

Occupation**

** Occupation : Service - State Govt. - **SG**, Central Govt. - **CG**, Public Sector - **PS**, Private Sector - **PR**, Business - **B**, Profession - **P**, Self Employed - **F**, Student - **S**, Agriculturist - **A**, House wife - **H**, Pensioner - **PE**, Others - **O**.

Average Monthly Income

Are you covered under any other Medical Insurance policies or any other such scheme

If yes, details of :
 Name of the Insurance Company
 Period of Insurance
 Sum Insured

ATTACH STAMP SIZE PHOTOS FOR ISSUE OF ID CARDS

Stamp Size Photo-1

Family Details - of the Proposer				
Family Member	Age	Health status if alive	Age when died If not alive	Cause of death
Father				
Mother				
Brothers				
Sisters				
Spouse				
Children				

3. PLAN DETAILS

Please provide the following information (Yes/No)	Insured 1	Insured 2	Insured 3	Insured 4
Are you in good health and free from physical and mental disease or infirmity or medical complaints. If not, give full details.				
Any proposal for Medical insurance refused, cancelled or higher premium charged by any Insurance company. If your answer is YES, please attach separate sheet				
Has any claim been rejected by the previous Insurer, If Yes, please provide details.				
Medical History and other details of the insured persons (These details are not only required to underwrite the proposal form but also to render Medical advice as may deem fit) (Please answer Yes or No. A mere dash is not sufficient)				
Have you ever suffered from any of the diseases/illness. If yes, give details.				
a. Diabetes Mellitus				
b. High Blood Pressure, Heart Diseases including Ischaemic Heart Disease (IHD)/ Rheumatic Heart Disease.				
c. Stroke, epilepsy, fainting attack, chronic headache				
d. Tuberculosis, Asthma, respiratory allergic disorders,				
e. Any disease of bones/joints.				
f. Cancer, malignant tumour, malignant growth				
g. Gynaecological disorder such as, Dysfunctional Uterine Bleeding (DUB)/fibroid uterus/ovarian cyst.				
h. Disease of stomach, liver and gall bladder.				
i. Kidney diseases including kidney failure and renal stone.				
j. Disease of the urinary bladder and prostate				

k. Fistula, piles, Hernia, Varicose Veins.			
l. Any dimness of vision, cataract			
m. History of tonsillitis or any other disease or disorder of the Ear, Nose or Throat.			
n. Any dental problems			
o. Slipped disc, other spinal disorder or paralysis of any kind			
p. Any nervous, mental or psychiatric disease			
q. Any other illness or disease or accidents suffered by you			
r. Have you ever taken narcotics or other habit forming drugs or been treated or advised in connection with your alcohol consumption or taking of drugs.			
S. Have any of these persons who proposed for insurance :			
1. Had any life/health/disability/cover declined/modified/postponed			
2. Had an ECG, X-Ray, blood/diagnostic test performed			
3. Has any medication been prescribed in the past 12 months			
4. Been advised or surgery but not yet done			
5. Receiving payment for disability/illness/injury			
6. Had a change of weight of >5 Kgs. in the past 12 months			
7. Been treated as in-patient or out-patient for surgery			
8. Had any medical treatment for mental or physical impairment.			

Give particulars in table below of any other illness or disease or accident or operation sustained by you in the past

Nature of illness/diseases injury and treatment received	Date first treated	Name of attending medical practitioner/ surgeon with his address and Telephone Number	Whether fully cured
1.			
2.			
3.			
4.			

Family Physician's Name

Address

City/Taluk District State Pin Code

STD Code Phone No. Cell Regn. No.

4. ASSIGNMENT

In the event of death of the Insured Person, all the benefits that shall become payable under the policy will be paid to the person named as the 'Assignee' by the Insured Person and his/her receipt shall be sufficient discharge to the Company.

Sl.	Name of the Person Proposed	Name of the Assignee	Relationship	Signature of the Insured Person
1.				
2.				
3.				
4.				

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 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 on 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 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.