



Health Assurance Proposal Form

(URN: 002)

Please fill up this form in CAPITAL LETTERS for self and each proposed insured person. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains.

1. Proposer Details*					
Title Name					
Current Address					
Landmark		City			
District State			Pin Code		
Landline	Mobile No.		T.J		
Email ID		PAN No.			
Nationality Annual II	ncome (Rs.)		Salaried	Se	elf Employed
Do you want the Physical Copy of the Policy Kit	s No				
Bank Details:					
Bank Name		Branch			
City	Account No.	<u>. 1. 1. 1. 1. 1</u>		1.1.1.	
IFSC Code	Account Type	Savings	Current		
Details of Electronic Insurance Account (eIA)					
Do you wish to have this policy credited to an e-Insurance	e account? (Please select any	one)			
No I do not have an e-insurance account and do	not wish to open one	Rural and Soci	al Sector Ca	tegory (if	applicable):
Yes Credit this policy to my e-Insurance account		ASHA Wo	orker	MGNREC	GA Worker
If Yes, Please share existing E-Insurance Account No.		21			
	<u> </u>				
Please select Insurance Repository Name (you have open	ed your account with)				
1. NSDL 2. CIRL 3. KARVY 4. CAMS	(Please select any one	·)			
Or					
I do not have existing e-Insurance account and I am intere (Please submit electronic insurance account opening forn *Proposer must be covered under the insurance policy and he/she	n (eIA form) along with releva	ant documents).			
2. Coverage Selection					
Benefit Type (Please tick the relevant boxes. You can cho	ose multiple benefits.)				
Family Combinations : 1A 1A+1C	1A+2C 2A	2A+1C	2A+2C		
AccidentCare#: Sum Insured (Rs.)					
Accident Temporary Total Disability (TTD): Yes	No Sum Insured [^] (Rs.)				
Accident Hospitalization					
CritiCare#: Sum Insured (Rs.)	Option 1	Option 2	₁		
HospiCash : Daily HospiCash Limit (Rs)					
Policy Term: 1 Year 2 Year 3 Year					
"For AccidentCare and CritiCare: Maximum sum insured that can be opted wo proposer if self employed. AccidentCare would not be available to dependent for salaried individuals, annual income considered would be on Fixed CTC (Co	children below 2 years. CritiCare would r	not be available for depend		nes of the ann	ual income of the
^Sum Insured for Total Temporary Disability (TTD) shall be between Rs.11actor or AccidentCare Sum Insured. Annual income is actual cost to company exclusion components of variable pay that the Primary Insured may have otherwise beer	Rs. 20 lacs (in multiple of Rs. 50,000), he ling overtime, bonuses, tips, commissio	owever TTD Sum Insured c	annot exceed lov mpensations, inco	ver of 2 times ome from oth	of annual income er sources or any
3. Details of the Proposed Insured Person(s)					
Name		Date of Birth (DD/MM/YYYY)	Height (Inch)	Weight (Kg)	Waistline (Inch)
Gender Relationship (M/E) with Proposer			. ,		
Gender Relationship (M/F) with Proposer	Occupation:	Educatio	n:	Ris	sk ass*

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Insured No.	Gender (M/F)	Relationshi with Propo			Occupation:		Education	n:		Risk Class*	
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Insured No.	Gender (M/F)	Relationshi with Propo			Occupation:		Education	n:		Risk Class*	
	risk class II, there v	will be a 50% load	ding on the premium	n. Applic	cable only in case of AccidentC	are covera	ge basis the	occupation	of the Po	icyhold	er.
4.	Nomination (fo	or Primary Ins	ured)								
No	ominee Name	Date of Birth	Relationship	Ad	ddress, mobile number a	nd emai	l ID	Appoint	ee Name		
			with Proposer	Addr				15 1655	ulali lo y	real O	age)
Nam	ninee Bank Det	-:		Ph. N	lo.						
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	Advantage of the second										
	Medical History										
Sec	tion A: Medical	Information	are and/or Hospi	Cash. Ir	n case only AccidentCare i	s opted,		Insur Yes/N	ed No.(Pleas lo against th	e provide	answer as
Sec To	tion A: Medical be answered in ease answer Q1 (Information case of CritiCa						Insur Yes/N	ed No.(Pleas lo against the 2	e provide e applicar	answer as nt member)
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Section B: (applicable only for CritiCare and/or HospiCash) Please provide details if Q1 is answered as 'No' and /or questions from Q2 to Q11 in Section A is/are answered as 'Yes'.

