Health EcoAdvantage

Royal Sundaram General Insurance

PROPOSAL FORM

Proposal Form No.

FOR OFFICE USE ONLY

Branch Name:_____ Branch Code:_____

Intermediary: ☐ Agency ☐ Direct ☐ Corporate Agency ☐ Other Intermediary _____

Intermediary Name:_____ Intermediary Code:_____

Proposal Received On:_____

Processed By:_____ Date D D M M Y Y Y Y Approved By:_____ Date D D M M Y Y Y Y

Customer ID:_____

GUIDELINES FOR COMPLETION OF THE FORM (TO BE FILLED BY PROPOSER)

Please answer all the questions fully and correctly. This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. The policy shall become void at our sole discretion, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the help of our company representative or your insurance advisor. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if premium is not received by Us in full (in line with mode of payment opted by you) and in time, or is not realized or non-fulfillment of pre-policy medical check-up.

PROPOSER DETAILS

Please fill up this form in CAPITAL LETTERS for yourself and each proposed insured person

☐ Mr. ☐ Mrs. ☐ Miss ☐ Others _____ Gender ☐ Male ☐ Female ☐ 3rd Gender PAN Number

Name of the Proposer
First Name Middle Name Last Name

Address for Correspondence

City State

Landmark Pincode

Telephone Mobile* /

Date of Birth D D M M Y Y Y Y Marital Status: ☐ Married ☐ Single Nationality: ☐ Indian ☐ NRI ☐ Foreigner

Education Qualification ☐ Lesser than matriculation ☐ Matriculation ☐ Graduate ☐ Post Graduate ☐ Professional Course

Occupation ☐ Salaried ☐ Self employed ☐ Student ☐ House wife ☐ Others

If salaried, specify designation_____

If self employed, specify business/occupation_____

Annual Gross Income (₹) ☐ 3 to 5 lakhs ☐ 5 to 10 Lakhs ☐ 10 Lakhs and above

E-mail*

Ayushman Bharat Health Account (ABHA)

Please specify if you fall under any of the listed categories. (please tick and give details where ever required)

1. ☐ Non Resident Indian (NRI)
2. ☐ Member of any Trust: ☐ Charities ☐ Non-Government Organisation (NGO)
3. ☐ Politically Exposed Person (PEP): ☐ Senior Politician ☐ Senior Government ☐ Judicial ☐ Military Officer
   ☐ Senior Executive of State Owned Corporation ☐ Important Political Party Official
   ☐ Head of State or of Government.

KNOW YOUR CUSTOMER (KYC) DETAILS

Please provide your Central Know Your Customer registration number below.

CKYC Number | | | | | | | | | | | | |

If CKYC Number is not available, please confirm below on the documents being shared by you (proposer) to comply with KYC guidelines. (Please tick)

1. ☐ PAN Card Copy (compulsory) 2. ☐ Form 60 (only if PAN is not available)
3. **Address Proof** ☐ Driving License ☐ Voter's Identity Card ☐ Passport Copy ☐ NREGA Card
   ☐ Any other officially valid document (please specify) ………………………………………
4. **Identity Proof (only for those submitting Form 60)** ☐ Driving License ☐ Voter's Identity Card ☐ Passport Copy ☐ NREGA Card
   ☐ Any other officially valid document (please specify) ………………………………………

Note - Address proof and Identity proof can be 2 different documents or 1 same document too.

COVERAGE SELECTION

1. Plan details

Policy Type: ☐ Individual ☐ Family Floater

If Family Floater*, number of persons to be covered _______________Adults _______________Children
(*Maximum 2 Adults)

Are you covering all children ☐ YES ☐ NO

Note: Proposer has to be mandatorily covered in the policy

2. Proposed policy term

Policy Tenure: ☐ 1 Year ☐ 2 Years ☐ 3 Years

3. Sum Insured

☐ 3 lakhs ☐ 4 lakhs ☐ 5 lakhs

Please select your choice of TPA (Third Party Administrator) to service your cashless claims.

☐ Paramount Health Services (TPA) Pvt Ltd. ☐ Medi Assist Insurance TPA Pvt. Ltd

Note : The above is in compliance with F.No. IRDAI / Reg/15/166/2019.Insurance Regulatory and Development Authority of India (Third Party Administrators Health Services) (Amendment) Regulations,2019.

DETAILS OF PERSONS TO BE COVERED

Sl. No	Insured Name (First, Middle, Last)	Gender Male / Female / 3rd Gender	Date of birth	Relationship with proposer	Height (cm)	Weight (Kg)	Occupation
1.			D D M M Y Y				
2.			D D M M Y Y				
3.			D D M M Y Y				
4.			D D M M Y Y				
5.			D D M M Y Y				
6.			D D M M Y Y				

Nomination

In the event of the death of the proposer any payment due under the policy shall become payable to the nominee proposed in the form. The receipt of the proceeds by such nominee would be sufficient discharge to the company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. Following section to be filled by the proposer:

Nominee Name (First, Middle, Last)	Relationship with the proposer	Address and contact details of Nominee
		Address Phone Number

Electronic Insurance Account number

Would you like to open an Electronic Insurance Account with any Insurance Repository? ☐ YES ☐ NO

If yes, please furnish the below details.*

Insurance Repository Name

*Account will be opened with your Name / DOB / Address as mentioned in this proposal form. If you already have an Electronic Insurance Account, please share the below details

If you already have an Electronic Insurance Account, please share the below details

Account Number

Account Name

Insurance Repository Name

4. Medical questions

Please answer the below mentioned questions accurately to the best your knowledge in respect of each person proposed to be insured. If the answer to any of these questions is Yes, please provide the complete details in the table for additional medical information (Important – You must answer these questions truthfully.)

