GALAXY HEALTH INSURANCE COMPANY LIMITED
(Formerly known as "GALAXY HEALTH AND ALLIED INSURANCE COMPANY LIMITED")
Reg. Office: "Prestige Polygon" – 12th Top Floor (P), No. #471, Anna Salai, Nandanam, Chennai – 600035.
T: 044 – 4001 7227 I Website: www.galaxyhealth.com I CIN: U65120TN2023PLC165765 IRDAI Reg. No.:167

Galaxy Empower, Galaxy Health Insurance Company Limited, UIN: GHIHLIP25040V012425
Proposal Form Unique No.: GHI/PF009

PLEASE FILL UP THE FORM IN BLOCK LETTERS

Proposal Ref. No	
Policy No.	
Policy Issuing Office:	
Fresh or Portability:	
NAME OF AGENT / CORPORATE AGENT / BROKER / IMF/POSP	
CODE OF AGENT / CORPORATE AGENT / BROKER / IMF/POSP	
POSP PAN NUMBER	
POSP GST NUMBER	

PROPOSER DETAILS

	Prefix	First Name	Middle Name	Last Name
Proposer Name (Same as per KYC Proof)				

Name of Father/ Mother /Spouse / Maiden					Marital Status	
DOB		Gender:	☐ Male ☐ Female ☐ Transgender		Occupation	
Source of Income	Salaried ☐ Business ☐ others please specify ☐					
Annual Income (Rs.)		PAN Number/Form 60		If PAN number is not available submit Form 60 (The copy of PAN card or Form 60 is mandatory)		
GST Number			Residential Status	☐ Indian Resident ☐ NRI ☐ PIO ☐ Foreign National		

Do you have CKYC (Yes/No)	☐ Yes ☐ No			If YES, CKYC No, Please submit your photo, address proof and ID proof				
Do you wish to update CKYC with the KYC details provided here	☐ Yes ☐ No		Are you a PEP - Politically Exposed Person or any Insured members is PEP or related to PEP? If Yes, share more details.	☐ Yes ☐ No				
Current Address	Address Line 1		Permenant Address (Should be same as per address proof)	Address Line 1				
	Address Line 2			Address Line 2				
	City/ Town/ Village			City/ Town/ Village				
	District			District				
	State			State				
	Country & Pincode			Country & Pincode				
	Mobile Number			Alternate Mobile Number				
	Email-ID			Email-ID				
Please attach and specify any one proof in support of ID & Address								
Nominee's Details	Nominee's Name		Relationship with the Proposer		DOB		Age (In years)	
	Name of the Appointee (if nominee is a minor)		Relationship with the Nominee		DOB		Age (In years)	

In case of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee		Do you wish to receive you insurance policy and all the information related to the proposed insurance policy through insurance repository			☐ Yes ☐ No	
If you have an EIA number, please provide		If you don't have an (EIA) number, please choose any one insurance repository		CAMS Insurance Repository Services Limited ☐ CDSL Insurance Repository Limited ☐ NSDL National Insurance Repository (NIR) ☐ Karvy Insurance Repository Limited ☐		
Period of Insurance	From		To			
Do you want to pay the premium in instalments	☐ Yes ☐ No	If yes (Please choose Instalment premium frequency option)		Monthly ☐	Quarterly ☐	Half yearly ☐
Sum Insured options	Rs.4,00,000/- ☐ Rs.5,00,000/- ☐	Mode of Payment (Cash payment are not eligible for 80D tax benefits)	Cheque ☐ DD ☐ Debit Card ☐ Credit Card ☐ NEFT ☐ QR ☐ UPI ☐ CC Mandate ☐ Cash ☐			
Social Sector Classification	☐ Yes ☐ No	Waiver of Copayment opted	☐ Yes ☐ No	Premium Amount Rs.:		

Bank Details of the Proposer

Bank A/c No.		Name of the Bank	
IFSC Code		Name of the Branch	
Type of A/C (Savings or current or Others) Please Specify			

Insured Person Details

Name				
Gender				
Date of Birth				
Height (cms)				
Weight (Kgs)				
Relationship with Proposer				
Occupation				
Ayushman Bharat Health Account (ABHA) No.				
Existing Insurance Coverage with us and/or any other company give details	1.Name of the Insurance Company			
	2.Period of Insurance			
	3.Sum Insured (Rs.)			
	4.Policy No.			
Details of Claims	1.Ailment for which claim was made		Year	
	2.Claim Amount paid /Rejected			

