/injury						
xix. Is any of the insured persons pregnant? If yes please mention the expected date xx. Any complaint of diabetes, hypertension or any complication during current or earl						
<u> </u>	lier pregnancy	D. I (1		Trantment	-	
Section C: Name and details of Illness/ Medicine/Test/ Surgery/Diopter grade (for questions answered as Yes in Section A & B)	Diagnosis Date Date Cons			Treatment in/outpatient		tor/ Hospital and Phone No.
Insured 1						
Insured 2						
Insured 3						
Insured 4	_					
Section D: Name, address, qualification and contact details of the family doctor Name:	<u> </u>			Qualification:		
Address:						
Pin Code: Phone No.	Mobile No	o. Email ID	·			
Section E: Does any person proposed to be insured smoke or consume gutkha If yes please indicate the name and quantity per week	l/pan masala or alcohol	Alcohol	Smok	te Pan Ma	ısala	Others
Insured 1						
Insured 2 Insured 3						
Insured 4						
	BANK PAYMENT DETA	AILS				
Name of the Bank Account Holder					D-t-4 DDI	
Cheque No.         Name of Bank           Bank Account No.         Branch		Account: S	Savings	Current	Dated DDI	VIIVIYYYY
MICR Code & digit MICR code number of the bank and	IFS		• —	ing on your cheque leaf)		
branch appearing on the cheque issued by the bank)						
I wish: Any refund due on the premium payment / any payment/claims will be c *As per the IRDA, its mandatory that all payments made to the insured only	,	nk Account.^				
Please fill in your payment details for either Cheque/ Credit Card option Cheque - Plea	-	t payee only) in the	name of 'HDFC	ERGO General Insurar	ice Company Limite	ed'.
Credit Card: Master Visa Expiry Date DDMN	MYYYY		Credit Card	No.		
Card Holders Name Mr/Ms/Mrs.						
Relationship to the Insured  Additional Information: (If there is insufficient space to provide additional releva	nt information, whether as reque	sted or otherwise	, please attach	extra sheet duly signed		
	GENERAL EXCLUSION	NS				
The following is an outline of the general exclusions under the policy. For more details on the exclusions 30 days waiting period in the first year and is not applicable in subsequent renewals; War or any act of w					a or attempting to comp	nit a breach of law with
riminal intent, or intentional self injury or attempted suicide while sane or insane; participation or involve	ement in naval, military or air force operati	on or any hazardous or	dangerous or adve	nturous activities including bu	it not limited to racing, o	friving, aviation, scuba
tiving, parachuting, hang-gliding, fock or mountain climbing; abuse or the consequences of the abuse other substance abuse treatment or services or supplies; treatment of obesity or any weight control pro diseases, genetic disorders, stem cell implantation or surgery or growth hormone therapy; steep apnose	a: venereal disease, sexually transmitted o	lisease. "AIDS" (Acquir	red Immune Deficie	ncv Svndrome) and/or infection	on with HIV (Human im	munodeficiency virus)'
sterilly i infertility treatment of any type; pregnancy (including voluntary termination), miscarniage (exc liagnosis and treatment by manipulation of the skeletal structure, muscle stimulation by any means ex reatment of nasal concha resection, circumcisions unless necessitated by illness or injury and forming	cept for treatment of fractures other than	nairline fractures and d	lislocations of the m	nandible and extremities; den	tal treatment unless re	quiring hospitalization;
necessary as a part of medically necessary treatment for reconstruction following an Áccident, Cancer examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and	or Burns; experimental, investigational o	unproven treatment d	levices and pharma	icological regimens; measure	es primarily for diagnos	tic, X-ray or laboratory
care: all preventive care, vaccination including inoculation and immunizations (except in case of post- Medical Practitioner as a direct consequence of an otherwise covered claim; charges related to a Hos Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendere	oite treatment); any non allopathic treatme spital stay not expressively mentioned as	nt; enteral feedings and being covered, items of	d other nutritional a of personal comfort	nd electrolyte supplements, u and convenience, vitamins a	inless certified to be red and tonics; treatments i	quired by the attending rendered by a Medical
ractitioner which is outside his discipline of the discipline for which he is licensed; treatments renderer reatment by any person or institution that we have told you (in writing) is not to be used; the provision oupees, medical supplies including elastic stockings, diabetic test strips, nebulizer and similar produc	or titting of hearing aids, spectacles or co	intact lenses including	optometric therapy	,, any treatment and associat	ed expenses for alope	cia, baldness, wigs, or
