PROPOSAL FORM - Health Multiplier

1. Proposer's Details

PROPOSAL FORM FILLING INSTRUCTION: 1. Kindly fill in the form in CAPITAL LETTERS only. 2. Please select the option by ticking the relevant box in the Proposal Form. 3. This proposal form is to be filled, dated, signed and sealed in by the Proposer/ its authorised representative only. 4. It is essential to provide all information / details asked in this proposal form. All questions are required to be answered fully and correctly. 5. Please use additional sheet in case the space in the proposal form is not sufficient to fill in the details. 6. Please strike off whichever is not opted.



Name	F I R S	Т	N	А	М	Е		М		D	D	L	Е		Ν	А	M	Е			L	А	S	Τ		Ν	А	М	Е		
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Proposer's Tr	rade/Business																														
Key Contact	Person																														
Designation																															
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City														D	istr	ict															
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4. Cat 4:																															
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Day Care I	Benefit - Pleas																														

Please specify limit for Non-network hospitals

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		specify 'Yes' /'No											
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hospitaliza	tion due to	er Cover (In case listed Critical IIIn Critical IIIness cho	ess*) -										
	. option or c	STREET IIITESS CITE		Wait	ing Pe	riods							
		-Existing Disease n months (24 or 1				lious							
Initial Wait	ing Period -	· Please specify p											
Waiting Pe	days (30 days) Waiting Period for Disease Specific Exclusions - Please specify period in months (24 months)												
viii. Details of	Insured Pe	rsons: (Please att	ach a separ	ate sheet if	require	ed)							
Member's Unique ID					ip G	ender	Designation/ Occupation		Any existing	1	nee is le	pointee Name (if ess than 18 years e) Details	
									Illness	Name and Address		Relation with Insured Person	
. Special Cor	nditions:												
a. Entry Ag b. Operativ c. Others	e: e Time:												
a. Entry Ag b. Operativ c. Others	e: e Time:	cy details (Up 1	o last 3 ye	ars if appl	cable)							
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5. Proposer Declaration
(Certification where for any reason, the proposal form and other connected papers are not filled in by the prospect). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by under my instruction and I found it to be correct.
Signature of Proposer
6. Vernacular Declaration
Certification in case the Proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the Company.
The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.
Name of Witness Signature of Witness
Signature of Declarant
7. Statutory Warning (Prohibition of Rebates (Section 41 of the Insurance Act 1938))
 i. 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 maybe allowed in accordance with the published prospectus or tables of the insurer. ii. 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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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