Name and details of Illness/Medicine/ Test/ Surgery/ Injury/Disability/Deformity/ Impairment.

Section C: Is the Insured Person / Proposer a Politically Exposed Person (PEP)*? Yes No (if yes, kindly fill the PEP Questionnaire) Do you have any history of conviction under any criminal proceedings in India and/or abroad? Yes No PEP are individuals who are or have been entrusted with promitent public functions io, heady/ministers of cantrel or state govt, senior bottleans, senior govt, Judicial or multiary officials, same interest with promitent public functions io, heady/ministers of cantrel or state govt, senior bottleans, senior govt, Judicial or multiary officials, same interest provided for government public functions io, heady/ministers of cantrel or state govt, senior blooke persons (would include spouse, parents, children, spouse's parents or siblings and close associates of PIPe). Section D: Family History' (applicable for CritiCare and HospiCash coverago) was your persons, brothers or sisters had center, diabetes, hypertension (high blood pressure), heart or kidney disease, polycystic kidney disease, your persons, which is persistent/ long in nature? Yes No Insured Relationship with the Disease or Disease or Disease (if Inving) Relationship with the Disease or Disease or Disease (if Inving) Relationship with the Disease or Disease (if Inving) Relationship by a parent person (if Inving) Relationship proposed to be insured already insured under Health Insurance/ Personal Accident Policy with Niva Bupa Health Insurance Company To be provided for adult member only Relationship proposed to be insured already insured under Health Insurance/ Personal Accident Policy with Niva Bupa Health Insurance Company Insurance Company Insurance Company Namo Relationship proposed to be insured already insured under Health Insurance/ Personal Accident Policy with Niva Bupa Health Insurance Company Namo Relationship proposed to be insured already insured under From To (Oate) Response when have you been continuously insured Response when have you been continuously insured Response when have you bee											
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Section C: Is the insured Person / Proposer a Politically Exposed Person (PEP)*? (If yes, kindly fill the PEP Guestionnaire) Do you have any history of conviction under any criminal proceedings in India end/or abroed? PEP are individuals who are or have been entrusted with prominent public functions is in heady ministers of central or state govt, senior obtaining and proceedings in India end/or abroed? PEP are individuals who are or have been entrusted with prominent public functions is in heady ministers of central or state govt, senior obtaining and individuals who are or have been entrusted with prominent public functions is intended ministers of central or state govt, senior obtaining and close associates of PEPs). Proceeditions are individually history (applicable for criticare and Hospicata Coverage) Section D: Family History (applicable for criticare and Hospicata Coverage) Section D: Family History (applicable for criticare and Hospicata Coverage) Section D: Family History (applicable for criticare and Hospicata Key, multiple selevious, motor neuron disease or any other hereditory diseases, mental or nervous disease, polycystic kidney and provided in the property of the property								1			
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PEP are individuals who are or have been entrusted with prominent public functions is, heads/ ministers of central or state govt, senior concludations, senior govt, liquid are military officials, senior executives of govt, companies, important party officials, immediate family member or bowle persons (would include spouse, parmits, children, spouses, parmits or salbrings and close associates of PEPs). Section D: Family History (applicable for Criticare and HospiCash company and close associates of PEPs). Section D: Family History (applicable for Criticare and HospiCash coverage) are your parents, borthers or sisters had cancer, diabetes, hypernetion (high blood pressure), heart or kidney disease, polycystic kidney disease, mental or nervous disorder (including alzheimer's disease), stroke, multiple sclerosis, motor neuron disease or any other hereditary disorders which is persistent? Joing inneture? Yes No Insured Relationship with the Disease or Disorder Age at Onet Cause of Doubt (if applicable) Insured Relationship with the Disease or Disorder Age at Onet Cause of Doubt (if applicable) Insured Relationship with the Disease or Disorder Age at Onet Cause of Doubt (if applicable) Insured Relationship or Details Contact No. 1 Contact No. 2 Z. Esisting Insurance Doubt Cause of Doubt (if applicable) Insured Relationship or Company Contact No. 1 Contact No. 2 Z. Esisting Insurance Company Contact No. 2 Contact No. 2 Z. Esisting Insurance Company Contact No. 2 Contact No. 3 Z. Esisting Insurance Company Contact No. 3 Contact No. 3 Z. Esisting Insurance Company Contact No. 4 Cause of Contact No. 5 Z. Esisting Insurance Company Contact No. 5 Cause of Contact No. 6 Z. Esisting Insurance Company Contact No. 6 Contact No. 6 Contact No. 7 Z. Esisting Insurance Company Contact No. 7 Contact No. 7 Z. Esisting Insurance Company Contact No. 7 Contact No. 7 Z. Esisting Insurance Company Contact No	1. Is the	Insured Pe				oosed Perso	on (PEP) [#] ?			Yes	[] No
