

Xpress Health - 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.		

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 for 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					
Benefits					

	Category 1	Category 2	Category 3	Category 4	Category 5
A. OPD and Other benefits:					
Plan (Individual/ Floater/ Combination)					
Relationships covered if floater opted					
Tenure of the policy					
Other Plan details (Entry ages, loan linked/non-loan linked etc)					
1. Video Consultations with GP					
2. Tele Consultations with GP					
3. Physical Consultations with GP					
4. Video Consultations with Specialists					
5. Tele Consultations with Specialists					
6. Physical Consultations with Specialists					
7. Diagnostic Services					
8. Pharmacy					
9. Home Health Care Service					
10. Vaccinations					
11. Annual Health Check-up					
12. Emergency Assistance Service					
13. Second Medical Opinion					
Initial Waiting Period					
B. Hospital Daily Cash Benefit:					
Plan (Individual/ Floater/ Combination)					
Relationships covered if floater opted					
Tenure of the policy					
Other Plan details (Entry ages, loan linked/non-loan linked etc)					
Hospital Daily Cash					
ICU Cash Benefit					
PED waiting Period					
Initial Waiting Period					
Specific Illness Waiting Period					
C. In-patient Benefit:					
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					
Domiciliary Treatment					
Pre Hospitalization					
Post Hospitalization					

	Category 1	Category 2	Category 3	Category 4	Category 5
AYUSH Benefit					
Organ Transplant					
Ambulance Road					
Ambulance Air					
Modern Treatments					
Loyalty Credits					
No Claim Bonus - Sum Insured to increase by selected % for every claim free year - Sum Insured to decrease by same % in case of claim					
PED Waiting Period					
Initial Waiting Period					
Specific Illness Waiting Period					
D. Critical Illness Benefit:					
Plan (Individual/ Floater/ Combination)					
Relationships covered if floater opted					
Tenure of the policy					
Other Plan details (Entry ages, loan linked/non-loan linked etc)					
Critical Illness Sum Insured					
No. of Critical Illness Opted (As per the PBT attached)					
PED Waiting Period					
Initial Waiting Period					
Survival Period					
E. Personal Accident 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)					
Accidental Cover Sum Insured					
Accidental Death Cover					
Accidental Permanent Total Disability					
Accidental Permanent Partial Disability					
Temporary Total Disability					
Accidental Medical Reimbursement					
F. Serious Illness 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)					
Payment/EMI grid					
PED Waiting Period					
Initial Waiting Period					
Specific Illness Waiting Period					

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	
								Name & address	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.

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: Xpress Health, Product UIN: NBHHLGP22208V022122. 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.

Signature of the receiver and official seal _____