

PROPOSAL FORM FOR SWASTHYA PRATHAM MICRO INSURANCE PRODUCT



Marketing Officer: _____

Branch Address: _____

Phone No: _____

Proposal Form No:

Group I.D. No:

Client I.D. No:

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 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 is issued, 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 any one acting on his behalf.
4. Kindly contact the Company's Offices or Agents 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 paid.

SCOPE OF COVER

This Policy covers reimbursement of hospitalisation expenses incurred for diseases contracted or injuries sustained in India. Medical expenses up to 07 days for Pre-hospitalisation and up to 15 days for Post-hospitalisation are also admissible.

SIGNIFICANT EXCLUSIONS

The following is an indicative list of exclusions from the cover under the Policy. (For a detailed set of exclusions, kindly consult the policy document).
Pre Existing Disease Diseases contracted during first 30 days, Cost of Spectacles/ Contact Lenses, Dental/ Oral Treatment, HIV and AIDS, Pregnancy and certain specified diseases during first two years of the Policy.

EXTENSIONS

In addition, certain optional extensions are available, the 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 (√) mark wherever applicable):

1. CLIENT INFORMATION

(i) Proposer's Name (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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Phone number

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Fax number

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e-mail address

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(iii) Line of work

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2. PROPOSED RISK DETAILS

(i) Period of Insurance: (DD/MM/YYYY)

From:

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 To: Midnight

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(ii) Number of persons to be insured:

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(iii) Please provide the list of persons to be insured in the following format:

For each member/borrower

Name of the member/borrower	Date of birth	Gender	Present address	Specify existing diseases, if any

For each dependent covered under the same Sum Insured with a member/borrower

Name of the dependent	Relation with the member/borrower	Date of birth	Gender	Present address	Specify existing diseases, if any

Note :

Please provide an additional sheet if space is not sufficient to complete details.

Names of the dependents should be mentioned along with the name of the member/borrower they share the sum insured with. Please add additional columns in case there are more dependents.

(iv) Are all the members/ borrowers proposed to be insured, members/ borrowers of the Organisation/ Institution?

Yes

No

(v) 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 & address of the Insurer	Policy number	Number of members/borrower /dependents covered	Total premium (Rs.)	Total amount of claims (Rs.)

3. NOMINATION

In the event of the death of the proposer any payment due under the Policy shall become payable to the nominee proposed in the form and the receipt of the proceeds by such nominee would be sufficient discharge to the company. Nominee for all other persons proposed to be insured shall be the proposer himself/ herself. The following section is to be filled by the proposer:

Nominee name	Relationship	Address of nominee

4. LOADINGS/DISCOUNTS

If you want to avail an extension of the policy, please specify below. Please note that an extension of the policy may be subject to a payment of an additional premium or a discount in premium depending on the type of extension opted:

(i) Maternity Benefits

No

Yes

(ii) Personal Accident and Death cover

No

Yes

(iii) Out-patient Cover

No

Yes

(iv) Wage Loss

No

Yes

(v) Transport Allowance

No

Yes

(vi) Bystander Allowance

No

Yes

(vii) Meal Allowance

No

Yes

(viii) Waiver of 2 years waiting period for specific medical conditions

No

Yes

(ix) Waiver of 4 years waiting period for Pre-existing Conditions

No

Yes

(x) Waiver of 30 days waiting period

No

Yes

