

## Optima Secure Plan

Application No. : 121708202455262

- 1 Please fill the form in BLOCK LETTERS.
- 2 Please answer all the questions fully and correctly. If a particular question is not applicable to you, please mark that question as Not Applicable "N/A".

The Company's liability does not commence until the acceptance of the proposal has been formally intimated to the Policyholder and full premium has been realized by the Company.

Intermediary Code	Intermediary Name	Intermediary Number
201838818307	TACTERIAL CONSULTING PRIVATE LIMITED	8048816818

## Proposer Details

Name of the Proposer	MR. JAYAKUMAR MHK		
Address	37 J BLOCK KONARK CAMPUS VIMAN NAGAR PUNE PUNE MAHARASHTRA - 411014		
Contact Number	8424803703	Marital Status	SINGLE
Occupation	SALARIED	Annual Income	3000000
Education Level	Graduate		
I have eIA (Y/N)			
I would like to apply for eIA			

Employee ID (Employees of HDFC Limited Group and Munich Re Group)	
Policy Number of any active HDFC ERGO Policy where you are the Policyholder	

## Details of the Person(s) Proposed to be insured

S. No.	Name	Date of Birth	Gender (M/F/TG)	Height (in cms)	Weight (in kgs)	Relationship with Proposer
1	Mr.JAYAKUMAR MHK	20/02/2001	M	168	55	Self

## Premium Tier (Please select)

Tier 1	No
Tier 2	Yes

Classification of Cities for Premium Tier

- Tier 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara.
- Tier 2: Rest of India

No co-payment shall apply if Insured Person from Tier 2 avails a treatment in Tier 1.

## Nominee Details

Name of Person Proposed to be insured	Nominee Name	Relationship	Address of Nominee
MR. JAYAKUMAR MHK	Mrs. LATHA HEMANTH	Mother	D NO31 78 GSM STREETNEAR GANGADHAR SWAMY SCHOOLPICHANUR VelloreVELLORE MAHARASHTRA 411014

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.

Where Nominee is a minor, please give the details of Appointee

Name of the Appointee	Relationship	Address of Appointee

## Policy Details

Policy Type	Individual
Tenure	1 Year
Policy Period	From 13/09/2024 00:01 To 12/09/2025 Midnight
Sum Insured in Rs.	1000000

## Optional Cover

S.No.	Optional Cover	Deductible
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## Add-On Covers

my: health Critical Illness (You can opt for a Sum Insured from 1 Lakh to 500 Lakhs)	
my:health Hospital Cash Benefit	
Individual Personal Accident Rider	
Unlimited Restore (Add-on)	Yes
Optima Well Being	

S. No.	Name	IPA Rider Sum Insured in	my: health Critical Illness Sum Insured	my: health Hospital Cash Benefit Sum Insured Per Day Sum Insured in ₹
1	Mr.JAYAKUMAR MHK			

my: health Critical Illness add-on can be opted by adults (persons over 18 years of age) only

^ Sum Insured under Individual Personal Accident rider will be 5 (five) times the Sum Insured of my: Optima Secure (Base Plan) up to a maximum of Rs. 1 Crore and this rider will be offered only to the Proposer

Sum Insured for add-on covers is on individual basis only(except for Unlimited Restore (Add on)

Do you want to avail NRI discount ? : No

Note

1. This Option is available only for Person living overseas & their status being NRI
2. For Continuity of NRI discount of renewal, you have to further declare at each renewal that insured Person(s) are staying abroad.

### Existing / Previous Insurance Policy Details

Does any person proposed to be insured presently hold any Health Insurance / Critical Illness Insurance Policies from HDFC ERGO or any other Insurer?

If Yes, please provide below details

Policy No. / Application No.	Name of the Insured	Name of the Insurer	Period of Insurance DD/MM/YYYY To DD/MM/YYYY	Sum Insured	Claims lodged during the preceding years(Y/N)	To be considered for continuity (Y/N)
PROPRM050012206	JAYAKUMAR MHK	Cigna TTK Health Insurance	13/09/2023 To 12/09/2024	1000000	No	Yes

Please note that continuity of benefits shall NOT be considered if the above question of want of continuity is not replied affirmative, details are not provided and Portability form / Migration details and relevant supporting documents are not submitted

If No, please tick below declaration:

I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that I/We do not hold any Health Insurance / Critical Illness Policy from HDFC ERGO or any other insurer.	Yes
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### Medical and Lifestyle Information

