GUIDELINES FOR COMPLETION OF THE FORM
1. Please complete this form in CAPITAL LETTERS only. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. This form is to be completed by the PROPOSER only.
3. Please ensure that the details provided in the proposal form are correct. If the information provided is incorrect or incomplete, Max Bupa Health Insurance Company Limited (the Company) may not accept liability for claims made under the policy.
4. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains.

1. Proposer Details

Name of Proposer
Key Contact Person
Address for Correspondence
City
State
Email ID
Nature of Business:

2. Coverage Details

Duration of Coverage: (in years) Plan type: Platinum (25 Critical Illnesses) Gold (11 Critical Illnesses)
Number of members Category of members to be insured-Loan linked cases: Borrower Co-Borrower Non-loan linked cases: Self Self + Spouse

Sr. No Name Details (Please tick ☑ the relevant coverages)
1 Initial Waiting Period 30 days: ☑, 60 days: ☑, 90 days: ☑
2 Pre-Existing Diseases (PED) waiting period 24 months: ☑, 36 months: ☑, 48 months: ☑
3 Survival Period 0 days: ☑, 7 days: ☑, 15 days: ☑, 30 days: ☑
4 Criticare Gain ☑ Yes ☑ No
5 Loan Protector ☑ Yes ☑ No
6 Income Protector ☑ Yes ☑ No
   No. of months covered: 3 months/ 6 months/
   Benefits Amount: 25k ☑, 50k ☑, 75k ☑, 100k ☑, 125k ☑, 150k ☑, 175k ☑, 200k ☑
7 Staggered Payout ☑ Yes ☑ No

3. Past Insurance Details

I. Claims Experience under existing Group Critical Illness Policies for a minimum period of 3 years: (if applicable)

<table>
<thead>
<tr>
<th>Duration of past policy</th>
<th>Name of Insurance Company</th>
<th>No. of Persons Covered</th>
<th>Premium Paid Rs.</th>
<th>Incurred Claims (Claims Received + Outstanding)</th>
<th>Incurred Claims Ratio (%)</th>
</tr>
</thead>
</table>

II. Has any insurance company:
   a. Declined to issue/ continue a policy to you: ☑ Yes ☑ No
   b. Imposed any restrictions or special conditions: ☑ Yes ☑ No

4. Payment Details

Cheque Details:
Cheque No.
Bank Name
Name
Branch
City
Date

Product Name: Group Criticare, Product UIN No:- IRDAI/HLT/MBHI/P-H(G)/V.I/53/2016-17
2. Prohibition of Rebates (Section 41 of the 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 as such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Date

Acknowledgement

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/Others .................of amount of Rs____________date____________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.

Signature of the receiver and official seal

Statutory Warning:

1. If a claim is in any respect fraudulent, or if any fraudulent or false plan, specification, estimate, deed, book, account entry, voucher, invoice or other document, proof or explanation is produced, or any fraudulent means or devices are used by the Insured, Policyholder, Beneficiary, Claimant or by anyone acting on their behalf to obtain any benefit under this policy, or if any false statutory declaration is made or used in support thereof, or if loss is occasioned by or through the procurement or with the knowledge or connivance of the Insured Person, Policyholder, Beneficiary, Claimant or by anyone acting on their behalf to obtain any benefit under this policy, or if any false statutory declaration is made or used in support thereof, or if

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2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lak Rupees.

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