ncluding medicines/treatment taken beyond the prescribed limit; artificial limbs, crutches or any other ex	ternal appliance and/or device used for di	agnosis or treatment.	cost, not medically	, necessary, drugs or recurre	sit willon are not supp	orted by a prescription
DECLARATION & WARRANT  We hereby declare on my behalf and on behalf of all persons proposed to be insured that the abo					nronoso on hobalf of th	ages other persons
I understand that the information provided by me will form the basis of insurance policy, is subject!     IWe further declare that I/We will notify in writing any change occurring in the occupation or gener	to the Board approved underwriting policy	of the Insurance compa	any and that the poli	cy will come into force only aft	er full receipt of the prei	mium chargeable c
<ul> <li>I/we declare and further consent to the company, seeking medical information from any doctor physical and mental health of the life to be assured/proposer and seeking information from any in</li> </ul>	or from a hospital who at anytime has atte	nded on the life to be i	nsured/ proposer o	r from any past or present em	ployer concerning any	thing which affects the
claim settlement.  We authorize the company to share information pertaining to my proposal including the medical	. ,		·	•		
lauthorize HDFC ERGO General Insurance and associate partners to contact me via email, phor     lagree to HDFC ERGO General Insurance Company Limited taking appropriate measures to cap	ne, SMS.	3		,	, ,	: :
Signature of the Proposer:	Place:	insactions carried out t	y me, maccordane	Date: DD/N		<u>=</u>
	COINSURANCE OPTI	ON		240. <u>2011</u>		=
☐ I agree to exercise Coinsurance option with HDFC ERGO General Insurance Company Ltd.	(Lead insurer) and Apollo Munich Health	Insurance Company L				"
Notwithstanding the role and liability of the Co-insurer in terms of the above co-insurance arrangem including but not limited to the collection of premium, policy administration, notices, policy and claim			tne above co-insur	ance arrangement the Lead	insurer is the Insurer f	or all Policy purposes
Note: We are under no obligation to accept any proposal for insurance. The Proposer agrees that the	INSURER'S DECELARA		re Company Limita	d along with the premium now	ment does not tantama	unt to the acceptance
vote: we are under no conigation to accept any proposal for insurance. The Proposer agrees that it of the Proposal for insurance by HDFC ERGO General Insurance Company Limiled and does not res ealization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC	ult in a concluded contract of insurance.	he acceptance of the	Proposal for insura	nce shall be at the Company	's sole and absolute di	scretion and upon full
ealization of the premium payment, in the event of acceptance of the Proposal for insurance by PIDFC Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO Ger occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered a	neral Insurance Company Limited shall no	ot be liable for any clair	n in respect of an e	vent giving rise to a claim co		of Insurance that has
You are obliged to inform HDFC ERGO General Insurance Company Ltd without any delay & in vicover. If you are in any doubt, please seek the advice of your insurance advisor.					cation form & inception	on of your insurance
Fraud Warning: This policy shall be voldable at the option of the Company in the event of <i>misrepresenta</i> Any person who, knowingly and with intent to defraud the insurance company or any other person, files a						
raúdulent insurance act, which will render the policy voidable at the sole discretion of the insurance com Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of	pany and result in a denial of insurance be rebating is prohibited, as follows:	nefits.		Ţ.	3 ,	
l. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or	rrenewing or continuing a policy accept an	y rebate, except such r				
2. Any person making default in complying with the provision of this section shall be punishable with fine Place:	e which may extend to five hundred rupees		-	·		
Date: D D M M Y Y Y Y				Signature of the F	Proposer	
FOR OFFICE USE ONLY				Signature of the f	. 000001	
Channel Partner Code:		Branch Location:				
			S	ignature of Channel Part	ner:	
				J		
	KNOWLEDGMENT - CUST		o our/ D	i	201mc=1=f	on hot-if
Received from Mr. / Mrs. / Mrs Cheque No HDFC ERGO General Insurance Company Ltd.	_ dated drawn on	Bank for	a sum of Rs	towards p	payment of premiun	n on behalf of
Signature & seal						
Date: D D M M Y Y Y Y						
Your proposal is subject to acceptance by the Company. This acknowledgement should not be constru	ed as assumption of rick by the Company	If we accent a proposal	for insurance it ch	all he subject to the policy torm	ns and conditions and u	ve shall have no liability
Your proposal is subject to acceptance by the Company. This acknowledgement should not be constru- to make any payment if premium is not received by us in full and in time, or is not realised or non-fulfillme						