

Proposal No. : B134082866

Every Information sought from applicant in this application, more specifically against the medical and lifestyle questions, is material and important for HDFC ERGO Health Insurance Ltd. to underwrite the risk coverage of all proposed insured. Applicant is therefore advised to read all questions very carefully. In case applicant has any doubt or requires any clarity on any part of this application form or the questions or their answers, applicant is advised to call at our toll free number 1800 102 0333. Please note, the premium value and the decision whether or not to issue the Insurance Policy solely is based on information that applicant provides in this application. Thus applicant is advised to provide all information and answer all questions in this application truthfully, completely and correctly. At any time, if any information given in this application is found to be False/ Incomplete/incorrect/partially correct, HDFC ERGO Health Insurance Ltd. reserves the discretionary right to refuse the cover or cancel the policy, if it is issued. In event of cancellation of the Policy, no claim will be payable. It is not obligatory for us to accept any risk or issue policy to anyone. Regulations mandate that the coverage can incept only after we have received the full amount of premium and have explicitly accepted the risk.

1. PROPOSER DETAILS

Proposer : (Mr./Ms./Mrs.)	Mrs Rashmi		
Address :	.		
	W/O AVNEESH KUMAR NIZAMPUR		GARVI NOGAVA SADAT NIZAMPUR
Landmark :		City/Town :	Amroha
District :		State :	Uttar Pradesh
Telephone :		Mobile :	7906819160
Pin Code :	244221	E Mail :	aviraj16.ar@gmail.com

Nationality : INDIAN Marital Status : Married Annual Income : _____
 ID Proof Type : PAN ☒ Passport ☐ Driving License ☐ Voter's Card ☐ Other ☐ Details _____
 ID Proof No. : _____

2. PLAN DETAILS

Plan : Optima Restore Individual
 Policy Period : From 16/04/2020 To 15/04/2021

3. PROPOSED INSURED(S) DETAILS

Details of Person Proposed to be Insured

Name of the Insured Person	Height (in cms)	Weight (in cms)	Relationship to Policy Holder	Gender	Date of Birth	Mobile No	Aadhar No	Sum Insured
Mrs Mrs Rashmi	160 cms	55 kgs	Self	Female	13/04/1985	7906819160		Rs. 500000

4. NOMINEE DETAILS

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship	Address of the Nominee
Mr Avneesh Kumar	Husband	NEESH KUMAR NIZAMPUR, GARVI NOGAVA SADAT N

5. EXISTING/PREVIOUS INSURANCE DETAILS

Is the proposer or any of the persons proposed, already insured under or proposed for a Health Insurance Policy for Inpatient Hospitalization with HDFC ERGO Health Insurance Ltd. or any other insurance company? ☐ Yes ☐ No

Note: Due to recent regulatory changes on portability norms, portability benefits cannot be provided for policies bought online due to procedural formalities. In case you wish to avail portability benefits please apply through our local office.

6. MEDICAL INFORMATION

Have you or any of the person proposed to be insured ever suffered from/ are currently suffering from any of the following:		Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
i.	Diabetes	No					
ii.	Thyroid Disorder						
iii.	Nervous disorder, fits, mental condition						
iv.	Heart & Circulatory disorders						
v.	Respiratory disorder						
vi.	Disorders of the stomach including intestine, Kidney, Prostate						
vii.	Disorder of Spine and Joints						
viii.	Tumour or Cancer						
ix.	Any ongoing diseases or ailment requiring surgical or medical treatment						
x.	Have you or any other member proposed to be insured under this policy sought medical advice or undergone any treatment medical or surgical in past 5 years due to any of the diseases/conditions listed above or otherwise or attended follow up for any disease / condition / ailment/ injury / addiction (except for infrequent common illness for example fever, common cold, loose motions, cough and cold, headaches, acidity)?						
xi.	Is any of the insured pregnant? If yes please mention the expected date of delivery						

Section B Does any person proposed to be insured smoke or consume gutkha/ pan masala or alcohol. If yes, please indicate the name and quantity per week:	Alcohol (30ml pegs of Hard Liquor/ Bottles of Beer/ Glass of Wines)	Smoke (No. of cigarettes per day)	Pan Masala (No. of pouches)	Others
Insured - 1				
Insured - 2				
Insured - 3				
Insured - 4				
Insured - 5				
Insured - 6				

Does your or any of the person proposed to be insured's occupation or nature of job involve working in mines, explosive units, marine, electrical, metal, oil/gas or chemical industry; armed forces; handling of heavy machinery or hazardous materials; driving of heavy motor vehicles, working at heights or significant manual labor?	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
	No					

7. GENERAL EXCLUSIONS

The following is an outline of the main 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 Periods - 30 days waiting period in the first year and is not applicable in subsequent renewals. 2 years waiting period for the specified illnesses/ surgeries. 3 years waiting period for Pre-existing conditions.

War or any act of war, riot, strike; Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane. Any Insured Person's 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 and any weight control program. 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, Cancer or Burns. Congenital external diseases, defects or anomalies, genetic disorders. Stem cell therapy 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. 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 in relation to in-patient only. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured. The costs of any procedure or treatment by any person or institution that We have told You (in writing) is not to be used at the time of renewal or at any specific time during the policy period.

8. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS 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 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 consent to the company seeking medical information from any hospital who at any time 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.

I understand that the HDFC ERGO Health Insurance Ltd. may terminate the policy immediately, on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person or anyone acting on policy holder's behalf or on behalf of an Insured Person upon 30 days' notice by sending an endorsement to Insured Person's address shown in the Schedule without refund of premium. I confirm that I have read the brochure and understood all the terms and conditions, coverage's, and exclusion (related to: pre-existing diseases, waiting period and exclusion) and I accept them.

Date: 16/04/2020

SECTION 41 OF INSURANCE ACT 1938 AS AMENDED BY INSURANCE LAWS AMENDMENT ACT, 2015 (PROHIBITION OF REBATES):

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 prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees

For detailed terms and conditions, please refer insurance policy document

FOR OFFICE USE ONLY

HDFC ERGO Health Insurance Ltd.
Office Code:

Branch Receipt Date:

Business type (Urban/Rural/Social):

Advisor Code & Name:

Channel Type:

We would be happy to assist you. For any help contact us at: Email: customerservice@hdfcergohealth.com Toll Free: 1800 102 0333

HDFC ERGO Health Insurance Limited (Formerly known as Apollo Munich Health Insurance Company Limited.) • Central Processing Centre: 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurugram-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurugram-122001, Haryana • Registered Off. 101, First Floor, Inizio, Cardinal Gracious Road, Chakala, Opposite P & G Plaza, Andheri (East), Mumbai, Maharashtra 400069 India • Tel: +91-124-4584333 • Fax: +91-124-4584111 • Website: www.hdfcergohealth.com • Email: customerservice@hdfcergohealth.com • For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. • Tax laws are subject to change • IRDAI Registration Number - 131 • CIN: U66030MH2006PLC331263 • UIN: APOHLIP18125V041718 • URN: AM/HLT/0073/A/052019