PROPOSAL FORM

Divyangjan Sanjeevani Policy - National

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

Proposal for ☐ **New Policy** ☐ **Renewal (with change in details)**

Policy Period: From ☐☐☐☐☐☐ (DD MM YY) **midnight of** ☐☐☐☐☐☐ (DD MM YY)

IMPORTANT INSTRUCTIONS

(a) **This Proposal Form shall be the basis of the policy to be issued. It is therefore essential that all the information sought in this Proposal Form and all additional information relevant to the risk to be insured is provided fully & accurately. Please do not leave any space blank, or put dashes**
(b) **The Company will not be on risk until the Proposal have been accepted by the company and communication of the acceptance has been given to the proposer in writing after full payment of premium**
(c) **Details of up to the eligible Insured Persons, can be filled in this Proposal Form. For each additional members, please use a fresh form. Two stamp size photograph of the person to be submitted, one of which is to be affixed on the Proposal form**
(d) **Portability Form is provided in Annexure A.**
(e) **List of documents required is provided in Annexure B.**

FOR OFFICE USE ONLY

Premium (before discounts) :INR _____
Net Premium :INR _____
Intermediary_____
Code_____ Date_____/___/_____
Dev. Officer _____
Code_____ Date_____/___/_____

Risk acceptable: Y/ N
Competent Authority:
Name _____
Designation: _____
Signature_____
Policy No. _____
Issuing Office: _____
Office code: _____

1. PROPOSER DETAILS: Mr. ☐ Ms☐ Mrs. ☐

Name: _____

Occupation/Business/Service/Other: _____ **PAN No:** _____

Aadhaar No: _____ **ABHA No:** _____

2. ADDRESS / CONTACT DETAILS:

Mobile No: _____ **Email ID:** _____

Present Address: _____

_____ **District:** _____ **State:** _____ **Pin:** _____

Permanent Address: _____

_____ **District:** _____ **State:** _____ **Pin:** _____

3. NOMINEE DETAILS: (use separate form for another nominee)

Name of Nominee: _____ **Date of Birth:** dd / mm / yyyy

Relationship with proposer _____ **PAN no:** _____ **Mobile:** _____ **Email ID:** _____

Name of Guardian (if nominee is minor) _____ **Percentage of claim amount payable:** _____

Present Address: _____

_____ **District:** _____ **State:** _____ **Pin:** _____

Permanent Address: _____

_____ **District:** _____ **State:** _____ **Pin:** _____

4. POLICY DETAILS

Is TPA service required?: Yes ☐ No ☐ **Copayment Waiver required?:** Yes ☐ No ☐

Mark the existing Disability/Disabilities below:-

	Yes/No	% of Disability		Yes/No	% of Disability
Blindness			Muscular Dystrophy		
Low vision			Chronic Neurological conditions		
Leprosy Cured persons			Specific Learning Disabilities		
Hearing Impairment (deaf and hard of hearing)			Multiple Sclerosis		
Locomotor Disability			Speech and Language disability		
Dwarfism			Thalassemia		
Intellectual Disability			Haemophilia		
Mental Illness			Sickle Cell disease		

Autism spectrum disorder			**Multiple Disabilities including deaf/ blindness**		
Cerebral Palsy			**Acid Attack victim**		
Parkinson's disease					
HIV/AIDS	**Yes/No**				

5. BANK DETAILS:

Name in Bank Account: _____

Bank: _____ **Branch:** _____

SB Account No: _____ **IFSC:** _____

6. INSURED PERSON DETAILS

All the fields are mandatory. Please do not leave any field blank.

Customer Code		
	Insured Person	**Photograph**
Name		**Paste one stamp size photograph and sign below (In case of minor, guardian or proposer may sign)** ***(Another stamp size copy of the same photograph is to be submitted with this proposal form, with the insured person's name written on the reverse)***
Date of Birth (mm/dd/yyyy)		
Age		
Gender (M/F/TG)		
Height (cm)		
Weight (kg)		
Blood Group		
Marital Status		
Relationship with Proposer		
Dependent (Y/N)		
Occupation		
Sum Insured		
Do you smoke? (Y/N)		
Do you drink alcohol? (Y/N)		

SI available are ₹ 4/ 5 Lac per Person

7. INSURANCE PARTICULARS

Is there an active Base Policy covering any/ all of the insured persons for hospitalisation? Yes/ No
If yes, please give details below and attach policy copies

Policy No.	**Insurer**	**Floater/ Ind**	**Members covered with SI and CB**	**Policy Name**	**Expiry Date**	**Last Claimed Date**	**Claimed Amount**	**Porting? (Y/ N)**

8. EXISTING DISEASES OF PROPOSER AND INSURED PERSON

If Proposer/ any Insured Person is/ are diagnosed with any condition, ailment, injury or disease by a physician any time prior to the date of Proposal or for which medical advice or treatment was recommended by, received from or is being received from a physician, complete the following table with date of diagnosis. Please do not leave the spaces blank.

