FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

Proposal Form for FG Health Elite

IO No/ Win No.: _____
App No : _____ Client Code : _____
Receipt No. : _____ Payer ID : _____

Important guidelines:

1. Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
2. Please answer all questions carefully. Any incomplete or incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of policy.
3. It is important to fill all questions, information for fields marked with asterisk [*] is mandatory.
4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.
5. Insured persons should be an Indian National and resident of India at Policy inception and at all subsequent renewals.

Received date: _____ Branch code: _____Branch name: _____

Period of insurance desired: from: DD / MM / YYYY to DD / MM / YYYY

1. Proposer details*:

Name: ☐ Mr. ☐ Ms. ☐ M/s

2. Address and Other Details:

Permanent Address*	
State	Pin code
Present Address:(If same as above, please tick here) ☐	
State	Pin code
Tel No	Mobile no*
PAN	Note: PAN number is mandatory where the premium is Rs.50000/- and above in cash and additionally PAN copy is mandatory where premium exceeds One Lakh in any mode.
e-IA Number (e-Insurance Account Number)	If not available request, you to kindly download the form from our website and request you to kindly submit along with this proposal form

3. Gender*: ☐ Male ☐ Female ☐ Third Gender **4. Date of birth*:** ____/____/_____ **5. Age*:** _____

6. Nationality*: ☐ Indian ☐ NRI ☐ Others (Please specify) _____

7. Annual gross income (₹) *: _____

8. Marital status: ☐ Married ☐ Unmarried ☐ Widow/Widower ☐ Divorce ☐ Live-In Relation

9. Occupation*: ☐ Service ☐ Self Employed ☐Other

Please provide details of occupation: _____

10. Are you an existing Future Generali customer*? Yes / No.

If yes, please provide: Existing policy no: Customer ID no:

11. Plan Options*: (please refer to the product brochure for more details)

Individual (in case sum insured opted on individual basis kindly tick the required Sum insured plan below)
Floater: (in case sum insured opted on floater basis kindly tick the required plan below)

Plan Type	☐ Individual	☐ Floater
Optional Covers #	☐ Co-Pay Waiver	☐ Treatment including USA and Canada

#The Optional Covers will be applicable at the Policy level, irrespective of individual or floater sum insured plans. Once opted, there will be a lock-in period of 3 continuous years during which the Insured Persons cannot opt out.

For Floater Policy												
Sum Insured (in Rs.)	☐ ₹ 75 Lacs	☐ ₹ 1 Crore	☐ ₹ 1.5 Crore	☐ ₹ 2 Crore	☐ ₹ 2.5 Crore	☐ ₹ 3 Crore	☐ ₹ 3.5 Crore	☐ ₹ 4 Crore	☐ ₹ 4.5 Crore	☐ ₹ 5 Crore	☐ ₹ 5.5 Crore	☐ ₹ 6 Crore

For Individual Policy		
S.No.	Insured Name	Sum Insured Options (Please tick the Sum insured opted for every individual)
1		☐ ₹ 75 Lac ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
2		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
3		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
4		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
5		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore

6		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
7		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
8		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
9		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
10		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
11		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
12		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
13		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
14		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore
15		☐ ₹ 75 Lacs ☐ ₹ 1 Crore ☐ ₹ 1.5 Crore ☐ ₹ 2 Crore ☐ ₹ 2.5 Crore ☐ ₹ 3 Crore ☐ ₹ 3.5 Crore ☐ ₹ 4 Crore ☐ ₹ 4.5 Crore ☐ ₹ 5 Crore ☐ ₹ 5.5 Crore ☐ ₹ 6 Crore

12. Policy term * (Please tick the term opted): ☐ 1 year ☐ 2 years ☐ 3 years

Instalment Option*: Please tick any one option in case you want to opt for instalment option: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

Note: In case of installments, please provide:

E-Mandate/E-NACH (Please provide Bank Name*_____)

Link will be sent to the registered mobile number mentioned in the proposal form for activating E –Mandate/ E–NACH. If the same is not activated, the subsequent instalment will not be debited and risk will not be covered.

The updated list of eligible Banks for E-Mandate/E-NACH is available under National Payments Corporation of India (NPCI) website https://www.npci.org.in/

13. Family definition:

Family means - You, Your Spouse/ Live-In Partner, Your Children, Your Parents, Your Dependent Siblings, Your daughter in law, Your son in law, Your parents in law, Your grandparents and Your grandchildren.

Note – The above plan can be opted either on Individual basis or on Family Floater basis.

*For Individual and Family Floater cover kindly indicate details of all the members to be covered as per the table below.

*Please note for Family Floater cover do not fill anything in sum insured & premium computation column since sum insured and any optional cover (if opted) is common for all members.

