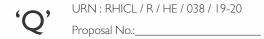
care freedom



Proposal Form



- To be filled in by the Proposer in CAPITAL LETTERS only.
- Care Health Insurance Limited (the "Company") is under no obligation to accept any proposal for insurance and to issue a policy by the mere submission of a completed proposal form or due to any payment for any policy. In the event the Company does not accept the proposal, You will be informed of the same and the premium received (less costs of medical tests) from You, if any, will be refunded without interest.

 If there is insufficient space for You to complete Your answers, please use the Additional Information section. All attached documents form part of this Proposal Form.

The proposed policyholder will be referred to in this Proposal Form as 4. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be referred to in this Proposal Form as 1. The proposed policyholder will be the proposed policyholder wil							aci icc	docum	110110	1011115	our cor	0113111	орози						2							
FOR OFFICE USE ONLY																										
Intermediary Details																	4									
Intermediary Code :								Inte	erme	ediar	y Na	me :										2		Ш		
Intermediary RM Code :								Bra	anch	Cod	de :							N				1_		Ш		
Customer Acc No. :																				1						
Care Health Insurance Branch Details																									2	
CHI RM Name :																					J					
Branch Code :						Cli	ent l	D:										Rec	eipt I	D:						
Details of 'Point of Sales' Person : (To be filled	d in if	the	Policy	is so	ourced	d thro	ough	'Poir	nt of	Sale	es' Pe	rson))													
Please furnish at least one of the following details of	"Poir	nt of	Sales''	Per	son:																^					
Aadhar Card No.:									4			PAN) II	rd N	0.:											
PROPOSER DETAILS							,	<	1				7						1							
Name : (Mr./Ms./Mrs.)													\top													-
		(First	t Name	:)								ıddle	Nam	e)							(Las	st Na	me)			-
Correspondence Address :	Т	Ì												Ť						Т	Ť		Ť			_
												4														_
Locality:												City														_
Pin Code :	\top							Stat	te:					1						T				П		_
Landmark:	K																									
Permanent Address : If same as above, please tick here																										_
Locality:	+			+								City	:													-
Pin Code :	+							Sta	te :			1	· 	Т								+				-
Telephone:	+											Mob	oile :					\dashv							\dashv	-
Alternate Number :				+																						-
Email:																				+						-
Date of Birth / Incorporation (in case Prop. r is an	art	:y) :	D	D	MIT	1 Y	Y	Y	Y			Gen	nder	:		1ale			Fe	male	:			Othe	ers	-
Marital Status : Single	Mar	ried					Div	vorce	ed [W	idow	(er)] :	Separ	atec	ı					
PAN Numb :			$\overline{\Box}$						Na	ationa	ality	:							İ							
Form 60 (or case the customer does not have PAN no.) :		Ye	S			No)					umbe	er:													_
M. d. J. N.		1		\pm					(By s	igning the	e Proposa	l form I gi	ive my co	nsent for	using my	Aadhaar	No. for A	uthenticat	ion of my	Aadhaar	Details)					_
Mother's Nan						<u> </u>								\perp	1				$\overline{\Box}$					Ш		_
Would you like to opt for Electronic Policy Iss ce thrulf you have an elA, please provide following de ls:	ough	an e-	-Insura	nce	Accou	ınt (e	IA) c	of an I	nsur	ance	Rep	osito	ry?	L	Ye	S				N	0					
Name of Insurance Repository:																								Ш		
ii) elANo:				_																				Ш		_
iii) Name as appearing in eIA:		L	<u></u> _					Щ																		_
If you do not have an elA, would you like to open an account Yes, choose any one Insurance Repository:	ount?		Ye	es				N	0																	
□ NDML−NSDL Data Management Limited								[CAM	1SRe	p-C/	AMS	Rep	osito	ry Se	rvice	s Lim	ited							
☐ Karvy Insurance Repository Limited								[CIRI	L-Ce	ntral	Insui	rance	e Rep	osito	ry Lii	mited	d(CD	SL)						
Help us preserve the environment by opting to receive Would you like to Subscribe to important alert on What		•	ated in	form	nation Yes	in so	ftco	py/via	a em	ail or N	,				Ye	S				No)					

POLICY DETAILS							
Plan Opted:							
Sum Insured (in Rs.):		Te	nure:	l Year □	2 Year	3 Year	1
Deductible (in Rs.):			1	Co-payment (ir		J . Ga.	
Cover Type:	Individual Floater			oo payment (ii	. 76).		
