

# Proposal Form-Group Criticare



HEALTH INSURANCE

## 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			Designation
Address for Correspondence			
City			Mobile no.
State			Pin Code
Email ID			
Nature of Business:			PAN No. (Mandatory for premium above Rs. 1 lac)

## 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 <input checked="" type="checkbox"/> the relevant coverages)
1	Initial Waiting Period	30 days <input type="checkbox"/> , 60 days <input type="checkbox"/> , 90 days <input type="checkbox"/>
2	Pre-Existing Diseases (PED) waiting period	24 months <input type="checkbox"/> , 36 months <input type="checkbox"/> , 48 months <input type="checkbox"/>
3	Survival Period	0 days <input type="checkbox"/> , 7 days <input type="checkbox"/> , 15 days <input type="checkbox"/> , 30 days <input type="checkbox"/>
4	Criticare Gain	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Loan Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Income Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of months covered: 3 months/ <input type="checkbox"/> 6 months <input type="checkbox"/> Benefits Amount: 25k <input type="checkbox"/> 50k <input type="checkbox"/> 75k <input type="checkbox"/> 100k <input type="checkbox"/> 125k <input type="checkbox"/> 150k <input type="checkbox"/> 175k <input type="checkbox"/> 200k <input type="checkbox"/>
7	Staggered Payout	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 3. Past Insurance Details

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

Duration of past policy	Name of Insurance Company	No. of Persons Covered	Premium Paid Rs.	Incurred Claims (Claims Received + Outstanding)	Incurred Claims Ratio (%)

### 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	Branch	City	Date
			DD MM YY
Bank Name			
Name			

**Card Details:**

Card no. \_\_\_\_\_ Relationship with Policyholder \_\_\_\_\_

**NEFT/RTGS/Other Details:**

Account no \_\_\_\_\_ IFSC Code \_\_\_\_\_  
MICR no. \_\_\_\_\_ Source of Fund Business Others \_\_\_\_\_ Please specify \_\_\_\_\_

- Note:**
- Please provide a cancelled copy of cheque of your bank account
  - The company will not be responsible in case of non credit or delay in processing of payout due to incomplete/ incorrect information provided by the policyholder.
  - Please ensure that you provide accurate details to the Company.

**PROPOSER'S DECLARATION:**

I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and / or particulars given by me/us are true and complete in all respects to the best of my / our knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I/We understand that the information provided by me / us will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/we declare and further consent to the Company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any Insurer to whom an application for insurance on the person to be Insured / proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the Company to share information pertaining to my / our proposal including the medical records of the Insured / Proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory Authority.

Name of Proposer \_\_\_\_\_ Signature \_\_\_\_\_

Designation \_\_\_\_\_ Date \_\_\_\_\_

Stamp

**VERNACULAR DECLARATION:**

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Max Bupa Health Insurance Company Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to fully understood and confirmed by the proposer.

Declarants Name \_\_\_\_\_  
 Relationship with proposer \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Pin code \_\_\_\_\_

Signature of declarant \_\_\_\_\_ Signature of proposer in vernacular \_\_\_\_\_

**Acknowledgement**

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/Others .....of amount of Rs \_\_\_\_\_ dated \_\_\_\_\_ 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 other person, then all benefits under this policy are forfeited.
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 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 section shall be punishable with fine which may extend to Ten Lakh Rupees.

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