14. Details of persons to be insured*

Sr. No	Name	Gender	Date of Birth	ABHA No^^	Relationship with Proposer	Height	Weight	Occupation	Premium computation individual or floater (for office use only)
1	Primary Insured				Self				
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

^^Please provide ABHA number (Ayushman Bharat Health Account number) for all the proposed Insured Persons. In case the ABHA number is not available for any Insured Person, you may request to create an ABHA number by visiting the web link: https://healthid.ndhm.gov.in/register

15. Nominee Details:

In case the Policyholder (Presently, proposer) dies, payments due under the policy that may be issued shall be payable to the credit of the nominees identified through this proposal. Nominee(s) for the proposal shall, preferably, be an immediate relative of the Proposer. Vide insurable interest of the proposer in the other persons proposed to be insured, the proposer is construed as nominee for such other persons, unless differently advised.

Sr.No.	Particulars	Nominee 1	Nominee 2	Nominee 3	Nominee 4
1	Name				
2	Age				
3	Mobile No.				
4	Email ID				
5	Present Address				
6	Permanent Address (If same as above, please tick here) ☐				

7	Relationship with the Proposer				
8	Specify the Percentage (%) of Claim amount payable to each nominee in the event of the policyholder's death. The total percentage of contribution across all the nominee(s) must not exceed 100%				
9	Bank details of the nominee				
9a.	Account No.				
9b.	IFSC/MICR Code				
9c.	Name of the Bank				
9d.	Account Holder Name				
Appointee Details (Required only if the nominee is a minor)					
Sr No	Particulars	Appointee 1	Appointee 2	Appointee 3	Appointee 4
1	Name				
2	Age				
3	Mobile No.				
4	Email ID				
5	Present Address				
6	Permanent Address (If same as above, please tick here) ☐				
7	Relationship with Appointee				
8	Specify the Percentage (%) of Claim amount payable to each nominee in the event of the policyholder's death. The total percentage of contribution across all the nominee(s) must not exceed 100%				
9	Bank details of the Appointee				
9a.	Account No.				
9b.	IFSC/MICR Code				
9c.	Name of the Bank				
9d.	Account Holder Name				

16. Section applicable for females only: Please confirm if any of the persons to be insured is pregnant – ☐ Yes ☐ No

17. Health questions*: please answer, "Yes" or "No". If "Yes", please provide details wherever necessary.

	Medical Questions	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8	Insured 9	Insured 10	Insured 11	Insured 12	Insured 13	Insured 14	Insured 15
I	Has any of the applicants ever been diagnosed with or suspected to have Cancer or tumor / lump of any kind or Rheumatoid Arthritis or Ulcerative Colitis or Crohn's disease or Chronic Liver Disease, Hepatitis B, Cirrhosis or Chronic Kidney Disease or disorder of urinary tract or Epilepsy or Fits or Stroke or Paralysis or Parkinsonism or Alzheimer's or Multiple sclerosis or slipped disc/backache or any congenital birth defects / disease or AIDS or tested positive for HIV, etc. If yes, please provide the details.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
II	Disease / illness /injury / suffering since when / when first treated (applicable to question 16-I)															
III	Has any member ever suffered or currently suffering from or under treatment (operated, hospitalised, investigated) or been under medication for more than a week for any medical condition?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
IV	Are you fully cured?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
V	Does any of the insured/s smoke?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
VI	Does any of the insured/s chew tobacco?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

VII	Family history of Hypertension / Diabetes / Cardiac Illness/ malignancy (if Yes, please provide details below)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

a. If the answer to "Point III" and "Point VII' above is Yes, please fill in the table below:

S. No	Insured Name	Relationship	Details
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

18. Details of other concurrent Health Insurance Policies

Insured Person	Do you have any other concurrent Health Insurance policy with Future Generali India Insurance or any other insurance company?*	Policy no.	Name & address of insurance company	Sum insured	Period of insurance (first inception date - dd/mm/yy)	From: dd/mm/yy to: dd/mm/yy	Claim details, claim amount received or receivable (in Rs.)	Are any persons to be insured opting for portability or migration from an Existing cover? #
Insured 1	Yes No							Yes No
Insured 2	Yes No							Yes No
Insured 3	Yes No							Yes No
Insured 4	Yes No							Yes No
Insured 5	Yes No							Yes No
Insured 6	Yes No							Yes No
Insured 7	Yes No							Yes No
Insured 8	Yes No							Yes No
Insured 9	Yes No							Yes No
Insured 10	Yes No							Yes No
Insured 11	Yes No							Yes No
Insured 12	Yes No							Yes No
Insured 13	Yes No							Yes No
Insured 14	Yes No							Yes No
Insured 15	Yes No							Yes No

In case of portability/ migration, kindly fill portability/ migration request form along with this form.

19. Attach age proof document for each insured. Please tick whichever is applicable:

☐ Passport ☐ PAN Card ☐ Driving license ☐ School/college leaving certificate ☐ Letter from recognized public authority
☐ Others, please specify: _____

20. Bank Details

Premium paid by Cash/ Cheque No		Date:	D D	M M	Y Y Y Y
Bank Name		Amount (INR):			
Amount (in words)					
GSTIN (If more than one GSTIN, kindly attach an annexure with details)		PAN (if premium is 1 Lac and above.) -			
Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT. It is necessary where the premium is more than ₹10000/-					

21. True to our Go Green initiative, we will send the digitally signed and authenticated policy document to your e-mail address, as you've mentioned in this proposal, and you may download and save a copy of it. If you still wish for a physical copy, you may tick on this box- Yes ☐ No ☐

22. Declarations*:

1. I 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 am authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I 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.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time 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 insurer 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.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

6. I, further, declare and warrant that:
   - There is no other material/relevant information, that has not been disclosed to FGIICL and if any information given in this proposal is found to be untrue, the insurance policy shall be void ab initio and the premium shall be forfeited to FGIICL.
   - Service related information from FGIICL, and its service providers, through electronic and telecom modes, including WhatsApp, can be sent to me and understand that no unsolicited information will be sent to me.
   - the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
7. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law. ORI confirm that the premium has been paid by _____, who has an insurable interest in my policy and refund, if any, shall be processed in my bank account.
8. I am (please tick all that are applicable) ☐ HNI ☐ NRI ☐ Politically Exposed Person ☐ Jeweller ☐ NGO ☐ Film Actor ☐ Producer ☐ Others.
9. I agree that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I understand that all such information/data will be handled as per the FGIICL Privacy Policy, available at https://general.futuregenerali.in/privacy-policy.
10. **ABHA Declaration** (Applicable only if you have shared the ABHA number with Us) - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (ABHA No) for the proposed Insured Persons, with Future Generali India Insurance Company Limited, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services.
11. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.
    It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

Optional Declaration

I/We hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third party vendors ☐ Yes / ☐ No

Note: I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the * Prospectus/ Product by the Intermediary/Agent to my/our satisfaction (*To download a copy of the Prospectus and for further details about the product, please visit our website https://general.futuregenerali.in/)

Date: DD / MM / YYYY **Place:** **Proposer's Name:** **Proposer's Signature/ Thumb Impression:**

For use by Intermediary Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Vernacular declaration

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a language other than English/or is not literate)

*applicable only when proposer has signed in thumb impression and is witnessed by someone other than agent/ employee of the company.

I hereby declare that, I have clearly explained the content of this form to the proposer there after the proposer has affixed the thumb impression above after fully understanding the content thereof.

Witness Name:	**Intermediary / Agent Name :**
Witness Signature:	**Intermediary / Agent signature :**
POSP Name:	**POSP Code:**
POSP PAN No:.	
Date and Place:	

Declaration By Authorized Representative Or Person With Disability

I, Mr./Ms._____, authorize Mr./Ms. _____ as my authorized representative to act on my behalf, and for all the persons proposed to be insured, in all matters related to this health insurance proposal, including but not limited to:

a) Discussing and obtaining relevant information regarding the health insurance coverage, benefits, features and claims;
b) Providing personal and medical information required for completion and processing of this proposal;
c) Taking decisions regarding my application/ proposal, claims, servicing requirement and discharge processes, related to the health insurance policy that FGIICL may issue;
d) Coordinate with designated service providers engaged with/by FGIICL for administration of the insurance cover; and
e) Signing necessary documents in relation to this health insurance proposal and any other decisions relating to/arising therefrom.

Signature of Proposer :
Name of Authorized Representative : Relationship with the Proposer :
Address : Contact No :
Signature of the Authorized Representative :
Date :
Name of Witness : Signature of Witness:

Date : Place :

OR

I, Mr./Ms._____, have been authorized by Mr./Ms. _____, as their representative to act on their behalf in all matters related to this health insurance proposal, including but not limited to:

a) Discussing and obtaining relevant information regarding the health insurance coverage, benefits, features and claims;
b) Providing personal and medical information required for completion and processing of this proposal;
c) Taking decisions regarding my application/proposal, claims, servicing requirement and discharge processes, related to the health insurance policy that FGIICL may issue;
d) Coordinate with designated service providers engaged with/by FGIICL for administration of the insurance cover; and
e) Signing necessary documents in relation to this health insurance proposal and any other decisions relating to/arising therefrom.

Name of Authorized Representative :
Address
Signature of the Authorized Representative :
Name of Witness :
Date :

Relationship with the Proposer :
Contact No :
Date :
Signature of Witness :
Place :

For Office Use Only	
Intermediary Name:	**Intermediary Code:**
Sales Manager Name:	**Sales Manager Code:**

SECTION 41. OF INSURANCE ACT, 1938-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 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. 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.

ISO No.: FGH/UW/RET/265/04
FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED
Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083.
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900 | Website: https://general.futuregenerali.in | Email: fgcare@futuregenerali.in.
Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.