Narayana Health Insurance

PROPOSAL FORM
NARAYANA ADITI

NARAYANA HEALTH INSURANCE LIMITED
Registered Office: No. 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099, Karnataka, India

Product Variant : ☐ **Plan 1** ☐ **Plan 2** **UIN : NHIHLIP25035V012425**

The Company shall not be at risk until the proposal has been accepted by the Company and communications of acceptance have been given to the proposer in writing on full payment of the premium.

Complete details of each person to be covered should be furnished.

Non-disclosure of facts material to the assessment of the risk, providing misleading information, and/or misrepresentation, fraud or non-co-operation by the insured will nullify the cover under the policy.

PRIMARY PROPOSER'S DETAILS

ABHA ID (If available)

Name of the Proposer (As per the Id Card) FIRSTNAME LASTNAME ***Date of Birth:*** DD MM YYYY

Gender (M/F/T) M ***Male*** F ***Female*** T ***Transgender*** ***Nationality:***

Residential Address (Permanent)
LANDMARK AREA CITY TOWN
DISTRICT STATE PINCODE

Address for Correspondence
LANDMARK AREA CITY TOWN
DISTRICT STATE PINCODE

Email Id ***Occupation***

Landline/ Mobile Number ***Family Income***

Nature of Id PANCARD / VOTERID / ANYOTHER

PAN Card No. ***Aadhaar No.*** XXXXXXXXXXXX

Form 60 (Only incase a customer doesn't have PAN No.) ***Yes*** ☐ ***No*** ☐ ***GST No. (If applicable)***

CKYC Number: ***Do you wish to update CKYC with the KYC details provided here*** ***Yes*** ☐ ***No*** ☐

Are you (Proposer) or any of the insured person is a PEP (Politically Exposed Person) or related to PEP ***Yes*** ☐ ***No*** ☐

If yes, please provide details

_____

_____

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Please share the following for authentication purpose:

Proof of Indentity (POI) *(☐ Tick whichever is applicable)*

PAN ☐ *Aadhaar* ☐ *Passport* ☐ *Driving License* ☐ *Voter ID Card* ☐

Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer ☐

Proof of Address (POA) *(☐ Tick whichever is applicable)*

Electricity bill (not older than 3 months) ☐ *Aadhaar* ☐ *Passport* ☐ *Ration Card* ☐

Telephone Bill (not older than 3 months) ☐ *Bank Account Statement (not older than 3 months)* ☐

Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer ☐

Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository ☐ *Yes* ☐ *No*

If you have an eIA, please provide following details:

i) Name of Insurance Repository: _____

ii) eIA No: _____

iii) Name as appearing in eIA: _____

if you do not have an eIA, would you like to open an account? ☐ *Yes* ☐ *No*

☐ *NDML - NSDL Data Management Limited*

☐ *CAMSRep - CAMS Limited Repository Services Limited*

☐ *Karvy Insurance Repository Limited*

☐ *CIRL - Central Insurance Repository Limited (CDSL)*

Help preserve the environment by opting to recieve policy related information in soft/via email only ☐ *Yes* ☐ *No*

NOMINEE DETAILS FOR INSURED

Nominee Name	Date of Birth (DD/MM/YYYY)	Relationship with Proposer

If the Nominee is of Age 1-8 years or less, Name of Appointee and Relationship with Minor:

Appointee Name	Date of Birth (DD/MM/YYYY)	Relationship with Minor

In the event of the death of the Proposer, any payment due under the Policy shall become payable to the Nominee proposed in this Proposal Form. The receipt in this Proposal Form. The receipt of the proceeds by the Nominee would be sufficient discharge of the company. The Nominee for all the other person(s) proposed to be insured shall be the Proposer himself.

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DETAILS OF THE PROPOSER TO BE INSURED

Dependent 1

Name:	**Gender:**	**DOB:**
Relationship with the primary proposer:		
ABHA No. (if available):	**If PEP: (YES / NO):**	

Dependent 2

Name:	**Gender:**	**DOB:**
Relationship with the primary proposer:		
ABHA No. (if available):	**If PEP: (YES / NO):**	

Dependent 3

Name:	**Gender:**	**DOB:**
Relationship with the primary proposer:		
ABHA No. (if available):	**If PEP: (YES / NO):**	

Dependent 4

Name:	**Gender:**	**DOB:**
Relationship with the primary proposer:		
ABHA No. (if available):	**If PEP: (YES / NO):**	

Dependent 5

Name:	**Gender:**	**DOB:**
Relationship with the primary proposer:		
ABHA No. (if available):	**If PEP: (YES / NO):**	

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Total Premium	
GST 18%	
Premium with GST	

IMPORTANT

a. The Proposal form shall be duly filled by the primary proposer and/if required by the dependents.

b. The information that you give to us on this proposal form or in any supplementary information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your the answer is complete and accurate in all respects.

c. The questions in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your Agent/Insurance Advisor/ Insurance Company.

d. The list of exclusions/inclusions and other policy details are indicative, for the complete list and comprehensive details kindly refer to policy wordings.

e. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of material particulars in the Proposal Form/personal statement, declaration and connected documents, or any material fact* information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.