Please ensure that you are fully informed about the standard waiting periods and permanent exclusions that apply to the Health EcoAdvanatage-

Questions (please answer Yes/No)

Sl. No	Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8	Insured 9	Insured 10
1.	Has any of the person proposed to be insured has suffered from or are currently suffering from or under regular treatment for any major Illness like Insulin Dependent Diabetes, Cancer, Heart condition like Congenital heart disease and valvular heart disease, Heart Surgery like Angioplasty, Coronary Artery Bypass Surgery, Cerebrovascular diseases like Stroke, Encephalitis, Epilepsy, Benign brain tumour, Bacterial meningitis, Inflammatory Bowel Diseases (Crohn's Disease & Ulcerative Colitis), Muscular Dystrophy, Multiple Sclerosis? If 'Yes' please specify	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
2.	Has any of the person proposed to be insured has suffered from or are currently suffering from or under regular treatment for any major Illness like Chronic Liver diseases, Pancreatic diseases, Chronic Kidney disease, Hepatitis B, Alzheimer's Disease, Parkinson's Disease, Demyelinating disease, HIV & AIDS, Papulosquamous disorder of the skin, Avascular necrosis (osteonecrosis), any major Organ Failure, Genetic disorder like Down Syndrome, Huntington's Disease, Sarcoidosis, Hyperthyroidism, Rheumatoid Arthritis, Systemic Lupus Erythomatosis etc? If 'Yes' please specify	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
3.	Has any of the person proposed to be insured ever suffered/ suffering from and/ or taking/ taken medicines or any other treatment, and/or have undergone or have been recommended to undergo investigations for any of the following – Asthma/ Chronic Obstructive Pulmonary Disease, High Blood Pressure (Hypertension), High Cholesterol (Hyperlipidaemia) and Diabetes (not on insulin), Obesity (Overweight with BMI 33 or more)? If Yes, please provide the details	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
4.	Has any of the person proposed to be insured ever consulted a doctor or healthcare professional for any complaint/ symptom or suffered/ suffering from and/ or taking/ taken medicines or any other treatment, and/or have undergone or have been recommended to undergo investigations (other than Preventive Health Check-up or Pre Employment Health Check-up) for any other illness than mentioned in Q1, Q2 and Q3, in the past? If Yes, please provide the details	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
5.	Has any of the person proposed to be insured been to a hospital for an any operation/medical treatment in the past? If Yes, please provide the details	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

In addition to the above, we may have additional questions for you or may ask you to undergo medical tests to complete your full medical assessment

Note: Company may apply an exclusion/risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the members proposed to be insured). These loadings would be applied from the Policy Period State Date including all subsequent renewals with the company.

Any exclusion/loadings, if applicable, shall be suitably intimated to the proposer based on the assessment of the proposal form and medical tests. Proposer shall be required to pay the additional premium within stipulated time of such intimation. Company shall not be at any risk during this period. In the event of the decline of proposal due to non-receipt of this additional premium within the stipulated time or due to any reason, Company shall cancel your proposal and refund the premium amount after deducting charges as per policy terms and conditions.

GENERAL INFORMATION

1. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then may render any policy issued void.

2. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

☐ I hereby consent that the policy documents may be sent to me by email at _____ (Please provide us your e-mail id)

☐ I hereby consent to and authorize Royal Sundaram General Insurance Co. Limited (" Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time. (including social media like whats app)

Date : D D M M Y Y Y Y

Signature of the Proposer : _____

Place : _____

Name of Proposer : _____

3. Declaration

☐ 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 are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

☐ 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

☐ 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 insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

☐ I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory authority.

☐ I/We undertake that the loadings applicable have been informed and understood by me.

Date : D D M M Y Y Y Y

Signature of the Proposer : _____

Place : _____

Name of Proposer : _____

4. Vernacular Declaration

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Royal Sundaram General Insurance Co. Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to fully understood and confirmed by the proposer.

Declarants Name

Relationship with proposer

Signature of declarant : _____

Signature of applicant in vernacular : _____

5. Payment Details

Premium Amount (₹) (In words _____)

Payment Option ☐ Cheque ☐ Demand Draft ☐ Credit/Debit Card ☐ Cash* (Pan Number is mandatory)

_____Annual _____ monthly _____ quarterly _____ half-yearly

In case of installment payment options, ECS (Auto-debit is must)
For Auto-debit facility, you are required to submit Auto-debit authorization form separately.

a) For Cheque/DD (Payable in favour of 'Royal Sundaram General Insurance Co. Ltd)

Instrument No _____ Instrument Date D D M M Y Y Instrument Amount _____

Bank Name _____

6. Bank Account Details

For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)

Name of Bank _____ Branch _____ City_____

IFSC Code Account Number

Account Holder's Name

UPI ID

Intermediary Declaration

I, _____(Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to vary the benefits which may be payable and furthermore, if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date : D D M M Y Y Y Y

Signature of the Insurance Advisor : _____

SECTION 41 OF THE INSURANCE ACT, 1938 - PROHIBITION OF REBATES

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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus 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 Lakhs Rupees.

Royal Sundaram
General Insurance

Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.
Registered Office: 21, Patullos Road, Chennai - 600 002.
Royal Sundaram IRDAI Registration No.102 | CIN: U67200TN2000PLC045611

1860 425 0000 | **customer.services@royalsundaram.in** | **www.royalsundaram.in**

UIN: RSAHLIP25006V012425

Health EcoAdvantage

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General Insurance

Proposal Form No.

ACKNOWLEDGEMENT

Date | D | D | M | M | Y | Y | Y | Y |

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/ Others_____ of

amount of ₹. _____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 out 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 (in line with mode of payment opted by you) and in time or is not realized. I 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 office seal

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