# GALAXY GUARDIAN

UIN: GHIHLIP25037V012425

**PLEASE FILL UP THE PROPOSAL FORM IN BLOCK LETTERS**

| | |
|---|---|
| Proposal Reference No.: | Policy No.: |
| Policy issuing office: | Fresh or Portability: |

| | |
|---|---|
| NAME OF AGENT / CORPORATE AGENT / BROKER / IMF / POSP: | POSP PAN Number: |
| CODE OF AGENT / CORPORATE AGENT / BROKER / IMF / POSP: | POSP GST Number: |
| BUSINESS DEVELOPMENT MANAGER NAME & CODE: | |

## Proposer Details

Proposer Name (Same as per KYC/ID Proof) _____

Name of Father / Mother / Spouse / Maiden _____

DOB: D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender Marital Status: _____

Occupation _____

Do you have CKYC ☐ Yes ☐ No

If Yes, CKYC Number _____ If No, Please submit your Photo, Address Proof and ID Proof

PAN Number _____ or Form 60 [If PAN number is not available submit Form 60]

Source of Income (Salaried / Business / If others, please specify) _____ Annual Income: (Rs) _____

Are you a PEP - Politically Exposed Person or any Insured members is PEP or related to PEP? If Yes, share more details. _____

Residential Status ☐ Indian Resident ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National

GST Number _____

Specify the submitted ID and Address Proof _____

| Current Address | Permanent Address (should be same as Address Proof) |
|---|---|
| _____ | _____ |
| _____ | _____ |
| City / Town / Village _____ | _____ |
| District _____ | _____ |
| State _____ | _____ |
| Country _____ | _____ |
| Pin Code _____ | _____ |
| Mobile Number _____ | _____ |
| E Mail ID _____ | _____ |

## Bank Details of the Proposer

Bank A/C No: _____ Name of the Bank: _____

IFSC Code: _____ Branch: _____

Type of A/C (Savings or current or Others Please Specify): _____

Do you wish to receive your insurance policy and all the information related to the proposed insurance policy through insurance repository ☐ Yes ☐ No

If yes, EIA number: _____

If you don't have an (EIA) number, please choose any one insurance repository

☐ CAMS Insurance Repository Services Limited or ☐ CDSL Insurance Repository Limited or ☐ NSDL National Insurance Repository (NIR)

## Nominee Details

Nominee's Name _____ Relationship with the Proposer _____ DOB: _____ Age: _____

Appointee's Name _____ Relationship with the Nominee _____ DOB: _____ Age: _____
(If nominee is minor)

In case of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee

Unique No.:GHI/PF003

**Period of Insurance:** From _____ to _____

Policy Term opted: ☐ 1 Year ☐ 2 Years ☐ 3 Years

Social Sector Classification: ☐ Yes ☐ No

**Mode of Payment:**

☐ Cheque ☐ DD ☐ Debit Card ☐ Credit Card ☐ NEFT ☐ QR ☐ UPI ☐ CC Mandate

☐ Cash (Cash payments are not eligible for 80D tax benefits)

Do you want to pay the premium in Installments ☐ Yes ☐ No

**If yes (Please select (✓) Installment Premium Frequency Options)**

☐ Quarterly ☐ Half-yearly

**Insured Person Details**

| S.No. | Particulars | Insured Person 1 | Insured Person 2 | Insured Person 3 | Insured Person 4 |
|---|---|---|---|---|---|
| 1. | Name | | | | |
| 2. | Gender | | | | |
| 3. | DOB | | | | |
| 4. | Height (cms) | | | | |
| 5. | Weight (kgs) | | | | |
| 6. | Relationship with Proposer | | | | |
| 7. | Occupation | | | | |
| 8. | Ayushman Bharat Health Account ABHA No. | | | | |
| 9. | Sum Insured | | | | |
| 10. | Please choose Cumulative Bonus (CB) or No Claim Discount (NCD) : | ☐ CB ☐ NCD | ☐ CB ☐ NCD | ☐ CB ☐ NCD | ☐ CB ☐ NCD |

**Health History**

| | | | | | |
|---|---|---|---|---|---|
| 1. | Is the person proposed for insurance in good health and free from physical and mental disease or infirmity? If not give details | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 2. | 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. | | | | |
| 3. | Been advised for any surgery/treatment? – If yes, give details | | | | |

**Has the person proposed for insurance ever suffered or suffering from any of the following:**

| S.No. | Particulars | Insured Person 1 | Insured Person 2 | Insured Person 3 | Insured Person 4 |
|---|---|---|---|---|---|
| i. | Lifestyle diseases - Diabetes/High BP/ Cholesterol | | | | |
| ii. | Diseases of Eye – if yes, since when | | | | |
| iii. | Diseases of ENT / Any allergic diseases | | | | |
| iv. | Heart disease – If yes, since when | | | | |
| v. | Any Neurological/ Respiratory/ Digestive/ Orthopedic/Genito-Urinary System/ Gynecological problems - if yes, since when and diagnosis | | | | |
| vi. | Benign Tumors, Pre - Cancerous lesions / Cancer – if yes, since when | | | | |
| vii. | Is the person proposed for insurance positive for HIV If yes, please mention your CD4 count (Please attach proof) | | | | |
| viii. | Any other problem please specify. | | | | |
| 5. | Received/receiving any payment for any disability/ injury/illness/diseases. Give details | | | | |
| 6. | Does the person proposed for insurance consume Alcohol / Chewing Tobacco/ Smoking | | | | |
| **7. Existing Insurance Coverage with us and/or any other company give details** | | | | | |
| | a) Name of the Insurance Company | _____ | _____ | _____ | _____ |
| | b) Period of Insurance | _____ | _____ | _____ | _____ |
| | c) Sum Insured | _____ | _____ | _____ | _____ |
| | d) Policy No. | _____ | _____ | _____ | _____ |
| 8. | **Claims Details** a) Ailment for which claim was made/Year | | | | |
| | b) Claim Amount Paid | | | | |
| 9. | Have you ever been declined health insurance coverage due to a diagnosis of a health condition? if Yes, Please give details | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

Submitted the above proposal for **Galaxy Guardian** along with payment of Rs._____ by Cash / Debit Card / Credit Card / NEFT / QR / CC Mandate / UPI / Cheque / DD No. _____ dated _____ drawn on _____

---

Received the proposal for **Galaxy Guardian** 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: _____

## 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 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 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 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.

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 : _____

## 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 Sales Person of the IMF / POSP: _____

Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POSP : _____

### 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.