(Please provide information in the same order as mentioned under Proposed Persons to be insured)

#### MEDICAL & LIFESTYLE QUESTIONS FOR PERSON PROPOSED TO BE INSURED

		MR.JAYAKUMAR MHK					
1	Has an ailment or disability or deformity including due to accident or congenital disease?	NO					
2	Has planned a surgery?	NO					
3	Takes medicines regularly?	NO					
4	Has been advised investigation or further tests?	NO					
5	Was hospitalized in the past?	NO					
6	Is Pregnant?	NO					
7	None of the above	NO					

### ADDITIONAL MEDICAL QUESTIONS

1.Has an ailment or disability or deformity If Yes, please provide the below details

	MR.JAYAKUMAR MHK					
1. Hypertension/ High blood pressure?	NO					
2. Diabetes/ High blood sugar/Sugar in urine?	NO					
3. Cancer, Tumour, Growth or Cyst of any kind?	NO					
4. Chest Pain/ Heart Attack or any other Heart Disease/ Problem?	NO					
5. Liver or Gall Bladder ailment/Jaundice/Hepatitis B or C?	NO					
6. Kidney ailment or Diseases of Reproductive organs?	NO					
7. Tuberculosis/ Asthma or any other Lung disorder?	NO					
8. Ulcer (Stomach/ Duodenal), or any ailment of Digestive System?	NO					
9. Any Blood disorder (example Anaemia, Haemophilia, Thalassemia) or any genetic disorder?	NO					
10. HIV Infection/AIDS or Positive test for HIV?	NO					
11. Nervous, Psychiatric or Mental or Sleep disorder?	NO					
12. Stroke/ Paralysis/ Epilepsy (Fits) or any other Nervous disorder (Brain / Spinal Cord etc.)?	NO					
13. Abnormal Thyroid Function/ Goiter or any Endocrine organ disorders?	NO					
14. Eye or vision disorders/ Ear/ Nose or Throat diseases?	NO					
15. Arthritis, Spondylitis, Fracture or	NO					

any other disorder of Muscle Bone/ Joint/ Ligament/ Cartilage?						
16. Any other disease/condition not mentioned above?	NO					
Medical Question	Additional Medical Question	Insured Name	Details for your ailment	Treatment details		

## 2. Has planned a surgery If Yes, please provide the below details

Medical Question	Additional Medical Question	Insured Name	Details of surgery	Details of surgery

## 3.Takes medicines regularly If Yes, please provide the below details

Medical Question	Additional Medical Question	Insured Name	Details for your current medication	Details for your current medication

## 4.Has been advised investigation or further tests If Yes, please provide the below details

Medical Question	Additional Medical Question	Insured Name	Details about investigation	Details about investigation

## 5.Was hospitalized in past If Yes, please provide the below details

Medical Question	Additional Medical Question	Insured Name	Details past medical condition	Details past medical condition

## 6.Is Pregnant If Yes, please provide the below details

Medical Question	Additional Medical Question	Insured Name	Details Pregnant	Expected Delivery date

## LIFESTYLE QUESTIONS [RELEVANT SECTION TO BE FILLED]

[TO BE FILLED ONLY IF my: health Critical Illness add-on cover IS OPTED]

Insured Name	Cigarette(s)	Bidi(s)	Gutka Pouches	Tobacco Pouches	Alcohol (Quantity)	Drugs (Quantity)
Mr.JAYAKUMAR MHK	Per Day _   Per Week _   Per Month _   since past _ years	Per Day _   Per Week _   Per Month _   since past _ years	Per Day _   Per Week _   Per Month _   since past _ years	Per Day _   Per Week _   Per Month _   since past _ years	Per Day _   Per Week _   Per Month _   since past _ years	Per Day _   Per Week _   Per Month _   since past _ years

## Payment Details

Premium Details Rs.	12956
Premium Payment Options	SINGLE
Premium Payment Options	ELECTRONIC BANK PAYMENT
Instrument Details	OPS20119720171315
Date	17/08/2024

Would you like your refund (Excess Premium/PPC reimbursement) By Cheque\* or credited directly into your bank account?

\* Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card the refund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Cheque No	Name as in Bank Account
Bank Name	Bank Account No
Branch Name	IFSC Code
Cheque Date	MICR Code
Cheque Amount for	

Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

## Declaration, Consent & Warranty on behalf of all Person(s) proposed to be insured

- 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/ We understand that the information provided by me will form the basis of 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 further consent to the company. seeking medical information from any 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 and mental health of the life to be assured/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 Governmental and/or Regulatory Authority.

