

5. MEDICAL QUESTIONNAIRE:

Important: You must answer this question truthfully, not doing so affects your coverage in case of a claim.

Signature of the Proposer

Please answer the below mentioned question in Yes (Y)/No (N):	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
Have any of the person(s) proposed to be insured in the last 5 years suffered from/currently suffering from/ or been investigated for any diseases, ailments, medical conditions or illness, accident, injury?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide following details below: (In case of more than one insured member please provide the additional information in the space below.)

Name of Insured Person:	(a) Name of illness/ injury suffering from or suffered or investigated in the past.
	(b) Treatment/medication received/receiving.
	(c) Details of the treating doctor (Name, Hospital / clinic, Contact No.).

Please answer the below mentioned questions in Yes(Y)/No (N):	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
In respect of any of the persons proposed to be insured, has any application for life, health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

6. ADDITIONAL INFORMATION

7. PAYMENT DETAILS

Instrument type : Cash Cheque Debit Card Credit Card Others _____

Instrument No.	Name of the Premium Payor	Bank Details	Date	Amount (in Rs.)

Please make a crossed Cheque/DD/Pay Order in favour of "Apollo Munich Health Insurance Company Limited" only.

Section 41 of 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 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 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 prospectus or tables of the insurers.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

8. GENERAL EXCLUSIONS I have carefully read and understood the below mentioned exclusions.

Signature of the proposer

The following is an outline of the general exclusions under the policy. For more details on the exclusions and the waiting periods please refer to the Policy wordings before purchasing this policy.

Waiting period for the first 30 days except if the insured suffers an accident; 2 year waiting period for specified conditions; Any Pre-existing condition; War or any act of war, invasion, act of foreign enemy, war like operations, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind; any epidemics recognised by WHO; any breach of the law with criminal intent or arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing; abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies; treatment of obesity or morbid obesity and any weight control program; Psychiatric; mental disorders; Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); internal or external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery, or growth hormone therapy, Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis (when associated with HIV infections); Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy, Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services; Dental treatment and surgery of any kind, unless requiring Hospitalisation; Circumcisions unless required as a part of treatment of an illness or injury; laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance; Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or cancer; Experimental, investigational or unproven treatment devices and pharmacological regimens; Any procedure primarily for diagnostic or preventive purposes, which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness; Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care; Any non allopathic treatment; Any treatment or part of a treatment that is not medically necessary.

9. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I hereby declare and warrant on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects and that there is no other information which is relevant to this application for insurance that has not been disclosed to Apollo Munich Health Insurance Company Limited. I agree that this proposal and the declarations shall be the basis of the contract between me and all persons to be insured, and Apollo Munich Health Insurance Company Limited.
- I further consent and authorize Apollo Munich Health Insurance Company Limited and/or any of their authorized representatives to seek medical information from any hospital/consultant that I or any person proposed to be insured has attended or may attend in future concerning any disease or illness or injury.
- I agree to Apollo Munich Health Insurance Company Limited taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures/regulations.
- I authorize Apollo Munich Health Insurance and associate partners to contact me via e-mail, phone or SMS.

Date:

Place:

Signature of the Proposer

Vernacular Declaration

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of the Proposer:

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:

Signature of the Proposer:

Signature of the witness:

Date:

Name of the witness:

Place:

Insurance is the subject matter of solicitation