Optional Cover – I : Good Health+	Yes No No						
(If Yes, then please mention the per co							
Optional Cover – 2: Home Care	Yes No						
Optional Cover—3: Health Check+	Yes No						
(If Yes, then please tick which one:	Diabetes Health Check-up	Card	iac Health Check-	-up 🗌			
Are you applying for portability?	Yes 🗌		No (Ifye	es, please fill in the s	eparate Portah	Form)	
NOMINEE DETAILS							
NOMINEE DETAILS	NI : NI				414	D 1 () 1 ()	
	Nominee Name		D	ate of Birth (DD/I	MM (YY)	Relationship wit	n Proposer
*If the Nominee is of Age 18 years or less, Nam							
	Appointee Name		D	ate of Birth (DD/I	MM/YY)	.elationship w	ith Minor
In event of the death of the Proposer any payme Nominee for all the other person(s) proposed to l	nt due under the Policy shall become payable to t	he Nominee proposed ir	this Proposal Form. T	he receipt of the proce	eds by the Nominee	'd be sufficient discharg	ge of +' _ompany. The
DETAILS OF THE PROPO	DSED TO BE INSURED IN	CLODING PR	OPOSER				
Insured I: Name: Mr./Ms./Mrs.							
Height CMS Marital St		Date of Birth	DIP	YN	Annual Income (In I	Lacs) : ₹	
Weight Kg Gender		Others		dhaar No.			
Nominee (Relationship with Insured):	Relationship with Prop	oser:	City of F	Res nce :		If PEP*: Ye	s No No
Insured 2 : Name : Mr./Ms./Mrs.		D + (D: 1)	DMM		A 1)		
Height CMS Marital St Weight Kg Gender		Date of Birth Other	D AMILE	Aadhaar No.	Annual Income (In I	Lacs) : ₹	
Weight Kg Gender Nominee (Relationship with Insured):	Relationship with Prop		City FF	Residence :		If PEP*: Ye	s No 🗆
Insured 3: Name: Mr./Ms./Mrs.	Neiduonship with Fropi	oser.	City	residence.		II FEF . Te	110
Height CMS Marital St	ratus	Dat of Birth	MMC	X Y Y	Annual Income (In I	Lacs) : ₹	
Weight kg Gender		Others		Aadnaar No.	7 William Meditie (iii)	Lacs) . X	
Nominee (Relationship with Insured) :	Relati		C, If	Residence :		If PEP*: Ye	s No 🗆
Insured 4 : Name : Mr./Ms./Mrs.							
Height CMS Marital St	ratus	Date of Birth	DDMM	YYYY	Annual Income (In I	Lacs) : ₹	
Weight kg Gender	Male Female	Others 🗌		Aadhaar No.			
Nominee (Relationship with Insured):	Relationship with Pro	: باد	City of F	Residence :		If PEP*: Ye	s 🗌 No 🗌
Insured 5 : Name : Mr./Ms./Mrs.							
Height CMS Marital St	ratu	Dau Birth	DDMM	YYYY	Annual Income (In I	Lacs) : ₹	
Weight kg Gender	le 🗌 Fer	Others 🗌		Aadhaar No.			
Nominee (Relationship with Insured):	Relatiship with Propo	OSEr:	City of F	Residence :		If PEP*: Ye	s No
Insured 6 : Nar/Ms./Mrs.							
Height CMS Marital St		Date of Birth	DDMM	YYYY	Annual Income (In I	Lacs) : ₹	
Weight		Others		Aadhaar No.			
Nominee (R Inship with Insured):	lationship with Propo		,	Residence :		If PEP*: Ye	
*Have you eve with pre- executives of stateeu corporation		Heads of State or ic	of Government, s	senior politicians, :	senior government,	, judicial or milita	ry officials, senior
MEDICAL / LIFESTYLE RI	ELAT D INFORMATION						
Particulars Does any proposed in Diagnosed/Suffered/Treated/Taken Note to conditions: If yes, please provide a section below:	Medication for any of the following		Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Cancer, tumor, polyp or cyst		Since	Y N Since	Since	Since	Y N Since	Y N Since
Any heart disease or disorder, che beats, palpatations or heart murn		Y N Since	Y N Since_	Y N Since_	Since	Y N Since	Y N Since
3. Hypertension/High Blood Pressu	ure(BP)/ High Cholestrol	Y N Since_	Y N Since_	Y N Since	Y N Since	Y N Since	Y N Since

4. Asthma / Tuberculosis (TB) / COPD/ Pleural effusion / Bronchitis / Emphysema or any other disease of Lungs, Pleura and airway or	Y	Y	Y	Y	Y	Y
Respiratory disease?	Since	Since	Since	Since	Since	Since
5. Thyroid disease/ Cushing's disease/ Parathyroid Disease/ Addison's disease / Pitutiary tumor/ disease or any other disorder of Endocrine	Y	Y	Y	Y	Y	Y
system?	Since	Since	Since	Since	Since	Since
6. Diabetes Mellitus / High Blood Sugar / Diabetes on Insulin or medication	Y N	Y N	Y N	Y N	Y N	Y N
medication	Since	Since	Since	Since	Since	Since
7. Motor Neuron Disease/ Muscular dystrophies/ Myasthnia Gravis or any other disease of Neuromuscular system (muscles and/or nervous system)	Y N Since					
, ,						
8. Stroke/ Paralysis/ Transient Ischemic Attack/ Multiple Sclerosis/ Epilepsy/ Mental-Psychiatric illness/ Parkinsonism/ Alzeihmer's/ Depression /	Y	Y	Y	YN	YN	YN
Dementia or any other disease of Brain and Nervous System?	Since	Since	Since	Since	Since	Since
9. Cirrhosis / Hepatitis / Wilson's disease / Pancreatitis / Liver disease / Crohn's disease / Ulcerative Colitis /Piles or any other disease of	Y	Y	YN	Y	Y	YN
Mouth, Esophagus, Liver, Gall bladder, Stomach or Intestines or any other part of Digestive System?	Since	Since	Since	Sin	Since	Since
10. Kidney Stones/ Renal Failure/ Dialysis/ Chronic Kidney Disease/	Y	Y	YN		YN	YN
Prostate Disease or any other disease of Kidney, Urinary Tract or reproductive organs?	Since	Since	Since	Sin	S;	Since
11. HIV/SLE/ Arthiritis/ Scleroderma / Psoriasis/ bleeding or clotting	Y	Y	Y	Y	YN	Y
disorders or any other diseases of Blood, Bone marrow/Immunity or Skin.	Since	Since	Since	Since	Since	Si
12. Disease or disorder of eye, ear, nose or throat (except any sight	Y	YN	YN	YN	N	YN
related problems corrected by prescription lenses)?	Since	Since		Since	Sin	Since
13. Smoke, consume alcohol, or chew tobacco, ghutka or paan or use any	Y	Y	YN	YN	Y	YN
recreational drugs? If 'Yes' then please indicate the following:	Since	Sir	Since	Since	Si a	Since
- Hard Liquor (No. of Pegs in 30 ml per week)						
- Beer(Bottles/ml per week)						
- Wine(Glasses/ml per week)						
- Smoking (no. of Sticks per day)						
- Gutka/Pan Masala/Chewing Tobacco(Sachets/Grams per day)		Z				
14. Any other disease / health adversity / injury/ condition / treatment not	T	Y	YN	YN	YN	YN
mentioned above?	Sin	Since	Since	Since	Since	Since
15. Has any of the Proposed to be Insured been hospitalized						
/recommended to take investigations/medication or has been under	Y	N	N	Y	Y	Y
any prolonged treatment/ undergone surgery for any illness/injury other than for childbirth/minor injuries?	Sinc	Sinc	Since	Since	Since	Since

Note: The Company shall reject Your proposal and refund to remium amount deducting cost of mediatests, if any) in case of incompleteness or any discrepancy highlighted or any other reason.

ADDITIONAL INFORMATION (IF YOUR ANSWER IS 'YES' TO ANY OF THE ABOVE QUESTIONS OR THE PROPOSED TO BE INSURED ARE SUFFERING FROM ANY OTHER PLEXISITING DISEASE WHICH IS NOT MENTIONED IN THE ABOVE LIST)

DETAILS OF PREVIOUS OR EDISTING MEALTH INSURANCE

Please fill the follow a uetails with respect to eath insurance proposals/policies with the Company or any other insurance companies

Details	Insured I	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Have any of e person(s) to be insured ever file claim with their current/pre us insurer? If Yes, please provide de ils on a separate sheet	Y	Y	Y	Y	Y	YN
Has any of y proposal(s) for surance en declined, cancelled, cha dia highs surance ed with pecial condition(s)?	YN	Y	YN	YN	YN	YN
Is any of the person(s) proposed for insuranc overed under any other health insurance policy with the Company or y other Company without	Y N	YN	YN	YN	YN	YN
break?	Since(DD/MM/YYYY)	Since(DD/MM/YYYY)	Since(DD/MM/YYYY)	Since(DD/MM/YYYY)	Since(DD/MM/YYYY)	Since(DD/MM/YYYY)

ATTI	NC	OINC	3 PH	IYSI	CIA	N'	S C	ÞΕΤ	ΓΑ	ILS	5																																				
Name o	f Far	mily P	hysicia	ın :																																					I	Ţ					-
Contact	Nur	mber	:				+			Τ	Т	(FII	rst N	Jam	e)				T		En	nail	:		1	Mid	dle	Nan	ne)	T					Т				(Last	: Nar	ne)	T			Т	+
DECI	ΔR	ΑΤ	ON																																												
a. The	reby	decla	re, on																								nts,	ans	wei	rs a	nd.	or	ра	rticı	ulan	give	en l	by n	ne a	are t	:rue	anc	d co	mpl	lete	e in a	all
b. Iun			e best hat the				_																				Воа	ırd a	nppr	OVE	ed i	ınd	erv	/riti	าฐก	olicy	v of	fthe	ins	urei	ran	dth	at th	ne p	olic	~v w	ill
con	ne int	to for	e only	after	fullp	aym	ent	ofth	hep	rem	niun	n cha	arge	eable	e.																																