Health History **Note:** If any of the below mentioned questions from "1 to 11" is "YES" and if additional space is needed to provide medical condition in detail, please enclose a separate sheet along with this proposal form	
1) Do you suffer from HIV/AIDS	☐ Yes ☐ No
a. If Yes, please mention and enclose a recent certificate of your current Cd4 count (within past 30 days)	
b. Has your CD4 count gone below 350 in the past 4 years (Yes/No)	
c. If Yes, when and how many times	
2) Do you suffer from any disability (Yes/No)	☐ Yes ☐ No
a. If Yes, please mention and enclose a recent certificate provided by the certifying authority	
3) Do you have any other physical disability arising out of any illness / disease condition	
4) Has the person proposed for insurance consulted / diagnosed / taken treatment / been admitted for any illness / injury other than Disability or HIV AIDS. If yes, give details	
5) Is the person proposed for insurance in good health and free from physical & mental disease or infirmity? If not give details" (Yes/No)	
6) “Has the person applying for insurance received medical consultation, surgery, diagnosis, or treatment related to any complications during or after childbirth? If yes, please provide details, including the specific illness for which medications were prescribed and the duration of treatment"	
7) Been advised for any surgery/ treatment? – If yes, give details	
8) Has the person proposed for insurance ever suffered or suffering from any of the following:	
a) Lifestyle diseases – Diabetes/High BP/Cholesterol	
b) Diseases of Eye – If yes, since when	
c) Diseases or Any allergic diseases	
d) Heart disease – If yes, since when	
e) Any Neurological/ Respiratory/Digestive/ Orthopedic/Genito-Urinary System/Gynecological problems – If yes, since when and diagnosis	
f) Benign Tumors, Pre-Cancerous lesions/Cancer – If yes, since when	
g) Any other problem	
9) Received/receiving any payment for any disability/ injury / illness / disease	
10) Does the person proposed for insurance consume Alcohol/ Chewing Tobacco / Smoking	
11) Have you ever been declined health insurance coverage due to a diagnosis of a health condition?	

Only one policy is allowed for one person
Submitted the above proposal for Galaxy Empower, Galaxy Health Insurance Company Limited policy, along with payment of Rs. _____ by Cash/Debit Card/Credit Card/NEFT/QR/CC Mandate/UPI/Cheque/DD no._____._____ dated _____ drawn on _____.

Applicable for Agency/Intermediary
Declaration of the Agent / Intermediary: I / We confirm that the product's suitability has been explained to the proposer. The information furnished in the proposal is true to the best of my knowledge and recommend acceptance of the proposal. (Please Enclose Insurance Agent's Confidential Report, If Any) Date: Code: Name of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Salesperson of the IMF / POSP/Micro Agent: Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Salesperson of the IMF / POSP/Micro Agent:
Prohibition of Rebates: Section 41 of Insurance Act 1938: 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. Beware of spurious phone calls and fictitious/fraudulent offers and never respond to calls/emails/embedded links in SMS/emails asking you to update User id/Password/Credit Card Number/CVV/OTP etc. Important: Insurance is a contract of the utmost good faith, requiring the insured to answer all of the questions on the proposal form honestly and without omitting any information that is relevant. When submitting the proposal form, kindly reveal all pertinent information. If any important information is omitted from the proposal form, personal statement, declaration, or related papers, or if the proposer or someone acting on his behalf makes any false or erroneous statements, misrepresentations, or omissions, the Policy will be invalid, at the insurer's discretion. Please get in touch with the company's offices or agents if you have any questions about the proposal form.
Note: Please attach any one proof in support of ID, Address (If CKYC number is provided, proof of submission is not mandatory), Passport, Voter ID, Driving License / Exp Dt., Aadhar Card, NREGA job card (Mahatma Gandhi National Rural Employment Guarantee Act), National Population Register Letter, Any Other Govt. Notified Document, Photo. Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives. The company will not be on risk until the proposal has been accepted and full payment of premium has been received.

Declaration

The primary duty of the proposer is to fill out the proposal form and also to make sure that the proposal contains all the details correctly. If any of the insured person(s) have suffered or suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in a repudiation of the claim/cancellation of the policy.

I/we agree that the PAN details and other information provided by me/us in the proposal form may be used by the Company to download/ verify / modify / add my/our KYC documents from the CERSAI* CKYC portal for processing this application. I/We understand that only the acceptable officially valid documents would be relied upon for processing this application. (*Central Registry of Securitization and Asset Reconstruction and security Interest of India) I hereby consent to receiving information from Central KYC Registry through SMS / email on the above registered number/email address.

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 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.
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, which includes sharing of my medical data through ABHA. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Galaxy Health Insurance Company Limited (Formerly known as "Galaxy Health and Allied Insurance Company Limited") to contact me which will override my registry on the NCPR.

The company will not be on risk until the proposal has been accepted and full payment of premium has been received.

Place : Date : Name : Signature / Thumb impression of the proposer :

WHERE THE PROPOSER IS ILLITERATE OR SIGNS IN A LANGUAGE DIFFERENT FROM THAT OF THE LANGUAGE OF THE PROPOSAL FORM.
I hereby confirm that the details have been explained to the proposer.

Date : Name of the person who explained : Signature of the person who explained :

The contents of the proposal form and features of the product have been fully explained to me, and I have fully understood the significance of the proposed contract.

Signature / Thumb impression of the proposer:

Tear of Portion
Received the proposal for Galaxy Empower, Galaxy Health Insurance Company Limited, policy from Mr/ Mrs/ Ms._____ along with payment of Rs. _____/- by Cash/Debit Card/Credit Card/NEFT/QR/CC Mandate/UPI/Cheque/DD no. _____ dt. _____ drawn on _____ Date: Place: Name & Code of the authorised person: Signature of the authorised person: