

Protect Plus - Proposal Form

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 authorized 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.

1. Proposer's details:

Name of Proposer

Proposer's Trade/Business

Key Contact Person Designation

Address for Correspondence

City District

State

Mobile No. Alternate Number Pin-code

Email ID

PAN No. GST No.

Do you want physical copy of the policy kit? Yes No

2. Coverage details:

I. Policy Period:

Proposed Policy Start Date Proposed Policy End Date (Midnight)

II. Number of persons to be insured

III. Categories of proposed insured (Add more categories if needed) – brief description or e.g. senior management, middle management)

1. Cat 1

2. Cat 2

3. Cat 3

4. Cat 4

5. Cat 5

IV. Is selection of coverage involved

V. Is the premium paid by the member

VI. Premium Payment Frequency

VII. Free look period

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

(All Sections are optional. Please select only the required section)

	Category 1	Category 2	Category 3	Category 4	Category 5
Number of proposed insured					
Benefit	For Details of Coverage, please refer to Annexure 1				

	Category 1	Category 2	Category 3	Category 4	Category 5
A. Hospitalization Cover:					
Plan (Individual/ Floater/ Combination)					
Relationships covered if floater opted					
Tenure of the policy					
Other Plan details (Entry ages, loan linked/non-loan linked etc)					
Base Sum Insured					
Deductible Opted					
Co-Payment Opted					
In-patient Coverage Amount					
Hospital accommodation- Room Rent/day					
Hospital accommodation- ICU/day					
Day Care Treatment					
Modern Treatment					
Pre Hospitalization Medical Expenses					
Post Hospitalization Medical Expenses					
AYUSH Benefit					
Domiciliary Hospitalization					
Organ Transplant					
Critical Illness Multiplier Indemnity Cover					
Maternity					
New Born Baby Cover					
New Born Vaccination Cover					
Well Mother Cover					
Cord blood banking cost cover					
Road Ambulance					
Air Ambulance					
Prosthetics Cover					
Nursing Allowance					
Animal/serpent attack					
Compassionate Visit					
Accompanying person accommodation cover					
Annual Health Check Up – Hospitalization Cover					
Emergency assistance services (only within India)					
Sub-limit on Specified Illness or Conditions					
Loyalty					
Booster+					
ReAssure					
Refill – Hospitalization Cover					
Corporate Floater					
Tiered Network					
Home Health Care Services – Hospitalization Cover					
Emergency Medical Evacuations (International)					
Emergency Hospitalization (International)					
Specified Illness Cover (9 listed conditions) (International)					
Medical Repatriation (International)					

	Category 1	Category 2	Category 3	Category 4	Category 5
Repatriation of Mortal Remains (International)					
Waiting period for Pre-Existing Diseases (PED)					
Initial Waiting Period					
Specific Illness Waiting Period					
Personal Accident Cover					
Accidental death Benefit					
Permanent Total Disability Benefit					
Permanent Partial Disability Benefit					
Temporary Total Disability Benefit					
Accidental Hospitalization					
Refill – Personal Accident Cover					
Serious Illness Benefit – Personal Accident Cover					
Out-patient Expense Cover					
Physiotherapy Cover					
Transportation of Imported Medicine Cover					
Purchase of Blood Cover					
Prosthetics Device Cover					
Hospital Daily Cash Benefit (Accidental)					
Road Ambulance Cover					
Air Ambulance Cover					
Second Medical Opinion Benefit					
Burns Benefit					
Broken Bones Benefit					
Coma Benefit					
Animal Attack Cover					
Rehabilitation Cover					
Reconstructive surgery Cover					
Accidental Miscarriage Benefit					
Domestic Travel for Medical Treatment Cover					
Repatriation Cover					
Funeral Benefit					
Home and Vehicle Modification Benefit					
Personal liability					
Emergency Hotel Requirement Cover					
Home Convalescence Cover					
Loss of Activities of Daily Living Benefit					
Monthly Needs Benefit					
Education for Dependent Children Benefit					
Marriage Fund for Children Benefit					
Orphan Benefit					
Spouse Care Benefit					
Compassionate Visit Benefit					
Medical Insurance Premium Cover					
Parental Care Benefit					

	Category 1	Category 2	Category 3	Category 4	Category 5
Family Counselling Benefit					
Loss of Personal Material Cover					
On Duty Cover					
Common Carrier Benefit					
Terrorism Cover					
Common Accident Benefit					
Adventure Sport Cover					
Head & Spinal Injury Benefit					
Loan Protect Benefit					
Chauffeur Benefit					
OPD & Wellness Covers					
Plan (Individual/ Floater/ Combination					
Relationships covered if floater opted					
Tenure of the policy					
Other Plan details (Entry ages, loan linked/non-loan linked etc)					
Base Sum Insured					
Deductible / Co-payment Opted					
Video Consultations with General Practitioner					
Tele Consultations with General Practitioner					
Physical Consultations with General Practitioner					
Video Consultations with specialists					
Tele Consultations with specialists					
Physical Consultations with specialists					
Diagnostic Services					
Pharmacy Services					
Home Health Care Services - OPD & Wellness Cover					
Vaccination Cover					
Annual Health Check-up - OPD & Wellness Cover					
Second Medical Opinion - OPD & Wellness Cover					
Monitoring / Medical Devices					
Condition Management Packages					
Wellness Benefits					
Wallet					
Vouchers					
Waiting period for Pre-Existing Diseases (PED)					
Initial Waiting Period					
Specific Illness Waiting Period					
Named Illness Benefit					
Plan (Individual/ Floater/ Combination					
Relationships covered if floater opted					
Policy Tenure					
Entry Age					
Other Conditions / Details					
Sum Insured & Options					

	Category 1	Category 2	Category 3	Category 4	Category 5
Waiting period for Pre-Existing Diseases (PED)					
Waiting Period for specific disease					
Initial Waiting Period					
Hospital Daily Cash Benefit					
Plan (Individual/ Floater/ Combination)					
Relationships covered if floater opted					
Policy Tenure					
Entry Age					
Other Plan details (loan linked/non-loan linked etc)					
Daily Cash Benefit					
ICU Cash Benefit (Can be opted only if Daily Cash Benefit is opted)					
Waiting period for Pre-Existing Diseases (PED)					
Waiting Period for specific disease					
Initial Waiting Period					
Critical Illness Cover					
Plan (Individual/ Floater/ Combination)					
Relationships covered if floater opted					
Policy Tenure					
Entry Age					
Other Plan details (Loan linked/non-loan linked etc)					
Critical Illness Sum Insured					
No. of Critical Illness Opted					
Sum Insured Enhancement					
Income Protector					
Waiting period for Pre-Existing Diseases (PED)					
Initial Waiting Period					
Survival Period					
Serious Illness Cover					
Plan (Individual/ Floater/ Combination)					
Relationships covered if floater opted					
Tenure of the policy					
Entry Age					
Other Plan details (Loan linked/non-loan linked etc)					
Payment/EMI grid					
Waiting period for Pre-Existing Diseases (PED)					
Waiting Period for specific disease					
Initial Waiting Period					
Additional Benefits					
Premium Waiver					
Safeguard					

IX. Details of Insured Persons: (Please attach a separate sheet if required):

Member's Unique ID	Category	Names of the Insured	Date of Birth or Age	Gender	Relationship with Primary Insured	Designation/ Occupation	Any existing Illness	Nominee/Appointee Name (if nominee is less than 18 years of age) Details	
								Address, mobile number email ID of Nominee	Relation with Insured Person

X. Any additional information material to assumption of risk:

XI. Special Conditions:

<p>i. Entry Age:</p> <p>ii. Operative Time:</p> <p>iii. Others</p>

3. Past Insurance Policy details: (Up to last 3 years if applicable)

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

4. Declaration:

- i. 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.
- ii. 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.
- iii. 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.
- iv. 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.
- v. 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 and/or our empaneled provider.

Dated __/__/____ Place _____ Signature of the Proposer _____

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 the 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 the Witness: _____

Signature of the Witness _____

Signature of the Declarant _____

7. Statutory Warning:

Prohibition of Rebates (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 punishable with fine which may extend to Ten Lakh Rupees.

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. Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024; Fax: +91 11 30902010; Customer Helpline: 1860-500-8888; www.nivabupa.com.CIN: U66000DL2008PLC182918. Product Name: Protect Plus | Product UIN: NBHHLGP25038V012425. Please read sales brochure carefully before concluding a sale.

Acknowledgement

We acknowledge with thanks the receipt of your proposal and amount by Cash/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 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.