			ire tha unicati												in t	he (OCCL	ıpa	tior	n or	ger	nera	al he	alth	n of	the	life	to.	be ii	nsu	rec	/ p	rop	ose	er af	ter t	the	pro	pos	sal h	ıas b	eer	1 SU	bmi	ttec	d bu	ıt
d. Ide			conse esent																																												
			ication																																							1011	I all	ıy II I	Sur	er t	O
e. lau			comp																		ned	ical	rec	ords	sof	the	Ins	ure	d/Pi	rop	ose	er.	4	ne s	ole	ourp	OS	e of	unr		vriti	ingt	:he p	oro	posa	al	
aric	, 01 (Ciaiiii	Jettie	incirc	und v	VICII	arry	00	VCII	11110		ii cai ic	370	1 1 10	,5uit	201	, 40	10110	5110	.,.														7													
Date :			/		/					(D[D/M	1M/Y	YYY)										Si	igna	ıtur	e o	f th	e Pr	οр	ose	r :					2							<u> </u>			
Place :																								(C	n be	ehal	fofa	all th	e pe	rsoi	ns to	be be	insu	ıred	und	er th	e.	V)			4					
NEET	. D.	ст А	II C	(FOI			IM	c 0				<u> </u>	DI.	IDI	D C	CE	.c./																					_									
NEF1				(FOI	(C	_A	IMI	э «	K			AD.	PC	JK	70	5]-	3)													ı												_				_	
Accoun Bank N			:			-	\dashv	_		\vdash	+	-	+	+				-	+					Bank	. Co	_	h	m	ne :		N				+					+	+	+	+			+	-
Name o			ount H	Holder	`:	+	+	\dashv		\vdash	+	+	+	+	\dashv				+				1	Dal IR	П	anc	11		T .	Τ				\dagger	+	\pm					+	+	+			+	+
Note :						que a	along	with	Prop	oosal	Forr	n								- 1							7							6													
I declare the	for n	on-cred	lit/non-p	paymen	of pay	yout :	or re	efund,	, if ar																													not h									S
cheque/de	nanu (Urait in	/ Spite of	provid	ng abc	ove in	TOTTI	auon	Ì)/MN	1/YYY	\sim																	S	Signa	ure	ofth	e Pro	nose	r:											
Place :				\top			Ť	Ť	T	T	T																										to b	e insu	ıredı	unde	rthe	Polic	у)				-
PREN	11U	M P	ΔΥΜ	IFN	ГІМ	IFC) DR	МД	П	01	и И							d	k				,																								
											(6)							7	F					_																					_		_
Pavmen	t By (Cash	/ Che	aue /	Dem	and	Dr	aft /	¹ Ca	ard i	(S ⁺)				·-l-^	vor	ic n	ot	r	olica	ble.):																									
Paymen											(5†	₹	Ţ			vor	is n	ot	F	olica	.ble)):				D				T					T					Τ	T	\top	Т			Τ	1
•	/ De	emano	d Draf								(St		T			· · · · · ·): ount	t (₹):																	I						
Cheque Paymen Date:	/ De	emano	d Draf (₹) :	t No.	/ Au	thor	rizat	tion	ID	:		_	Ban	kN		۶:	F	rer	niu	m /	\m(ount	t (₹):																							
Cheque	/ De	emano nount	d Draf (₹) :	t No.	/ Au	thor	rizat	tion	ID	:		_		kN		۶:		rer	niu	m /	\m(ount	t (₹):																							
Cheque Paymen Date : In case of p Key Excl (I) Any (ii) 2 Ye	/ Det Am	nount nount through s: se contra	d Draf (₹): gh Chequacted du	t No.	/ Au and Di	raft, t	rizat	strum	ID nent s	: should	d be d	drawr	n in fav	k N vour	of "C	e:	Hea acc	Prer	miu Insu	m /	Ama	ount			Ston	es, ef	tc.																				
Cheque Paymen Date : In case of p Key Excl i (i) Any (ii) 2 Yo (iii) Pre (iv) Per	/ Det Amayment assigned to the control of the contr	emano nount st throug s: se contra it Perioong Disea of Exclusions	d Draf (₹): gh Chequacted du d: Non-ises: 24 rions: Non-i	ue/Dem	/ Au and Di first 30 arthrit	raft, to days is/Joine dat reatm	rizat	strum	nent s	: should	d be of	drawr except	those	k N vour e e aris re/Ear	of "cing or; nose	e: ut of e and	Hea acc Ithro	Prer	miu Insu	m /	Ce Lo	bunt td."	surge	eries/	de) o	or alc	ohol																Itrea	itme	nt/M	1edic	al
Cheque Paymen Date: In case of p Key Excl (I) Any (ii) 2 Ye (iii) Pre (iv) Per (v) Tre	/ De t Am aymen usions diseas ar Wa existin manen enses i	nount tthrought throught through throught throught throught throught throught throught through throught through throught throught throught throught throught throught through throught through throught	d Draf (₹): wh Cheque acted dud: Non-ises: 24r ions: Not d for treatation in	ue/Dem ue/Dem uring the nfective months ton-allop utment coa hospit	first 30 arthrit rom th athic tr of AIDS al whice	raft, to 0 days is/Joine dat reatm 6/ Tre th is no	rizat	strum	ment s	should licy attrib	d be determined the state of th	drawr except	those Fissur	k N vour e aris e/Ear	of "cing or; nose	e: ut of e and	Hea acc Ithro	Prer	miu Insu	m /	Ce Lo	bunt td."	surge	eries/	de) o	or alc	ohol											eles, cc					I trea	utmer	nt/M	Medic	al
Cheque Payment Date: In case of p Key Excl i (i) 2 YG (ii) 2 Pre (iv) Per	/ Det Amaymen aymen asions disease ar Wa existin manen enses i atment ed set o uld you	nount throught secontrait Period ng Disea the Exclus incurrect/consul of exclus u choose	d Draf (₹): gh Chequi acted du d: Non-isses: 24 r ions: Not d for treatation in ssione le	ue/Dem ue/Dem uring the nfective months con-allop atment c a hospit ease log wemium	first 30 arthriting the arthriting AIDS all whice on to van by case	thoraft, the days of the days	rizat hhe ins s h nt tte c nent eatm. iamec careir u are	strum lacen e fir pe	ment s	should licy attrib from gative com.	dd be o	except	those to oitals.	k N vour or e ariss e/Ear	of "Ling or ing	e: uut of e and	Hea acculture ultimate valid	rer	miu Insu	m / discon suice	Amo	Dunt s and tttem	surge pted tion a	eries/ suiciond its	de) o s con	or alco sequ	ohol ience	es or i	relatir	ng to	infe	tilit ₎	and	in vit	ro fe	tilizat	tion	/Con	ngenir	tal dis	sease.						