Delictions, senior govic, judicial or military officials, senior executives of govit, companies, important party officials, immediate family member or botwoe persons (would include spouse, parents, children, sopuse's prants or stillings and diose associates of PEPs). Section D: Family History (applicable for Criticare and Nospicash coverage) less your penetrial or nervous discrater (including and party). In some month or nervous discrater (including and party). Research or nervous discrater (including and inverse disease), stroke, multiple sclerosis, motor neuron disease or any other hereditary disorders which is persistent. I long in nature? Insured Relationship with the Disease or Disorder (if living) Age at Onset (if applicable). (if applicable) Insured No. Relationship with the Disease or Disorder (if living) Age at Onset (if applicable). (if applicable). To be provided for adult member only. 6. Family Physician's Name Contact No. 1 Contact No. 2 7. Existing Insurance Debails 4. Yes you or any person(s) proposed to be insured already insured under Health Insurance/ Personal Accident Policy with Niva Bupa Health Insurance Company Limited or any other insurance Company Limited or any other insurance Company Limited or any other insurance Company (insured promany Limited or any other insurance Company (insured promany Limited or any other insurance Company Limited or any other insurance Company (insured promany Company Limited or any other insurance company (insured promany Company	2. Doyo	ou have an	y history o	f conviction u	ınder an	y criminal p	roceedings in	India and/	or abroad?	Yes	No
-lave your parents, brothers or sisters had cancer, diabetes, hypertension (high blood pressure), heart or kidney disease, polycystic kidney diseases, mental or nervous disorder (including alpheimer's disease), stroke, multiple sclerosis, motor neuron disease or any other hereditary disorders which is persistent / long in nature?	politician	s, senior g	ovt. judicia	al or military o	officials,	senior exec	utives of gov	. companie	es, important par	ty officials, immedi	
No. Proposer (if any) (if Ilwing) Age at Unset (if applicable)	Have you disease, i	ır parents, mental or	brothers nervous d	or sisters ha isorder (incl	d cance uding alz	r, diabetes, zheimer's d	hypertension isease), strok	(high bloo			
Family Physician's Details Family Physician's Name		d Rela			Disea				Age at Onset		
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Family Physician's Details Family Physician's Name	*To be pro	vided for a	dult membe	er only							
Are you or any person(s) proposed to be insured already insured under Health Insurance/ Personal Accident Policy with Niva Bupa Health Insurance Company Limited or any other insurance Company. f yes, since when have you been continuously insured DD /MM /YYYY Insured Insurance Company Name Policy No/ Application No. Insurance Company Name Policy No/ Application No. Insured From To (Date) Sum Insured Claims Details (if any)				-							
Are you or any person(s) proposed to be insured already insured under Health Insurance/ Personal Accident Policy with Niva Bupa Health Insurance Company Limited or any other insurance Company. f yes, since when have you been continuously insured DD/MM/YYYY Insured Insurance Company Name Policy No/ Application No. Insured From To (Date) Sum Insured Claims Details (if any) 8. Declaration (Please read carefully and put a check mark against each before signing) I understand that the information provided by me will form the basis of the 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. 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 in the life to be insured proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured proposer and seeking information from any unisurance company to which an application for insurance onthe life to be assured proposer and seeking information from any insurance company to which an application for insurance onthe life to be assured proposer and seeking information prentaining to my proposal including the medical records for the sole purpose of proposer and proposer an											
Are you or any person(s) proposed to be insured already insured under Health Insurance/Personal Accident Policy with Niva Bupa Health Insurance Company Limited or any other insurance Company. Yes No fyes, since when have you been continuously insured DD /MM /YYYY Insured Fyes, since when have you been continuously insured DD /MM /YYYY Insured Insurance Company Name Policy No/ Application No. Insured From To (Date) Sum Insured (If any) B. Declaration (Please read carefully and put a check mark against each before signing) I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting opticy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable. J. 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 I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured /proposer and seeking information from any insurance company to which an application for insurance onthe life to be assured /proposer and seeking information from any insurance company to which an application for insurance onthe life to be assured /proposer and seeking information from any insurance company to which an application for insurance onthe life to be assured /proposer for the purpose of underwriting the proposal and/or claim settlement. J. We authorize the Company to share information pertaining to my proposal including the medical records for the sole purpose of service Delivery with our empaneled provider. J. We hereby declare, on my behalf and on behalf of all person proposed to be	_	-		oile			_ Contact N	10. 1		_ Contact No. 2_	
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Place: Signature of the Proposer 9. Authorization for Electronic Policy Fulfillment and Service Communications I would like to protect my environment and would like to help save paper by authorizing Niva Bupa Heath Insurance Company Limited to send all my policy and service related communication to the email ID as mentioned in the application form. 10. Vernacular Declaration 11. 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 Witness: Same of the Witness: Sa										on for insurance on	the life to be assured
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Name of the Witness:	The cont										
·		the Witne	ess:					Signature o	of the Witness	 Signat	ure of the Proposer

