



HEALTH INSURANCE

Standing Instruction Mandate
Electronic Clearing Scheme/Direct Debit/Credit Card

UI Code _____ Mandate Reference No [] Customer ID []

Tick the applicable payment option to pay your renewal insurance premium:

[] Electronic Clearing Service (ECS)/Direct Debit [] Credit Card

Mandatory fields

Policyholder's Name* []
Application Number (New)* []
Policy Number (Renewals)* []
Permanent Account Number* [] Email Id* []
Mobile Number 1* [] Mobile Number 2 []
Landline Number with STD Code [] Amount (in figures) []
Premium Due Date [] Payment Frequency: Annual
ECS End Date []

Information to be Filled if the chosen option is Electronic Clearing Scheme and Direct Debit

[] Yes, I have attached an original cancelled cheque/copy of the cheque for ECS/Direct Debit
Account Holder's Name* []
Account Name* []
Account Type [] Saving [] Current [] Cash Credit
Name and Address of the BaNK/Branch* []
9 Digit MICR Code* [] IFCS Code* []

Information to be Filled if the chosen option is Credit Card

[] Yes, I have attached a copy of the front side of the Credit Card [] Master [] Visa [] Amex [] Diners
Credit Card Holder's Name* []
Credit Card Number* [] Credit Card Expiry Date* []
Name of the Issuing Bank* []

Declaration by the Policyholder/Proposer/Account Holder

- 1 I/We hereby declare that the particulars given above are correct and complete in all respects. I/We acknowledge that I/We have read, understood and agree to be bound by the Terms and Conditions detailed in this Standing Instruction Mandate.
2 I/We authorize Max Bupa Health Insurance Company Limited ('the Insurer')/its authorised service provider carrying this ECS (Debit Clearing) Mandate to get it verified and executed and to collect the amounts as may be due on account of payment of health insurance premium payable on renewal of the policy as issued by the Insurer, by Debit to my Bank Account/Credit Card as per details provided above.
3 I/We authorize my/our bank/Credit card to debit my account for charges towards mandate verification and transactions bounced due to "Insufficient funds" as applicable. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the Insurer responsible.
4 I/We will inform the Insurer of any changes in my/our Bank Account or Credit Card details. I/We agree for debit of premium amount from my account from account up to 5 days earlier than the premium due date.

Account Holder's Signature _____
Date [] [] []

Second Signature in case of Joint Holder _____
Place _____

Certificate of the bank named in the mandate (For Electronic Clearing Scheme and Direct Debit only)

It is certified that the particulars of the mandate above are correct and the signatures of the Bank Account Holder, are true, as per our records and that a copy of this form duly completed has been submitted to us.

Signature of Authorised official of the Bank _____
Date [] [] []

Bank's Stamp _____
Place _____

Terms and Conditions

This Standing Instruction Mandate ("Mandate") offered by the Insurer is governed by the following terms and conditions:

- 1 By opting for this facility, the Policyholder elects to make the payment of renewal premiums to the Insurer from the Policyholder's Bank Account/Credit Card through the payment utility site/aggregator that Insurer may tie up with from time to time.
- 2 The Policyholder agrees that the facilities will be available to him/her, subject to and upon receipt of confirmation by the Insurer and/or its authorised service provider from the Policyholder's bank of the details furnished by him/her in this Mandate.
- 3 The Insurer reserves the right to seek from the Policyholder such documents as may be deemed necessary for providing this facility including but not limited to copy of bank statements, passbook copy with latest transaction letter from bank confirming bank account details or agrees to get the mandate verified from the bank.
- 4 The Insurer/its authorised service provider shall in no way be responsible for any damages/compensation for any loss, damages etc incurred by the Policy holder (i) Of use, non availability or deficiency in the provisioning of the facility: or (ii) Non-execution or delay in execution of this mandate either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reasons beyond the Insurer's control. The Policy holder shall bear the entire responsibility for and risk associated with use of this Facility.
- 5 The Policy holder will indemnify and hold the Insurer/its authorised service provider harmless against any and all liability, costs and expenses arising out of any acts of omission or commission or negligence on the part of the Proposer/Policy holder/Account holder.
- 6 The Insurer is authorised to enable the ECS/Direct Debit/Credit Card facility for the premium payments and in the instance of ECS/Direct Debit/Credit Card dishonour, to re-debit the Policy Holder/Account holder's account with the mentioned bank to recover the premium due.
- 7 Renewal premium amount to be debited from the Policyholder's account may vary due to change in age, address and any other factors affecting the premium, other factors like change in policy plan, counter offers and change in tax structure.
- 8 The Policyholder agrees that the premium payment notice may not be sent as the amount will be debited to the account.
- 9 The instructions under this Mandate shall remain valid till revoked by the Policyholder by providing 30 days prior written notice.
- 10 Notwithstanding what is mentioned herein above. it is understood and agreed that this facility is for the convenience of the Policyholder in making renewal premium payments, however the onus and liability to make such payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the Policyholder.
- 11 The Policyholder agrees that it shall be his/her sole responsibility to schedule his/her renewal premium payments in a manner that the Insurer receives the renewal premiums within the due dates as specified in the relevant. Policy contract(s) and that in the event of a late payment he/she shall be liable for the late payment charges and other consequences including losing continuity benefits as may be applicable and/or as enforced by the Insurer.

Instructions for filling up the Form

- 1 This form is to be filled by the policy holder/account holder himself/herself in BLOCK LETTERS in Black or Blue ink.
- 2 Please tick a box thus where appropriate.
- 3 Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as input
- 4 The proposer must sign any cancellation or alteration.
- 5 Fields marked with asterisk (*) are mandatory.
- 6 Premium due date is the Policy expiry date.
- 7 ECS End Date should be five years from the Premium due date.
- 8 In case of any query, please write to ecsmandate@maxbupa.com



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