Cheque Paymen Date: In case of p Key Excl (i) Any (ii) 2 Yo (iii) Pre (iv) Per exp (v) Tre For a detail Note: Sho your Propo	/ De t Am aymen sisions diseas va existin manen enses i atment ed set ould you sal. An	nount through the through the through the through the textus incurred the through the thro	d Draft (₹): ch Chequitation in sions: Note that the characteristics of the characteristi	ue/Dem ue/Dem uring the enfective mon-allop timent c a hospit ease log wemium comput	first 30 arthriting the arthriting on to you have erized	thoraft, the days	rizat hhe ins s h nt tte c nent eatm. iamec careir u are	strum lacen e fir pe	ment s	should licy attrib from gative com.	dd be o	except cole to osp	those to oitals.	k N vour or e ariss e/Ear	of "Ling or ing	e: uut of e and	Hea acculture ultimate valid	rer	miu Insu	m / discon suice	Amo	Dunt s and tttem	surge pted tion a	eries/ suiciond its	de) o s con	or alco sequ	ohol ience	es or i	relatir	ng to	infe	tilit ₎	and	in vit	ro fe	tilizat	tion	/Con	ngenir	tal dis	sease.						
Cheque Paymen Date: In case of p Key Excli (I) Any (iii) 2 Ye (iv) Per exp (v) Tre For a detail Note: Sho	/ De t Am aymen usions a disease ar Wa existin manen enses i disease at the three transfer of the transfer of	nount the throught second record rec	d Draf (₹): gh Chequi acted du d: Non-isses: 24 r ions: Not d for treatation in ssione le	ue/Dem ue/Dem uring the enfective mon-allop timent c a hospit ease log wemium comput	first 30 arthriting the arthriting on to you have erized	thoraft, the days	rizat hhe ins s h nt tte c nent eatm. iamec careir u are	strum lacen e fir pe	ment s	should licy attrib from gative com.	dd be o	except cole to osp	those to oitals.	k N vour or e ariss e/Ear	of "Ling or ing	e: uut of e and	Hea acculture ultimate valid	rer	miu Insu	m / discon suice	Amo	Dunt s and tttem	surge pted tion a	eries/ suiciond its	de) o s con	or alco sequ	ohol ience	es or i	relatir	ng to	infe	tilit ₎	and	in vit	ro fe	tilizat	tion	/Con	ngenir	tal dis	sease.						
