Galaxy HEALTH INSURANCE

PROPOSAL FORM

GALAXY PROMISE / GALAXY SMART OUTPATIENT - RIDER

GHIHLIP25035V012425 / GHIHLIA25038V012425

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) (Prefix / First Name / Middle Name / Last Name) _____

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

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 _____

PAN Number _____or Form 60 [If PAN number is not available submit Form 60 (The copy of PAN card or Form 60 is mandatory)]

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 Proposer _____ 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/PF005

Period of Insurance: From _____ to _____

Policy Type: ☐ Individual ☐ Family Floater

Policy Plan Type: ☐ Premier Plan ☐ Elite Plan ☐ Signature Plan

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

Sum Insured for Floater Basis (in Rs.):

Premier: ☐ 3L ☐ 4L ☐ 5L ☐ 7.5L ☐ 10L ☐ 15L ☐ 20L ☐ 25L

Elite: ☐ 5L ☐ 7.5L ☐ 10L ☐ 15L ☐ 20L ☐ 25L ☐ 50L

Signature: ☐ 5L ☐ 7.5L ☐ 10L ☐ 15L ☐ 20L ☐ 25L ☐ 50L ☐ 1Cr

Mode of Payment: ☐ Cheque ☐ DD ☐ Debit Card ☐ Credit Card

☐ NEFT ☐ QR ☐ UPI ☐ ECS ☐ CC Mandate ☐ Cash

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

Social Sector Classification: ☐ Yes ☐ No

Family Size: ☐ 1A ☐ 1A+1C ☐ 1A+2C ☐ 1A+3C ☐ 2A ☐ 2A+1C ☐ 2A+2C ☐ 2A+3C

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

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

Policy Term	1	2	3
Monthly	12	24	36
Quarterly	4	8	12
Half-yearly	2	4	6
2 Installments	NA	2*	2*
4 Installments	NA	4*	4*
12 Installments	NA	12*	12*
Annual	NA	2#	3#

* Premium shall be paid within the first year of policy period

Premium shall be paid Annually for long term policies

Insured Person Details

S.No.	Particulars	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5
1.	Name					
2.	Gender					
3.	DOB					
4.	Height (cms)					
5.	Weight (kgs)					
6.	Relationship with Proposer					
7.	Occupation					
8.	ABHA No.					
9.	Sum Insured (If Individual SI basis)					
10.	**Do you want to choose optional covers listed below:**					
	a. PED Buy back (Applicable only for Signature Plan) i. Reduce PED Waiting Period from 36 months to 12 months (or) ☐ Yes ☐ No ii. Reduce PED Waiting Period from 36 months to to 24 months ☐ Yes ☐ No		☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
	b. Personal Accident (Applicable only for Elite and Signature Plan) ☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	c. Hospital Cash (Applicable only for Elite and Signature Plan) ☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	d. Deductible (Applicable only for Elite and Signature Plan) (i)Aggregate Deductible ☐ 25K ☐ 50K ☐ 100K (or) (ii)Per Claim Deductible ☐ 5K ☐ 10K		☐ 25K ☐ 50K ☐ 100K ☐ 5K ☐ 10K	☐ 25K ☐ 50K ☐ 100K ☐ 5K ☐ 10K	☐ 25K ☐ 50K ☐ 100K ☐ 5K ☐ 10K	☐ 25K ☐ 50K ☐ 100K ☐ 5K ☐ 10K
	e. Room rent enhancement to Any Room (Applicable only for Elite and Signature Plan): ☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	f. Insta Care Cover (Applicable only for Signature Plan): ☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	g. Consumables (Applicable only for Elite Plan): ☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	h. Premium Promise (Applicable only for Elite Plan): ☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	i. Galaxy Smart Outpatient - Rider (UIN: GHIHLIA25038V012425): ☐ Silver ☐ Gold ☐ Platinum ☐ Diamond		☐ Silver ☐ Gold ☐ Platinum ☐ Diamond	☐ Silver ☐ Gold ☐ Platinum ☐ Diamond	☐ Silver ☐ Gold ☐ Platinum ☐ Diamond	☐ Silver ☐ Gold ☐ Platinum ☐ Diamond
11.	Please Choose Cumulative Bonus (CB) or No Claim Discount (NCD) ☐ CB ☐ NCD		☐ CB ☐ NCD	☐ CB ☐ NCD	☐ CB ☐ NCD	☐ CB ☐ NCD

S.No.	Particulars	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5
12.	**Health History - If Yes, please specify the details in the respective questions except for 12. a**					
	a."Is the person proposed for insurance in good health and free from physical & mental disease or infirmity? If not give details"	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	b. "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"					
	c. Been advised for any surgery/ treatment? – If yes, give details					
	d. Has the person proposed for insurance ever suffered or suffering from any of the following:					
	i. Lifestyle diseases – Diabetes/High BP/Cholesterol					
	ii. Diseases of Eye – If yes, since when					
	iii. Diseases or 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					
	e. Received/receiving any payment for any disability/ injury / illness / diseases. Give details					
	f. Does the person proposed for insurance consume Alcohol/ Chewing Tobacco / Smoking					
13.	Is the person proposed for Insurance is a surrogate mother and/or Oocyte donor: ☐ Yes ☐ No If Yes, Name of the Person: _____ Date of first initiation of the treatment / procedure _____ Health History: _____					
14.	**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. _____ _____ _____ _____ _____					
15.	Claims Details a) Ailment for which claim was made/Year					
	b) Claim Amount Paid					
16.	Have you ever been declined health insurance coverage due to a diagnosis of a health condition? ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Submitted the above proposal for **Galaxy Promise / Galaxy Smart Outpatient - Rider** 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 Promise / Galaxy Smart Outpatient - Rider** 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.