



# FUTURE GENERALI INDIA

## Insurance Company Limited

### FUTURE CRITI- CARE PROPOSAL FORM FOR INDIVIDUAL

**IMPORTANT GUIDELINES:** 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Future Criti- Care product. 3. It is important to fill all questions. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium

<b>Period of insurance desired</b>	<b>From</b>	<b>To</b>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**SECTION I: Details of the Insured**

1. **Name:** Mr. / Ms. \_\_\_\_\_

2. **Gender:**  Male  Female      3. **Date of Birth** \_\_\_/\_\_\_/\_\_\_\_\_

Please provide copy of any of the following documents as Proof of Age

Passport     Birth Certificate     Domicile Certificate     School or College Certificate

4. **Marital Status:**  Married     Single     Divorced     Widowed

5. **Nationality:** \_\_\_\_\_      Residential Status: \_\_\_\_\_

6. **Educational Qualification:** \_\_\_\_\_

7. **Occupation:** \_\_\_\_\_      8. **Designation:** \_\_\_\_\_

9. **Organization:** \_\_\_\_\_

10. **Address:** \_\_\_\_\_

11. **City:** \_\_\_\_\_

12. **Pin:** \_\_\_\_\_      13. **State:** \_\_\_\_\_

14. **Residence Telephone:** \_\_\_\_\_      15. **Work Telephone:** \_\_\_\_\_

16. **Mobile No.:** \_\_\_\_\_

17. **E Mail:** \_\_\_\_\_

**SECTION II: Insurance Information**

Please provide details of any Critical illness Insurance cover that you hold or have applied for Future Generali Insurance Company Ltd. or any other Life or Non Life Insurance Company

Policy or Proposal No	Company Name	Year of Issue	Medical tests conducted for the Policy (Y/ N)	Basic Sum Insured	Decision (Std/ With Extra Premium/ Postpone/ Decline)	Policy Status: In Force/ Lapsed (Mention yr of lapse/ Revival Applied For)

**Section III: Health Status**

**A. Physical Statistics of Insured:**

Primary Insured	Height (cm)	Weight (kg)

**B. Family History of Insured:**

Primary Insured	Father	Mother	Sibling 1	Sibling 2	Sibling 3
<b>Current Age/ Age at death</b>					
<b>Current health status/ Cause of Death</b>					

**C. Lifestyle Details of Insured:** (Please answer by ticking either "yes" or "no" against each of the questions)

Sr. No.	Question	Yes	No												
1.	Is your occupation associated with any specific hazard (e.g. chemical factory, mines, explosives, radiation, corrosive chemicals etc)?														
2.	Are you employed in the armed, paramilitary or police forces?														
3.	Do you take part in activities or have hobbies that could be dangerous in any way?														
4.	Do you consume or have ever consumed Tobacco, Alcohol or any Narcotic? (If yes, specify the details separately in the format below)														
	<table border="1"> <thead> <tr> <th>Substance</th> <th>Quantity/ day</th> <th>No of years since consuming</th> </tr> </thead> <tbody> <tr> <td>Tobacco</td> <td></td> <td></td> </tr> <tr> <td>Alcohol</td> <td></td> <td></td> </tr> <tr> <td>Narcotics</td> <td></td> <td></td> </tr> </tbody> </table>	Substance	Quantity/ day	No of years since consuming	Tobacco			Alcohol			Narcotics				
Substance	Quantity/ day	No of years since consuming													
Tobacco															
Alcohol															
Narcotics															

**D. Health Questions:** (Please answer by ticking either "yes" or "no" against each of the questions)

Sr. No.	Question	Yes	No
1.	Are you presently in a good health and fully functioning with work, school or home life and entirely free from any mental or physical impairments or deformities?		
2.	Do you have any physical deformity /handicap or use any mechanical/ physical assistance for mobility?		
3.	Have you ever consulted any doctor or are you currently undergoing any tests, investigations, awaiting results of any tests or investigations or have you ever been advised to undergo any tests, investigations or surgery or been hospitalized for general check up, Observation, Treatment or Surgery?		
4.	Did you have any Ailment/ Injury/ Accident requiring Treatment/ Medication for more than a week?		
5.	Are you at present or at any time in past on any medication, special diet or treatment?		
6.	Were you or your spouse ever tested for Hepatitis B or C, HIV/AIDS or any other Sexually Transmitted Disease or have you ever been refused as a blood donor?		
7.	Have you undergone/ have been recommended to under go any of the following- Angioplasty, Bypass Surgery, Brain surgery, Heart valve surgery, Aorta surgery or organ transplant or any other major Surgery or Treatment		
8.			
(a)	Disease of the circulatory system (e.g. heart trouble, chest pain, rheumatic fever, high blood pressure, diseases of the arteries and veins)?		
(b)	Diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia or emphysema)?		
(c)	Diseases of the genito-urinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?		
(d)	Diseases of the gastrointestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B, hepatitis C or other disorders of the liver, disorders of the gall bladder)?		
(f)	Diseases of the nervous system or mental disorders (e.g. stroke, epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown, depression or other mental or psychiatric disorder)?		
(g)	Diabetes mellitus, cancer or tumour of any kind, or any diseases of the blood, glands, spleen, ears, eyes or skin?		
(h)	Unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands?		
(i)	Ailments related to Liver, Reproductive System		
(j)	Anemia, blood or blood related disorders		
(k)	Musculoskeletal disorders such as Arthritis, recurrent back pain, slipped disc or any other disorder of Spine, Joints or Limbs or Leprosy		
(l)	Chest pain, Palpitation, Rheumatic fever, heart murmur, heart attack, shortness of breath or any other heart related disorder		
(m)	Thyroid disorder or any other disease or disorder of the Endocrine system		
(n)	Any other diseases or ailments not mentioned above?		

**E. Questions to be answered by Female Insured**(Strike off for all Male Insured)

1.	Have you ever suffered /are you suffering from Gynecological problems?		
2.	Are you Pregnant at present? (i) If yes, mention the duration in weeks (ii) Any complications, miscarriage, medical termination of pregnancy or Caesarian?		
3.	Have you ever undergone any investigation or treatment or received medical advice or consulted a physician for: (i) Any disease or disorder of the Cervix, Uterus, Ovary (ies) or Vagina, abnormal bleeding, Cancer or abnormal growth? (ii) Any disease or disorder of the Breast(s) such as Breast Lump/cyst, Fibrocystic disease, Nipple changes or discharge, cancer or growth? (iii) Have you undergone any mammogram or Pap smear? (If yes, then kindly provide date and the test result)		

**F. If answer to any of 3.D. or 3.E. question is "Yes" (except 3. D. 1.), please provide details:**

Details of the Treating/ Family Doctor	Nature of ailment/Disease/ Exact Diagnosis etc	First Date of Diagnosis	Details of current symptoms (onset, intensity and duration)	List the current prescriptions or medicines taken for disorder	Is there any further consultation planned
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<b>Name:</b>					
<b>Address:</b>					

**G. Maiden Name of Insured (if female)** \_\_\_\_\_

**Section IV: Product Details**

**Mode:**  Yearly

Plan	Sum Insured	Premium (Rs.)
Future Criti Care		

**Section 5: Proposer/ Nominee Details:**

Proposer  Nominee

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship to the Insured:** \_\_\_\_\_

**If the Nominee is a minor, Please name an Appointee (who should be a major)**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship to the Insured:** \_\_\_\_\_ **Acceptance & signature of Appointee:** \_\_\_\_\_

**Section V: Declaration & Authorization**

I/We declare that I/We have answered the questions in the proposal form after being explained by the advisor of the Future Generali Insurance Company Limited, (hereinafter referred to as 'the Company') and have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I/We further declare that the answers given by me/us to all the questions in the proposal form and the information given to the Medical Examiner of the company as to the state of health and habits of Insured are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I/We have made no statement to the Insurance Advisor, medical examiner, or any other person associated with Future Generali India Insurance Company Limited which in any way modifies the answer and statements on this application. I/We undertake to notify the company of any change in the state of health of the insured or as to his/her/their occupation subsequent to the signing of this proposal and before the acceptance of the risk by the company. I/We also understand that in case of any mis statement or suppression of material information the company has the right to repudiate the claim under this policy. The policy shall become void where it is found that the policy was issued on the basis of fake/tampered documents and/ or proofs. I/We also certify that I/We have read and understood the Benefits as published by the company that was handed over to me/us along with this proposal form. I/We also understand that the terms and conditions including the premium and the benefits payable under the policy are subject to variation in accordance to the applicable laws.

I/We confirm that all premiums will be paid from bonafide sources.

I/We agree that we will not use fraudulent means for making claims. I/We also agree that if we do it, the company will terminate the contract.

I/We hereby authorize Future Generali India Insurance Co. Ltd. to conduct screening/confirmation/reconfirmation of overall status of the Insureds, including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/ viral/ fungal infections. I/We hereby give my/our consent to undergo HIV1/2 test. I / We am/ are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS.

**The company reserves the right to accept, decline or offer alternate terms on my proposal for insurance.**

In order to enable the company to assess the risk under this proposal and any time thereafter, I/We hereby, authorize the past and present employer(s)/ business associates/ medical practitioner/ hospital and medical source/ any life and non-life insurance company/or organization or Life Insurance Association's medical register to release to the Company and the Company to release to any Government Body / Regulatory Authority/ other relevant statutory bodies as may be considered relevant.

**This proposal form shall be a part of the insurance policy contract, in case of its acceptance by the Company**

**Signature/thumb impression of the Insured (If thumb impression is provided then it has to be witnessed by the advisor)**

\_\_\_\_\_

**\*Signature not required if the age is less than 18 years**

**Signature/thumb impression of the Proposer (If thumb impression is provided then it has to be witnessed by the advisor)**

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Section 41 of the Insurance Act 1938 (4 of 1938)** '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 prospectus or tables of the insurer'.

**Declaration:**

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or where the Proposer has signed in vernacular language.  
(Note: The below must be witnessed by some one other than the advisor/employee of the company)

I/We certify that the product applied for by me/us and the contents of the proposal form have been clearly explained to me/us and I/We have fully understood them. I/We further certify that the replies in the proposal form have been recorded as per the information provided by me/us.  
I (Name of Witness) \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ adult and inhabitant of \_\_\_\_\_ residing at and \_\_\_\_\_ (Relation with Proposer) do hereby state that I have read out and explained the contents of the proposal form and all other documents incidental to availing the Insurance Policy from Future Generali Insurance Company Limited to Mr./Mrs./Ms. \_\_\_\_\_ and he/she /they have understood the same and do hereby agree to abide by all the terms and conditions of the policy and the clauses of the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. Solemnly affirmed at \_\_\_\_\_ on this.

\_\_\_\_\_  
**(Signature of Witness)**

\_\_\_\_\_  
**(Signature/ thumb impression Proposer)**

**Date:**

**Place:**

**Section VI: Payment Details:**

**Premium paid by Cash/ Cheque No \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_**

**Section VII: For Office Use Only:**

<b>Intermediary Name:</b> _____	<b>Intermediary Code:</b> _____
<b>Sales Manger Name:</b> _____	<b>Sales Manger Code:</b> _____

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**Future Generali India Insurance Company Limited**  
**Registered Office & Corporate Office** - 001, Trade Plaza, 414 Veer Savarkar Marg, Prabhadevi, Mumbai 400 025.  
**Care Lines:-** MTNL/BSNL subscribers- 1800-220-233, Any other service provider:- 1860-500-3333,  
**Email:** care@futuregenerali.in, **Website:** www.futuregenerali.in