Cheque Paymen Date: In case of p Key Excli (i) Any (iii) Pre (iv) Per For a detail Note: Sho your Propo STAT Prohibi (Under See	/ De t Am aymen usions a disease dar Wa existin manen enses i attment ed set a tuld you sal. An tition 4	mount through the	Draft Draft (T): (T): Draft Draf	Tribute Company of the Company of th	/ Au first 30 arthritt from that thic tr f AIDS al whice on to y b cas in by cas	thoraft, the control of the control	the instantianed careir u are pt aga	strum ne policies fire per strum ne fire per strum ne fire per strum ne policies fire per strum ne pol	ment sement seme	: da de	d be of the delay of the list	except except of the control of the	those those Fissur et o	k Nour e arisse/Ear	of "Care damitt	ut of e and	Hea accult thro	Prer	miu Insu	m / discon suices	Amo	bunt s and statem short	surge pted tion a	suiciond its	de) o s con orize	or alco sequ ed Ba	ohol ience nk br	es or i	relatir	wei	nsist	you ⁻	to pl	ease	ro fe	rcom	nput	/Con	rece	ipt ag	sease.	the d	depos	sited	cash a	again	nst
Cheque Paymen Date: In case of p Key Excli (i) Any (ii) 2 Ya (iii) Per exp (iv) Per For a detail Note: Sho your Propo STAT Prohibi (Under Ser I. No pa comm	/ De t Am aymen sisions diseas ar Wa existin manen enses i atment atment tentre to the total did you sal. An tition 4 erson slinission	emandont through the through t	d Draft (₹): 1: Non-in-in-in-in-in-in-in-in-in-in-in-in-in	To the No.	first 30 arthritist of AIDS	thoraft, the control of the control	he ins	tion lacen e fin pe in nst adv	ment set por possible properties to possible	should licy attrib from gative com.	ino	osp	those to obtain the total	k N wour of e ariss e/Ear preg	of "ing or ing o	ut of e and Heal	Hea accult thro	Prer	Insu	m / disconn suicesscarr	Amordenside, a diage, a dibrar	bunt s and dittem abort	surge pted tion a	suiciond its	orize	or alcored Ba	ohol ence nk br	es or i	any k	we i	nsist of ris	rtility yyou:	to pl	ease :	ro fe ask fo	r com	nput	/Con	rece	ipt ag	gainst bate (the d	depos e who	ited o	cash a	again	nst
Cheque Paymen Date: In case of p Key Excli (i) Any (ii) 2 Ya (iii) Per exp (iv) Per For a detail Note: Sho your Propo STAT Prohibi (Under Ser I. No pa comm	/ De t Am sions diseas diseas ar Wa existinment ed set of all dyou sal. An tion 4 erson si ission of the	emandount In through the thro	Draft The property of the pro	Tr. No. Tr.	/ Au first 30 arthrit from th first AlDs al whice on to w by cas erized	thoraft, the days of the same	rizat the instant te conent eathmaneccareir u are: pt aga	strum lacen e fir pe inst adv	ment st poenses rising e neg ce.c. to	: da d	d be of the control o	except except contact the cont	those those Fissur	k Nour of the arise / Earn preg for the arise / Earn preg for the arise / person for the ar	of "cing or ing	e: uut of e and e and Heal eed.	Heaacc I thro	Ith I string f birth	Insurance line) disconsuites	Amo	bunt s and attem abort nch o	surge pted tion a or any	suicion authorism insuoolicy	de) o s con orize	or alcored Ba	ohol ence nk br	es or i	any k	we i	nsist of ris	rtility yyou:	to pl	ease :	ro fe ask fo	r com	nput	/Con	rece	ipt ag	gainst bate (the d	depos e who	ited o	cash a	again	nst
Cheque Paymen Date: In case of p Key Excli (I) Any (iii) 2 Yi (iiii) Prer exp (v) Tree For a detail Note: Sho your Propo STAT Prohibi (Under See 1. No po	/ De t Am sions diseas diseas ar Wa existinment ed set of all dyou sal. An tion 4 erson si ission of the	emandount In through the thro	Draft The property of the pro	Tr. No. Tr.	/ Au first 30 arthrit from th first AlDs al whice on to w by cas erized	thoraft, the days of the same	rizat the instant te conent eathmaneccareir u are: pt aga	strum lacen e fir pe inst adv	ment st poenses rising e neg ce.c. to	:: da v/Ca. da	d be of the control o	except except contact the cont	those those Fissur	k Nour of the arise / Earn preg for the arise / Earn preg for the arise / person for the ar	of "cing or ing	e: uut of e and e and Heal eed.	Heaacc I thro	Ith I string f birth	Insurance line) disconsuites	Amo	bunt s and attem abort nch o	surge pted tion a or any	suicion authorism insuoolicy	de) o s con orize	or alcored Ba	ohol ence nk br	es or i	any k	we i	nsist of ris	rtility yyou:	to pl	ease :	ro fe ask fo	r com	nput	/Con	rece	ipt ag	gainst bate (the d	depos e who	ited o	cash a	again	nst
Cheque Paymen Date: In case of p Key Excli (I) Any (iii) Pre (iv) Per For a detail Note: Sho your Propo STAI Prohibi (Under See I. No p com tables 2. Any p	/ De t Am It Am	mt through the thr	d Draft (₹): (₹):	Tr. No. Tr.	/ Au first 30 arthrit from th first 30 arthrit f AIDS al whice on to y by cas erized	thoraft, the day of th	rizati	tion lacen e fin pe in su adv adv adv adv	ment st poenses rising e neg ce.c. to	:: da v/Ca. da	d be of the control o	except except contact the cont	those those Fissur	k Nour of the arise / Earn preg for the arise / Earn preg for the arise / person for the ar	of "cing or ing	e: uut of e and e and Heal eed.	Heaacc I thro	Ith I string f birth	Insurance line) disconsuites	Amo	bunt s and attem abort nch o	surge pted tion a or any	suicion authorism insuoolicy	de) o s con orize	or alcored Ba	ohol ence nk br	es or i	any k	we i	nsist of ris	rtility yyou:	to pl	ease :	ro fe ask fo	r com	nput	/Con	rece	ipt ag	gainst bate (the d	depos e who	ited o	cash a	again	nst
