



Empower Health Plan, Niva Bupa Health Insurance Co. Ltd. - Proposal Form

URN: 027

Insurance contract is a legal contract too and it's based on TRUST and We TRUST You. We understand you may not know how relevant is the information our health and its impact on your policy. Hence, it is very important that you disclose all health information and we would decide how relevant it is (we call it 'material fact'). We would cancel your policy, will not pay any claim, will not refund any premium paid and have right to take all possible legal actions against you including for recovery of benefits paid earlier, if correct and complete information is not provided about all members proposed to be insured. Regulations mandate that the coverage can start only after we have received the full premium and have explicitly accepted the risk.

1. Proposer details:

Title _____ Name _____ Date of Birth _____ Gender: Male Female Other
 Current address _____

City _____

State _____ Pin code _____

Mobile number _____

Email ID _____ PAN Number _____ (Mandatory for premium above Rupees 50,000 in cash and Rupees 1 lac through other modes)

Nationality _____ Annual income (Rs) _____

Occupation: Salaried Self-employed Student Housewife Other, please specify _____

Health Care Worker*: Yes No

* Avail a discount of 5% on the premium.

Premium paid by _____ Relationship with Proposer _____

- I wish to receive my policy related information and updates over WhatsApp on my mobile number.
 I have read, understood and accepted all Terms and Conditions & hereby authorize Niva Bupa Health Insurance or any of its Agents and/or third party(ies)/ affiliates to contact me via SMS/Email/Phone/WhatsApp/Facebook or any other modes on my registered phone number over-riding my 'DND' registration to make welcome calls/SMS, service calls/SMS or any other commercial communication

Are you or any of the proposed applicants a PEP**? Yes No

**Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e. Heads / ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials. (If you have ticked against PEP, kindly fill the separate PEP questionnaire)

Bank details:

Bank name _____ Branch _____ City _____

Account number _____ IFSC Code _____ Account type: Savings Current

Details of Electronic Insurance Account (eIA)

Do you wish to have this Policy credited to an e-Insurance account? (Please select any one)

No I do not have an e-insurance account and do not wish to open one

Yes Credit this Policy to my e-Insurance account

If yes, Please share existing E-Insurance Account No.

Please select Insurance Repository Name (you have opened your account with)

1. M/s NSDL Database Management Limited 2. M/s Central Insurance Repository Limited
 3. M/s Karvy Insurance Repository Limited 4. M/s CAMS Repository Services Limited (Please select any one) Or

I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account

(Please submit electronic insurance account opening form (eIA form) along with relevant documents).

2. Coverage selection:

Base coverage:	
Policy type:	<input type="checkbox"/> Individual
Base Sum Insured:	<input type="checkbox"/> INR 4,00,000 <input type="checkbox"/> INR 5,00,000
Policy term:	1 Year

3. Details of applicants for insurance:

Applicant Number	Name	Gender (Male/Female/Other)	Date of birth (dd/mm/yyyy)	Relationship	Please tick if not Indian
1				Self	<input type="checkbox"/>

4. Nomination

In the event of the death of the Proposer, any payment due under the Policy shall become payable to the Nominee named below. The receipt of such payment by the Nominee would constitute discharge of the Company's liability under the Policy. Nominee for all other applicant(s) shall be the proposer himself/herself.

Nominee Name	Date of Birth	Relationship with the Proposer	Address and contact details of Nominee	Appointee Name (if nominee is less than 18 years of age)

5. Medical, habits and past proposal information

IMPORTANT: Please ensure that all the questions in this section are answered truthfully and completely as the information You provide here will form basis of underwriting by Niva Bupa. Please note any incomplete, incorrect, partially correct information may affect your medical claim and/or coverage.

Please answer the following questions for the Main Applicant		Applicant	
Please circle Yes (Y) or No (N)			
1	Has any applicant been diagnosed with any of the following disabilities/diseases (if yes, please provide details)		
a.	Blindness	Y	N
b.	Muscular Dystrophy	Y	N
c.	Low Vision	Y	N
d.	chronic neurological disorder	Y	N
e.	Leprosy cured person	Y	N
f.	Specific Learning disabilities	Y	N
g.	Hearing impairment (deaf and hard of hearing)	Y	N
h.	Multiple sclerosis	Y	N
i.	Locomotor Disability	Y	N
j.	Speech and language disability	Y	N
k.	Dwarfism	Y	N
l.	Thalassemia	Y	N
m.	Intellectual Disability	Y	N
n.	Haemophilia	Y	N
o.	Mental Illness	Y	N
p.	Sickle Cell Disease	Y	N
q.	Autism Spectrum Disorder	Y	N
r.	Multiple Disability Including deaf and blindness	Y	N
s.	Cerebral Palsy	Y	N
t.	Acid Attack Victim	Y	N
u.	Parkinson	Y	N
2	Other than common cold, flu, infections, minor injury or other minor ailments; has the Applicant ever been diagnosed with any disease and / or hospitalized for more than 5 days and / or undergone / advised to undergo any surgical procedures and / or taken any medication/ had any symptoms for more than 14 days? Medication is including but not limited to inhalers, injections, oral drugs and external medical applications on body parts.	Y	N
3	Has the Applicant ever had adverse findings to any diagnostic tests or investigations related to Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy, Ultrasound, CT Scan, MRI, Biopsy and FNAC?	Y	N
4	Does the Applicant have diabetes or pre-diabetes or has he/she EVER had high blood sugar?	Y	N
5	Does the Applicant have Hypertension or High Blood Pressure?	Y	N

I, in my capacity as an Insurance Advisor / Specified Person of the Corporate Agent / Authorised employee of the Broker / Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s) / information / response(s) is / are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished / to be furnished and further more if there has been a non-disclosure of any material fact, the policy issued to his / her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date __/__/____

Signature of the Insurance Advisor _____

(Note – The details provided under Section 10, 11 and 12 are for office use only and are not to be filled by the Proposer. Therefore, these sections are indicative as they do not have any relation with the details filled by Proposer. This note won't appear in the proposal form sent to the customers and is a part of file & use approval only)

13. Statutory Warning

Prohibition of Rebates (Under 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 liable for a penalty which may extend to ten lakh rupees.

Niva Bupa Health Insurance Company Limited; Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024
 Disclaimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Customer Helpline: 1860-500- 8888. Website: www.nivabupa.com. CIN: U66000DL2008PLC182918. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.

Product Name: Empower Health Plan, Niva Bupa Health Insurance Pvt. Ltd. | UIN : NBHHLIP23193V012223

Acknowledgment by the Company

Application No. _____

Date __/__/____

We acknowledge with thanks the receipt of your proposal and amount by 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 made towards issuance of a Policy 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's 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 after deducting cost of medical tests, if any, received from you without interest.

Name and Signature of the receiver and office seal