

## GROUP MEDICARE ENROLLMENT FORM

URN No.:

Name of the Group Administrator	ADC	Partner Reference No./ Application No.	PNO28890000530298
Customer ID/Account No.		Intermediary Code	0015455028

This is an application for Insurance & will form the basis of the policy certificate that We may issue. Every information, this application seeks is important & mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy certificate even if it is issued. **We are under no obligation to accept any proposal for insurance.** 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 under the Policy if proposal is not accepted by us or premium is not received by Us in full and in time, or non-fulfillments of additional information requested by us, if any or if the proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Please fill-up this form in CAPITAL LETTERS

### SECTION I: APPLICANT INFORMATION

Name (Mr/Mrs/Ms/Dr): BHRIGU NATH

Date of Birth:02/07/1970

Gender:Male

Nationality:Indian

Mobile:9828304541

E-Mail:PRAVEEN9319@GMAIL.COM

Occupation: Salaried

Address: KAMAL KUNJ VISHESHPARPUR

Landmark: PRIMARY SCHOOL JAUNPUR

Area:

District: JAUNPUR

City: JAUNPUR

State: UTTAR PRADESH

Pin Code: 222001

Unique ID.:

PAN (in case of premium > Rs.50, 000)

### PART A: PLAN DETAILS:

Sum Insured (in Lacs) 500000 Deductible(in lacs)

Critical Illness Cover Opted (in Lacs) None

Tenure (in Years) ☒ 1 Year

### PART B: PROPOSED INSURED PERSONS DETAILS:

Sr. No.	Name of the Insured Persons	Relationship with Applicant	Date of Birth	Gender	Occupation	Unique ID.	CI Cover Opted
1	BHRIGU NATH	Self	02/07/1970	Male	Salaried		
2	NEEL KAMAL	Spouse	01/01/1973	Female			

Tata AIG General Insurance Company Limited

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013. Maharashtra, India.  
Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) Fax: 022 6693 8170 Email: customersupport@tataaig.com  
IRDA of India Registration No: 108 website: www.tataaig.com CIN: U85110MH2000PLC128425UIN: TATHLGP21248V022021

**PART C: MEDICAL & LIFESTYLE INFORMATION:**

Note: This section is applicable for all the persons to be insured

Medical information	Yes/No	
Insured Persons	1	2
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for any of the following medical condition? <ul style="list-style-type: none"> <li>• Cancer/Kidney failure/Stroke/Heart disease/Paralysis</li> <li>• Any disease of major organs including but not limited to brain, heart, kidney, lungs, liver or any neurological disorder</li> <li>• Any joint disorder including restriction in movement or any form of arthritis</li> </ul>	No	No
Are you or any of the persons proposed for insurance in good health?	Yes	Yes
Are you or any of the persons proposed for insurance undergoing/awaiting any treatment for any illness?	No	No

**SECTION II: NOMINEE DETAILS**

Nominee Name : NEEL KAMAL

Relationship with the Applicant : Wife

In the event of the death of the Applicant any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. Nominee for any of the persons proposed to be insured shall be the Applicant. The nominee must be an immediate relative of the Applicant. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/ herself.

**SECTION III: 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 payment 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 doctor or hospital who/which at anytime has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurance company to whom an application for insurance on the person to be insured/ 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 of the insured/proposer for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

Signature of the Applicant:BHRIGU NATH

Date:04/03/2021

Place:AXIS BANK LTD

**DECLARATION/VERNACULAR DECLARATION**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

**Signature of the Applicant:** BHRIGU NATH

**Name & Signature of Agent/Intermediary/Specified Person:** AXIS BANK LTD

**Code:**0015455028

Vernacular Declaration (Certification in case the applicant has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the applicant who has understood and confirmed the same.

**Signature/Thumb impression of the Applicant:** BHRIGU NATH

**Name & Signature of Agent/Intermediary/Specified Person:** AXIS BANK LTD

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy document carefully before concluding a sale. The insurance products are underwritten by Tata AIG General Insurance Company Limited.

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**Prohibition of Rebates - Section 41 of insurance Act, 1938 as amended by insurance Laws (Amendment) Act, 2015**

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 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 insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**FOR OFFICE USE ONLY**

Employee ID:

Partner ID:

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy document carefully before concluding a sale.

## CUSTOMER ACKNOWLEDGEMENT

Application Number:PNO28890000530298

Date:04/03/2021

Name of the Applicant:BHRIGU NATH

We acknowledge with thanks the receipt of your application and amount by cash/cheque/Demand Draft/others of amount of Rs. 9931.0

Neither the submission to us of this completed enrollment form for insurance nor any payment towards this application 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 proposal is not accepted by us or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup (if applicable) and/or additional information requested by us. Failure to deposit the entire premium or non-fulfillments of pre-policy check up (if applicable) or furnish additional information requested by us within 15 days from the date of proposal, we shall cancel your application and refund the premium paid without any interest subject to deduction of pre-policy charges (if applicable & conducted). If we do not accept the proposal, we will inform you and refund any payment received from you, towards this application, without interest within next 10 days. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.

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