Cheque Paymen Date: In case of p Key Excli (I) Any (iii) 2 Yo (iii) Pere For a detail Note: Sho your Propos STAT Prohibi (Under See 1. No pt comm tables 2. Any p	t Am t Am aymen diseas diseas diseas diseas diseas ar Wa diseas dise	emandonount through the through the through the through the transfer of the through the transfer of the transf	d Draft (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (†)	Tt No. Tt No. Tt No. The second se	/ Au first 30 arthriting first 30 arthriting from the from the fathic tr f AIDS all whice his port on to y h by cas erized	raft, thorage of the control of the	rization in the instance of th	tion lacen e fin pe in su adv adv adv adv	ment st poenses rising e neg ce.c. to	:: da v/Ca. da	d be of the control o	except except contact the cont	those those Fissur	k Nour of the arise / Earn preg for the arise / Earn preg for the arise / person for the ar	of "cing or ing	e: uut of e and e and Heal eed.	Heaacc I thro	Ith I string f birth	Insurance line) disconsuites	Amo	bunt s and attem abort nch o	surge pted tion a or any	suicion authorism insuoolicy	de) o s con orize	or alcored Ba	ohol ence nk br	es or i	any k	we i	nsist of ris	rtility yyou:	to pl	ease to live	ro fe es or pe all	propowed	erty in ac	/ Con	rece	ny rel	bate o	of the publis	e who	ble or	r part	t of thuses o	he or
Cheque Paymen Date: In case of p Key Excli (I) Any (iii) 2 Yo (iii) Pere For a detail Note: Sho your Propos STAT Prohibi (Under See 1. No p comm tables 2. Any p	/ De t Am t Am usions diseas diseas ar Wa existin manen m	emandonount Int through the t	d Draft (₹): (₹): (₹): Draft (\$): Dra	Tr. No. Tr.	/ Au first 3(3 arthriti from the arthriti from	thoraft, the control of the control	rizati ri	tion lacen e fir per lacen adv	ment st po ensess resconding the of t	should day attributed the state of the stat	in in incomplete	except construction of the	those those rissure to obtain all any be lia	k Nour e arisse/Ear	Care care to proper a p	e: uut of ee ance Heal eed.	Hea account through the second through the second contact of the s	Prer	miu Insu Insu Insu Insu Insu Insu) discon suid scarring of mitter	Amore Lide, a diage, work or conditions and to	bunt std." s and uttem habort nch o	surge pted tion a or any	suicion dits authorins insu	orize	or alcosequed Ba	ohol dence	ranch ect of bate,	any k	we i	of rissuch r	k rel	atting e as	ease to live	ro fe es or oe all	propowed bel	erty in ac	/Con	rece dia, aidance	ny release with	bate of the p	of the publis	e who	ble or	r part	t of thuses o	the or
Cheque Paymen Date: In case of p Key Excli (i) Any (iii) Pre (iv) Per exp exp (v) Tre For a detail Note: Sho your Propt STAT Prohibi (Under See 1. No per comm tables 2. Any p Ackn Please n We ac Mr./Ms.	/ De t Am aymen usions diseas existin manen manen situment ed set titment ed set citon titmon 4 erson si sission of the erson si ksission of the know	emandont through the through t	d Draf (₹): the Chequity of	Tr. No. Tr. No. Tring the months in a hospit as a ho	/ Au first 30 arthriti from the first 30 arthri	thoraft, the first of the first	rizat ri	tion strum lacen e fire per adv adv adv ainst adv ment	ment st poenses centre to the contract of the	should da	innection	except constant of the constan	in fav	k Nour of the arise of the aris	Care appraid	e : Heal Heal son t	Hea acculation of taken out of	Ith I so out ting for the out or re-	miu Insu Insu Insu Insu Insu Insu Insu Ins	mited	Amordens ide, a aiage, ide harand branch de branch de branch de control de co	bount s and tttem hh/C	surge pted tion a pr any	suicide authorism insuppless	de) o s con orize	or alcosequed Ba	ohol dence	es or i	any k	we i	of risuch r	k rel	attingge as	ease to live may I	es or oe all	propowed bel	erty in ad	/Con	rece dia, aidance	ny rei	bate on the p	of the publis	e who	ble or prosp	r part	t of thuses of	he or
Cheque Paymen Date: In case of p Key Excli (I) Any (iii) 2 Yo (iii) Pere For a detail Note: Sho your Propos STAT Prohibi (Under See 1. No p comm tables 2. Any p Ackn Please n We ac Mr./Ms. Please n amount	/ De t Am t Am aymen usions diseas diseas ar Wa existin manen manen manen sal. An ful tion 4 erson sl sission of the erson r know ote th is reco	emandonount Int through the t	d Draft (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (₹): (†)	Tr. No. Tr.	/ Au first 3(3 arthriti from the atthriti from	raft, tithor aft, tithor dayses dayses dayses cather free free core c	rizat the instance of the control o	strum lacen	ment services and ment services produced in the of the office of the off	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	indicy, north documents of the control of the contr	ducer ducers of shall	e nea all any be lia	k Nour of the arrival	of "Care dmitt	e: uut of e ancoury (Healington aking eenalt	Hea acc I thro	Prer Ilth I so so of the original and th	miu Insu Insu Irrano, mis Irranow of riche	m / disconsuited and a suited a	Amo	bount s and continuint	surge pted tion a arrany	suicicind its	de) of scondorized or	or alcosequed Ba	ohol pence	es or i	relatiring and in a second and	we i we i zat	o infe	k relebat	attingge as	ease :	es or ope all	propowed bel	erty in ad	/Con	rece dia, aidance Car	ny rei	bate on the p	of the publis	e who	ble or	r part	t of thuses of	the or d) m