Member Name	Do you have ABHA ID?	ABHA ID	Consent to share Medical records with insurers/TPA's through ABHA
	Yes No		Yes No
	Yes No	[Yes
	Yes No		Yes No
	Yes [No		Yes [No
12. Details for Refund & Pa	ayment of Claims		
Option to receive paymen	nt: Bank Transfer		
Name of Beneficiary			
Bank Name	<u> </u>	Account No.	
IFSC Code		Account Type Savings	Current
For Official Use Only	11	, , , , , , , , , , , , , , , , , ,	
Premium Payment Details:		Cheque /DD No. Cred	t Card
Online/Direct Debit	Transaction ID		ount
Date (DD/MM/YYYY)		Name/ Branch	
Niva Bupa Branch Location			ode No.
Business Sourced By: Advis	or/DST/Corporate Agend		ode No.
Name		<u>!i!iiiiiii-</u>	ode No.
Proposal Received on Date		Customer ID	
Processed by	Date D	D/MM/YYYY Approved by	Date DD/MM/YYYY
Additional Details for Ba	ancassurance Channel	Only	
Branch Code	SP Co	ode RM/LG Code	
Customer's Account No			
Insurance Advisor's Repor	t		
1. Are you related to the pro		No If Yes, nature of relationship?	
2. Since when do you know	1	Years Months	
3. Are you satisfied with the		1	Yes
		d has the Proposer personally completed the health declar	
,		of making of this proposal form?	
			Yes No
Date: (DD/MM/YYYY)			
STATUTORY WARNING:		Sign	nature of the Insurance Advisor
take out or renew or continue commission payable or any r except such rebate as may be	e an insurance in respect or rebate of the premium sho be allowed in accordance	n shall allow or offer to allow either directly or indirectly as a of any kind or risk relating to lives or property in India any reown on the policy nor shall any person taking out or conting with the published prospectus or tables of the Insurer. (2) ple for a penalty, which may extend to ten lakh rupees.	ebate of the whole or part of the uing a policy accept any rebate
Registration Number 145). 'Bupa' and 'H Limited under license. Registered office CIN: U66000DL2008PLC182918.	tion. Niva Bupa Health Insurance of HEARTBEAT logo are registered tra e:- C-98, First Floor, Lajpat Nagar,	Company Limited (formerly known as Max Bupa Health Insurance Company Lin ademarks of their respective owners and are being used by Niva Bupa Health Insura Part 1, New Delhi-110024, Customer Helpline: 1860-500-8888. Website: www.nure of job of any of the Insured Persons during the policy period. Acknowledgment	nce Company
Proposal From No.		Date D D M M Y Y Y Y	
	ks the receipt of your pro	pposal and amount by Cash/Cheque/Demand Draft/ Other	er of amount of
Rs	Dated	Drawn on	
which decision is and always terms and conditions and we	s shall be in out sole and e shall have no liability wh	I for Insurance nor any payment for any policy sought oblig absolute discretion. If we accept a proposal for Insurance, hatsoever if permium is not received by us in full and in time payment. if any, received from you without interest.	it shall be subject to the policy

Singnature of the Receiver and office seal 4



Key Feature Document

Niva Bupa is dedicated to being fair and transparent to its customers. This document summarizes the key features and waiting periods in your policy. Please read it carefully to understand your policy better.

