

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
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 facts 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 Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in 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 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.

1. CLIENT INFORMATION

I. Name of proposer (organization/institute/association)

(Please leave a space after each part of name)

II. Proposer's mailing address (please leave a space after each part of address)

City/Town/Village

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State

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Pin code

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Contact number

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Insurance is the subject matter of solicitation. Max Bupa Health Insurance Co. Ltd. (IRDA Registration No. 145). 'Max', 'Max logo', 'Bupa' and HEARTBEAT logo are trademarks of their respective owners and are being used by Max Bupa Health Insurance Company Limited under License. Registered Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi - 110020; Corporate Office: B-1/I-2, Mohan Cooperative Industrial Estate, Mathura Road, New Delhi - 110044; Fax: +91 11 30902010; Toll free: 1860-3010-3333 CIN No. U66000DL2008PLC182918; Product Name: Group Health Secure UIN- IRDAI/HLT/MBHI/P-H(G)/V.I/42/2016-17. Please read the Sales Brochure carefully before concluding a sale.

Fax number

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E-mail address

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Website

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III. Proposer's trade or business or activity

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2. RISK DETAILS

i. Period of insurance: (DDMMYYYY)

From:

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To: Midnight

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ii. Number of persons to be insured

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Categories of proposed Insured (*Add more categories if needed*) – brief description for e.g. senior management, middle management)

1. **Cat 1:** _____
2. **Cat 2:** _____
3. **Cat 3:** _____
4. **Cat 4:** _____
5. **Cat 5:** _____

iii. Please provide the details of benefits opted for all members:

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
Number of proposed insured					
Basic Benefits					
Group Indemnity Cover - Sum Insured					
Plan – (Individual)					
Hospital Accommodation (2% of SI)					
Hospital Accommodation (ICU) (4% of SI)					
Pre & Post Hospitalization (30 days pre and 60 days post hospitalization.)					
Emergency Ground Ambulance.					
Waiting Periods and co-pay/sub limits are as follows					
20% Co-payment for Primary Insured					
Sub-limit for specified illness or conditions					
As mentioned on policy schedule					

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30 day initial waiting period					
24 month waiting period for Specific Exclusions (Waived off)					
48 month waiting period for Pre-existing Diseases					

3. Any additional information material to assumption of risk:

Note: Please use additional sheets if space is not sufficient to complete details.

4. Previous Policy Details

Kindly provide the particulars for the past 3 policy periods or less period for which policy availed, in the following format.

Policy Period From – To	Name of the Insurer	Policy number	Number of members covered	Total premium (Rs.)	Total amount of claims (Paid + Outstanding) (Rs.)

5. Authorization (Please read carefully and put a check mark against each before signing)

- 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.

Place _____

Proposer's Signature _____

Date:

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Name: _____ Designation _____

6. Vernacular Declaration (to be filled only if the proposer has signed in vernacular)

I hereby declare that I have fully explained the contents of this enrollment form to the Account Holder in the language understood by him/her. The Account holder has understood and confirmed the same.

Declarants Name _____

Relationship with proposer _____

Address _____

City _____ Pin code _____

Signature of declarant _____ Signature of applicant in vernacular _____

Acknowledgement

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/Othersof 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**PROHIBITION OF REBATES.**

(Under Section 41 of 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 Lakhs rupees.