Cheque Paymen Date: In case of p Key Excli (i) Any (iii) Pre (iv) Per For a detail Note: Sho your Propx STAT Prohibi (Under Sec 1. No por comm tables 2. Any p Ackn Please n We ac Mr./Ms. Please r amount Proposa	/ De t Am aymen usions diseas existin manen manen situment ed set / tel of the terson si sission of the erson si sission of the control the transition of the control the transition of the control con	emandont through the through t	d Draft (₹): the Chequity of	Tt No. Tt No. Tt No. The management of the months in th	/ Au first 30 arthriti from the first 30 arthri	thoraft, the contract of the c	rizati he institute to the total tot	tion lacender of fire per lace	ment of the company o	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	indicy, north documents of the control of the contr	ducer ducers of shall	e nea all any be lia	k Nour of the arrival	of "Care dmitt	e: uut of e ancoury (Healington aking eenalt	Hea acc I thro	Prer Ilth I so so of the original and th	miu Insu Insu Irrano, mis Irranow of riche	m / disconsuited and a suited a	Amo	bount s and continuint	surge pted tion a arrany	suicicind its	de) of scondorized or	or alcosequed Ba	ohol lence of the property respective of the property re-	ect of bate, Autilicy.	any kexce	we i	of rissuch r	k relebat	atting e as	ease to live may I	es or ope all	propowed bell	erty in ad	/Con vin Indiccoord	rece dia, aidance	ny rei	bate of the part o	of the do	e who	ble or	r part	t of thuses of	he or d) m
Cheque Paymen Date: In case of p Key Excli (I) Any (iii) Pre (iv) Per For a detail Note: Sho your Propo STA1 Prohibi (Under See I. No pp conn tables 2. Any p Ackn Please n We ac Mr./Ms. Please r amount Proposa	/ De t Am aymen usions diseas diseas existin manen ar Wa existin manen futten tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel tel	emandonount Int through the t	d Draft (₹): the Chequity of	Tr. No. Tr.	/ Au first 3(2) arthriti from the transport of AIDS for AIDS f	raft, the orange of the control of t	rization in the instance carein in the control in t	all tion	ment set popular properties of the control of the c	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	indicy, north documents of the control of the contr	ducer ducers of shall	e nea all any be lia	k Nour of the arrival	of "Care dmitt	e: uut of e ancoury (Healington aking eenalt	Hea acc I thro	Prer Ilth I so so of the original and th	miu Insu Insu Irrano, mis Irranow of riche	m / disconsuited and a suited a	Amo	bount s and continuint	surge pted tion a arrany	suicicind its	de) of scondorized or	or alcosequed Ba	ohol lence of the property respective of the property re-	ect of bate, Autilicy.	any kexce	we i	of rissuch r	k relebat	atting e as	ease to live may I	es or ope all	propowed bell	erty in ad	/Con	rece dia, aidance	ny rei	bate of the part o	of the do	e who	ble or	r part	t of thuses of	he or d) m
Cheque Paymen Date: In case of p Key Excli (i) Any (iii) Pre (iv) Per For a detail Note: Sho your Propx STAT Prohibi (Under Sec 1. No por comm tables 2. Any p Ackn Please n We ac Mr./Ms. Please r amount Proposa	/ De t Am aymen asions diseas existin manen manen futment ed set t tatment ed set t tatment ed set t know tion futhersonsin fu	emandonount Int through the t	d Draft (₹): the Chequity of	Trick No.	/ Au first 3(2) first 3(2) arthrit romth first 3(2) first 3(raft, the of days are the control of	rization in the instance carein in the control in t	all ment	ments st poenses receipt to to of t	tty, 2 and tthis received	indicy, north documents of the control of the contr	ducer ducers of shall	e nea all any be lia	k Nour of the arrival	of "Care dmitt	e: uut of e ancoury (Healington aking eenalt	Hea acc I thro	Prer Ilth I so so of the original and th	miu Insu Insu Irrano, mis Irranow of riche	m / disconsuited and a suited a	Amo	bount s and continuint	surge pted tion a arrany	suicicind its	de) of scondorized or	or alcosequed Ba	ohol lence of the property respective of the property re-	ect of bate, Autilicy.	any kexce	we i	of rissuch r	k relebat	atting e as	ease to live may I	es or ope all	propowed bell	erty in ad half	/Con vin Indiccoord	rece dia, aidance	ny rei	bate of the part o	of the d	e who	ble or	r part	t of thuses of	he or d) m

DECLARATION FOR AGENTS	
	if this proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue missions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable as per Policy
Date: / (DD/MM/YYYY)	Signature:
SP Name :	SP Code: