



								name and address of workplace*
1		(M / F / Other)						

<b>Base coverage:</b>	
Policy type#:	Individual
Number of lives to be covered:	1
Base Sum Insured:	_____
Policy term:	1 Year

### 3. Portability

Policy No	Insurance company	Risk date start	Risk date end	Reasons for Porting

Name of proposed insured for whom portability is requested	First policy start date	No of years of continuous coverage for which portability is requested	Claims in past policies	Current No claim Bonus	Sum insured – Year 1 (Oldest)	Sum insured- Year 2	Sum insured – Year 3	Sum insured – Year 4 (Expiring policy)

### 4. Nomination

In the event of the death of the Proposer, claim shall be paid to the Nominee. For other insured persons, Proposer is the nominee. Payment to the nominee constitutes discharge of the Company's full liability.

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.**

Section A	
Please answer the following questions for each applicant. <b>Please circle Yes (Y) or No (N)</b>	
i. 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.	<b>1</b>
	Y                      N



Signature of the Witness \_\_\_\_\_ Mobile number of the Witness \_\_\_\_\_

### 7. Declaration if form is NOT filled by the proposer & Advisor declaration

Declaration if for any reason, the proposal and other connected papers are not filled by the Proposer.  
The contents of the proposal form have been fully explained to me and I have fully understood all aspects and implications. The Proposal Form is filled by     Name    ,     Mobile no     under my instruction and I found all information to be correct & complete.

Signature of the Proposer \_\_\_\_\_

**Advisor declaration:** I 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 product / proposal to the Proposer

Signature of the Insurance Advisor \_\_\_\_\_ Intermediary code: \_\_\_\_\_

### 8. Premium details (for office use only)

Premium payment option  Cheque  Demand Draft  Credit card / Debit card  Net Banking  Cash  Others

Premium amount \_\_\_\_\_

Premium paid by \_\_\_\_\_ Relationship with proposer \_\_\_\_\_

Online payment transaction ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_ Bank name/ branch \_\_\_\_\_

Niva Bupa branch location \_\_\_\_\_ Code No \_\_\_\_\_ Business sourced by: Advisor/DST/Corporate agency/ other channels

Code No \_\_\_\_\_ Name \_\_\_\_\_ Proposal received on: \_\_\_\_\_ Customer ID: \_\_\_\_\_

Is Proposer or the applicant a staff?  Yes  No

### 9. NEFT & Bank details

All payments (refund of premium, claims etc) would be made electronically ONLY to your account. Please provide following details

Bank name \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

Account number \_\_\_\_\_ IFSC Code \_\_\_\_\_ Account type:  Savings  Current

### 10. Renewal

#### Renewal payment sign-up:

Payment of renewal premium of your health insurance Policy can be made every year through continuing your existing Automated Clearing House (ACH) / Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

\_\_\_ I want to opt for the ACH/SI renewal option and thereby avail a discount of 2.5% on the premium till the time policy is renewed using the same.

Dated \_\_/\_\_/\_\_\_\_ Place \_\_\_\_\_ Signature of the Proposer \_\_\_\_\_

### 11. Additional details for Bancassurance channel only (for office use only)

Branch Code \_\_\_\_\_ SP Code \_\_\_\_\_ RM/LG code \_\_\_\_\_

Customer account number \_\_\_\_\_

### 12. Statutory Warning

#### Prohibition of Rebates (Under Section 41 of the Insurance Act 1938)

- 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.
- 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.

### 13. 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

#### 14. Insurance Advisor's Report (for office use only)

1. Are you related to the Proposer? Yes/No; If yes, nature of relationship? \_\_\_\_\_
2. For how long have you known the Proposer? Years \_\_\_\_ Month \_\_
3. Are you satisfied with the identity of the Proposer? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Does the Proposer or any applicant have any physical deformity/defect or mental retardation? \_\_\_ Yes \_\_\_ No
5. Have you explained the exclusions of the policy and has the Proposer personally completed the health declaration? \_\_\_ Yes \_\_\_ No
6. What is the Proposer's state of health at the time of making of this proposal form? \_\_\_\_\_
7. Do you recommend acceptance of this proposal form considering all the factors including moral hazard? \_\_\_ Yes \_\_\_ No
8. Have you dispassionately advised the Proposer and provided all material information to enable the Proposer to decide in the best cover that would be in his / her interest? \_\_\_ Yes \_\_\_ No

Date \_\_\_\_\_

Signature of Insurance Advisor \_\_\_\_\_