<b>Signature of the Proposer</b>	JAYAKUMAR MHK	<b>Date</b>	17/08/2024
<b>Time</b>	02:00:29 PM	<b>Place</b>	PUNE

**Note:** The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)

**Fraud Warning:** This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

**Anti-Rebating Warning:** As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect to 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. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs

#### Vernacular Declaration

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate (to be certified by someone other than an agent/employee of the company)

(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.)

<b>Name of the Translator</b>		<b>Signature of the Translator</b>	
<b>Place</b>		<b>Date</b>	
<b>Name of the insured :</b>		<b>Signature of the insured:</b>	
<b>Place</b>		<b>Date</b>	

#### Point of Sales Person's Declarations

I, BHARATH BABU in my capacity as point of sale person of Insurance Company or any other Insurance Intermediary, 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) 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 Proposal is accepted by the Company for insurance of the Policy.

I have further explained that if any untrue statements(s)/information(s)/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 played and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to those Proposal may be treated by the Company as null and void and all premiums paid under the policy may be forfeited to the company

#### Point of Sales Person

<b>Point Of Sales Person Name:</b>	BHARATH BABU	<b>Point Of Sales Person Code:</b>	TACT016
		<b>Aadhar Number:</b>	XXXXXXXX
<b>Date:</b>	17/08/2024	<b>Place:</b>	PUNE

#### Intermediary Declaration

I, TACTERIAL CONSULTING PRIVATE LIMITED (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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 response(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 and further more 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 premiums paid under the Policy may be forfeited to the company.

<b>Signature of Intermediary</b>	TACTERIAL CONSULTING PRIVATE LIMITED	<b>Date</b>	18/08/2024
<b>Time</b>	18:15:11	<b>Place</b>	PUNE

### Check List

**Please check the following documents are attached along with the proposal form**

1	ID Proof : Passport / Pan Card / Voter ID / Driving License / Letter from a recognized public authority ID
2	ID Proof of residence : Telephone Bill / Bank Account Statement / Letter from any recognized public authority Electricity Bill / Ration Card
3	Age Proof : Proof of Age or proof of having Aadhaar
4	Renewal notice with claim details
5	Photocopies of all previous policies and endorsements
6	Income proof documents [To be provided only if my: health Critical Illness add-on cover is opted] . ITRs for last 2 FY . Salary slips for last 3 months

### For Office Use Only

<b>Intermediary Code</b>	201838818307	<b>Branch Location</b>	Mumbai (Corporate) - Leela Business Park
<b>Signature of Intermediary</b>	TACTERIAL CONSULTING PRIVATE LIMITED		

### Acknowledgement Customer Copy

Received from Mr. / Ms. / Mrs	Mr. Jayakumar Mhk		
Cheque No:	OPS20119720171315	Cheque Date:	17/08/2024
Drawn on Bank for a sum of Rs.12956 towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.			
Date Signature & Seal	17/08/2024		

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 our 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 to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

PORTABILITY FORM

Kindly provide complete and correct information. Incomplete, incorrect or partially correct information will lead to cancellation of policy.

How many members would you like to cover 1

POLICY HOLDER / INSURED MEMBERS DETAILS

Member -2024410043025727	
Name of Insured	JAYAKUMAR MHK
Date of Birth	20/02/2001
Address	37 J BLOCK KONARK CAMPUS VIMAN NAGAR PUNE PUNE MAHARASHTRA - 411014
Gender	M
No of Years of continuous coverage ?	1
Details of Existing Insurance & Insurer	
Year 1	
Name of insurer	Cigna TTK Health Insurance
Name of Product	Optima Secure
Policy Number	PROPRM050012206
Sum Insured	1000000
Cumulative Bonus	0
Add-ons/Ridders Taken	No
Start Date of Policy	13/09/2023
End Date of Policy	12/09/2024
Any Claims Logged	No
Pre Existing Diseases	No

Whether cumulative bonus to be converted to an enhanced sum insured No

Please state your reason for Portability ?

BETTER PRODUCT

Declaration

I am aware that the waiting period for the following disease(s) /treatments is ...days /years more than the previous policy terms .I here agree to observe the additional waiting period for the following disease(s)/ treatments(s)  
I AGREE