Pre Existing Diseases

Disease Name	**Insured Person**
Diabetes	
Hypertension	
Cardiac Ailment	
Sarcoidosis	
Malignant Neoplasms	
Epilepsy	
Heart Ailment, Congenital heart disease and valvular heart disease	
Cerebrovascular disease (Stroke)	
Inflammatory Bowel Diseases	
Chronic Liver diseases	
Pancreatic diseases	
Chronic Kidney disease	
Hepatitis B	
Alzheimer's Disease, Parkinson's Disease	
Demyelinating disease	
Loss of Hearing	

Papulosquamous disorder of the skin	
Avascular necrosis (osteonecrosis)	
Any other diseases?	

Above PEDs will be covered after a waiting period of 3 years from inception of Policy.

9. PAYMENT DETAILS

Premium Paid by: ☐ Cash ☐ Cheque ☐ DD ☐ Others, specify _____

Amount_____ Date_____/_____/_____Bank Name _____

10. DECLARATIONS

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 respect. I consent and authorize the Insurers to I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured to the best of my knowledge and that I am authorised to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, and that the policy will come into force only after full receipt of the premium chargeable.

I further declare that I/we will notify in writing any change occurring in the occupation or general health of the proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I declare that, I consent to the company seeking medical information from any doctor or from a 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.

I 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.

If any of the above statements, answers and/or particulars given by me are found to be incorrect any time during the currency of the Policy, it shall be considered as violation of disclosure of information and the Policy shall be void and all premium paid thereon shall be forfeited to the Company.

Place: _____ **_____**

Date: _____ **Signature of the proposer**

CERTIFICATE FROM PROPOSER

The proposal form is filled up by my representative, but the contents of the documents have been fully explained to me and I am willing to accept the coverage subject to terms, conditions and exceptions prescribed by the Insurance Company therein.

Place : _____ **_____**
Date : _____/_____/_____ **Signature**

Name of the Proposer (in BLOCK LETTERS) _____
N.B. : This should necessarily be signed by proposer, or by his/her representative if Proposer is a person with disability.

11. SECTION 41 OF INSURANCE ACT, 1938 – PROHIBITION OF REBATES (Amended as per The 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 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 prospectus or tables of the Insurers.**
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.**

Annexure A

Policy No. :
Name of Insured Person:

To be completed by the insured in case of porting from a health insurance policy issued by another insurance company

Portability Form

1)	Name of the Policyholder / insured (s)	
2)	Date of Birth/Age	
3)	Address of the policyholder/insured	
4)	Details of existing insurer	
	i. Name of insurance company	
	ii. Name of the product	
	iii. Sum Insured	
	iv. Cumulative Bonus	
	v. Add-ons/riders taken	
	vi. Policy number	
5)	Details of the proposed insurance	
	i. Name of the product proposed/intend to take	
	ii. Sum Insured Proposed	
	iii. Whether Cumulative Bonus to be converted to an enhanced sum insured	
6)	Reason(s) for Portability	
7)	No. of family members to be included in the policy to be ported	
Enclosure: Photocopy of the existing & previous policy documents		
Date: Signature of the policyholder		

1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy? (Please indicate Yes / NO):

2. If yes, please give written consent to the declaration below:

I am aware that the waiting period for the following disease(s)/treatment(s) is more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s)/treatment(s).

Name of disease/ treatment	Waiting period in days/ years
1. 2. 3. 4.	

Place :

Date :

_____

Signature of the policyholder

Documents required

1. Completed proposal form
2. Cancelled cheque (supporting bank account details)
3. Stamp size photograph (1 nos) for each insured person
4. Pre policy check up reports (if applicable)
5. Copy of existing health insurance policies (if applicable)
6. Proof of identity (any one document listed below)
7. Proof of residence (any one document listed below)
8. Copy of IT Certificate/ IT Return (wherever applicable)
9. Pan Details (in case PAN not available, Form 60 or 61 as per Rule 114B of the Income-tax Rule,1962 must be submitted)
10. Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability

Documentary proof

Features	Documents
Proof of identity	i. Passport ii. PAN Card iii. Voter's Identity Card iv. Driving License v. Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(c) of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer vi. Personal identification and certification of the employees of the insurer for identity of the prospective policyholder. vii. Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number viii. Job card issued by NREGA duly signed by an officer of the State Government
Proof of Residence	i. Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract ii. Current Passbook with details of permanent/present residence address (updated upto the previous month) iii. Current statement of bank account with details of permanent/present residence address (as downloaded) iv. Letter from any recognized public authority v. Electricity bill vi. Ration card vii. Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof viii. Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)
Proofs of both Identity and Residence	Written confirmation from the banks where the proposer is a customer, regarding identification and proof of residence.