1. AccidentCare Cover

If an insured person dies or sustains any injury due to an accident then Accident Care cover will help through the following benefits:

a. Death Cover: Payable on death.

b. Permanent Total Disability: Payable for a permanent disablement that affects the ability to work or loss of use of limbs or sight.

Payable for a permanent injury that affects part of your body e.g: loss of use of hand or foot or loss of speech or hearing etc. c. Permanent Partial Disability:

d. Child Education Benefit: Payable under family option for up to 2 dependent children in the event of death or permanent total

disability.

e. Funeral Expenses: Payable on death.

f. Temporary Total Disability:

(optional benefit)

Payable for a disability due to which the insured person is unable to attend his usual occupation.

g. Accident Hospitalisation:

(optional benefit)

Payable for hospitalisation expenses due to an accident.

h. Sum Insured (SI) Eligibility: Self - 100% of SI

> Spouse - 50% of SI or Rs 10 lacs (whichever is lower) Children - 20% of SI or Rs 5 lacs (whichever is lower)

2. CritiCare Cover

If an insured person suffers any of the 20 Critical Illnesses covered in the policy (such as Cancer, Heart Attack, Open Chest CABG, Multiple Sclerosis etc.), Niva Bupa will pay the Sum Insured as per the benefit option selected.

a. Benefit Options: i. Benefit Option 1 - Sum Insured payable as lump sum

ii. Benefit Option 2 - Sum Insured payable as lump sum plus 10% of the Sum Insured payable each year

for subsequent 5 years

b. Sum Insured (SI) Eligibility: Self - 100% of SI

Spouse - 100% of SI

c. Initial Waiting Period: 90 days from the date of commencement of the coverage, i.e. the benefit would not be payable if the signs

or symptoms occurred during the first 90 days or earlier.

d. Waiting period for Pre-existing

Diseases:

Benefits will not be available for pre-existing diseases until 36 months of continuous coverage

have elapsed since the inception of the first policy.

e. Cost of Pre Policy Medical

Check-up (PPMC):

In case the proposal for CritiCare is declined, customer will have to bear 100% of the cost incurred towards

PPMC

3. HospiCash Cover

If an insured person is hospitalised, then Niva Bupa will pay the daily allowance (as opted) for each continuous and completed period of 24 hours of hospitalisation. In case the insured person is admitted to the Intensive Care Unit (ICU) of a hospital, then Niva Bupa will pay twice the daily allowance opted.

a. Sum Insured (SI) Eligibility: Self - 100% of chosen Daily HospiCash limit

Spouse - 100% of chosen Daily HospiCash limit Children - 50% of chosen Daily HospiCash limit

We shall make payment under this benefit up to maximum of 45 days for an insured person in a policy year,

including maximum 7 days of admission in ICU.

b. Initial Waiting Period: 30 days from the date of commencement of the coverage. There will be no initial waiting period in case of

hospitalization due to an accident.

c. Waiting Period for

Pre-Existing Diseases: Benefits will not be available for pre-existing diseases until 36 months of continuous coverage have

elapsed since the inception of the first policy.



Key Feature Document

d. Specific Waiting Period : 24 months waiting period for specific conditions / treatments such as Cataract, Sinusitis, Stones in biliary and urinary systems, Arthritis, Diabetes and related complications etc.

e. Free Look Provision:

If you do not agree to the terms and conditions of the policy, you may cancel the policy stating reasons within 15 days of receipt of the policy document provided no claim(s) have been made. The Free Look period will be 30 days if the Policy is purchased through distance marketing mode and Policy Period is 3

years. Premium shall be refunded post deducting charges for stamp duty, pre policy medical check-up and proportionate risk premium for the period on cover. The free look provision is not applicable at the time of

renewal of the policy.

NOTE: THESE ARE ONLY SUMMARY OF THE COVERS OFFERED. PLEASE REFER TO THE POLICY WORDINGS FOR COMPLETE DETAILS BEFORE CONCLUDING A SALE. THIS DOCUMENT IS ONLY AN INDICATOR FOR KEY BENEFITS IN THE POLICY.

Date:	Signature of Proposer:	
Place:	Name of Proposer:	