

Group Personal Accident Proposal Form

Customer ID: _____ Intermediary Name: _____ Code: _____

Contact No.: _____

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention that the same is not applicable clearly.
2. Insurance is a contract of utmost good faith, requiring the Insured or Proposer not only to disclose all material facts but also not to suppress any material fact 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 expires, then you must inform. Us of the same in writing without delay.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or Insured person or anyone acting on his behalf.
4. Kindly contact Max Bupa Health Insurance Company Limited's offices or authorized representative, 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 is realized.

SCOPE OF COVER

This Policy offers benefits like Accidental Death Cover, Accidental Permanent Total Disability Cover, Accidental Permanent Partial Disability Cover, Accidental Temporary Total Disability Cover and few optional benefits.

SIGNIFICANT EXCLUSIONS

The following is an indicative list of exclusions from the cover under the Policy. For a detailed set of exclusions, kindly refer to the policy document.

Pre-existing disability, death or disability due to mental disorder, intentional self injury, payment of compensation due to death, injury or disablement of Insured Person whilst under the influence of intoxicating liquor or drugs or arising from the Insured committing any breach of law with criminal intent, adventure sports, war, invasion, act of foreign enemy etc.

OPTIONAL BENEFITS

In addition, certain optional benefits are also available. 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 (3) mark wherever applicable

Variable Medical Expenses* (Yes/No)	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
Variable Medical Expenses* (Yes/No) If 'Yes', please specify Option (i) / Option (ii)					
Education Allowance for Children - (Yes/No) If 'Yes', please specify only for Primary Insured Option (i) / Option (ii)					
Broken Bones - (Yes/No) If 'Yes', please specify yearly limit/insured					
Corporate Floater Please specify only for Primary Insured Option a / Option b / Option c					
Elimination Period# (Yes/No)					

* Proposer can opt for one of the two benefits - Fixed Medical Expenses/variable Medical Expenses

** Temporary Total Disability benefit is available only for employer-employee groups.

Available only if Temporary Total Disability is opted.

v. Please provide the details of benefits opted for Primary Insured's Spouse:

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
Number of Proposed Insured					
Basic Benefits					
Principal Sum Assured (PSA)⁽¹⁾ - Please specify%					
Accidental Death - 100% of PSA (Yes/No)					
Accidental Permanent Total Disability (PTD) (Yes/No) Coverage available from 100% to 200% of PSA if 'Yes' please specify percentage					
Accidental Permanent Partial Disability (PPD) (Yes/No)					
Optional Benefits					
Fix Medical Expenses* (Yes/No) If 'Yes', please specify the amount up to Rs 50,000					
Variable Medical Expenses* (Yes/No) If 'Yes', please specify Option (i) / Option (ii)					
Broken Bones (Yes/No). If 'Yes', please specify yearly limit/Insured					

(1) - Principal Sum Assured restricted up to 50% of Principal Sum Assured of Primary Insured

* Proposer can opt for one of the two benefits - Fixed Medical Expenses/Variable Medical Expenses

vi. Please provide the details of benefits opted for Primary Insured's Children:

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
Number of Proposed Insured					
Basic Benefits					
Principal Sum Assured (PSA)⁽²⁾ - Please specify%					
Accidental Death - 100% of PSA (Yes/No)					
Accidental Permanent Total Disability (PTD) (Yes/No) Coverage available from 100% to 200% of PSA. If 'Yes' please specify percentage					
Accidental Permanent Partial Disability (PPD) (Yes/No)					
Optional Benefits					
Fixed Medical Expenses* (Yes/No) If 'Yes' please specify the amount up to Rs 50,000					
Variable Medical Expenses* (Yes/No) If 'Yes' please specify Option (i) / Option (ii)					
Broken Bones - (Yes/No). If 'Yes', please specify yearly limit / Insured					

(2) - Principal Sum Assured restricted up to 25% of Principal Sum Assured of Primary Insured

* Proposer can opt for one of the two benefits - Fixed Medical Expenses/Variable Medical Expenses

**STATUTORY WARNING: AS PER SECTION 41 OF THE INSURANCE ACT 1938
PROHIBITION OF REBATES**

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 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 sections shall be punishable with fine, which may extend to Ten Lakhs rupees.



Max Bupa Health Insurance Company Ltd.

Corporate Office: B-1/I-2, Mohan cooperative Industrial Estate, Mathura Road, New Delhi - 110044.

Registered Office: Max House, Dr. Jha Marg, Okhla, New Delhi - 110020

Customer Helpline Number: 1860-3010-3333, Fax: 011 30902010 CIN No. U66000DL2008PLC182918.

www.maxbupa.com

CPA-PF/1213/V1

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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 realised. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you, without interest.