***A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.**

PROPOSER DECLARATION:

I declare that the persons proposed for insurance are my family members and I also declare that

a. I/We 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/We am/are authorized to propose on behalf of these other persons.

b. I/We 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable, which is subject to change basis underwriting outcomes.

c. I/We further declare that I/we 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.

d. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

e. I/We authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer with group companies of the insurer and with any Governmental and/or Regulatory authority, which includes sharing of my medical data through ABHA.

f. I/We accept to undertake the required medical tests and undergo medical examinations at the allocated centre and shall provide correct responses to the medical questionnaire. This is an integral part of the underwriting process and I/We understand that this is a pre-requisite for the proposer and the dependents to undergo this process before the proposal can be processed further.

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g. I/We confirm that the payment is made through my card/bank account/UPI. I also confirm that the source of funds for the premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Narayana Health Insurance Limited to contact me. It will override my registry on the NCPR.

h. I/We would like to contribute to creating a healthier, greener and cleaner environment by authorising Narayana Health Insurance Limited Company to send all my policy & service-related communication to the Email ID mentioned in this application form.

To serve you better we will use WhatsApp/SMS Channel to send you updates about your proposal/policy with us. You hereby give consent to and authorize Narayana Health Insurance Limited Company to send you communication via WhatsApp/SMS Channel. We respect your privacy and will ensure that promotional content is not shared through this channel

i. I/We have read, understood and agreed to the Privacy Notice provided in the website - www.narayanahealth.insurance.

Place: _____

Signature of Proposer: _____ Date: _____/_____/_____

STATUTORY WARNING

Section 41 of the 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 insurance in respect or 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer. Any person making a default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

AGENT DECLARATION

I,_____ in my capacity as an Agent/ Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

Name of the Agent: _____ Date: _____ Place: _____

Agent Code: _____ Signature of the Agent : _____

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PREMIUM PAYMENT INFORMATION

Payment By: Cash / Cheque / UPI / Demand Draft / Card / ECS (NACH) / Reward Points / Wallet / Any other mode
(Strike out whichever is not applicable)

Payment Payment mode: *Single* ☐ *Monthly* ☐ *Quarterly* ☐ *Half -yearly* ☐ *(☐ Tick whichever is applicable)*

Cheque / Demand Draft / Authorization ID:

Payment Amount (₹): **Premium Amount (₹):**

Date: **Bank Name:**

If ECS is selected, please submit the standing instruction form available at our branches.
Incase of payment through Cheque/ Demand Draft, the instruction should be drawn in favour of "Narayana Health Insurance Limited"
(If the premium amount is shared by a co-proposer, kindly fill details in Annexure- ii)

Note; Should you choose to pay the premium by cash, you are advised to do so only at the nearest Narayana Health Insurance Limited Branch, and we insist you to ask for a computerized receipt against the deposited cash against your Proposal. Any claim without computerized receipt against the deposited cash will not be admitted.

VERNACULAR DECLARATION

I _____ Son/Daughter of _____, resident of _____ declare that I have read out and fully explained the contents of the Proposal Form and all other accompanying documents in _____ language to the Proposer which is a language understood by him/her and is imperative for the Proposer to avail the insurance from the Company. The contents and import of the proposal have been fully understood by him/her and the replies have been recorded according to the information provided by the Proposer. the replies have also been read out to, fully understood and confirmed by the Proposer:

License No. (Advisor / Corporate Agent / Broker / Relationship Officer):

Date: _____/_____/_____ (DD/MM/YYYY)

Place: _____

Name of the Declarant: _____

Signature of the Declarant: _____

(On behalf of all the Proposed to be Insured under the Policy)

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ACKNOWLEDGEMENT FOR THE PROPOSAL

Please retain this counter foil for your records

(On behalf of Narayana Health Insurance Limited)

Proposal No: _____

We acknowledge the receipt of payment of Rs. _____ **vide Cash / Cheque / DD / Authorization ID**_____ **from Mr. / Ms.** _____ .

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of policy. The Company is not liable for any claim between the time that the proposal amount is received and the Policy Start Date. The validity of this receipt is subject to realization of the proposal amount. Acceptance of proposal and insurance of the Policy shall be subject to receipt of the completed Proposal Form, premium payment, medical reports (wherever applicable) and under writing of the company.

Signature of the representative: _____ **Name of the Representative:** _____

Insurance is a subject matter of solicitation. IRDAI Registration No. 148.

Note: Should you choose to pay premium by cash, you are advised to do so only at the nearest Narayana Health Insurance Limited Branch, and we insist you to please ask for a computerised receipt against the deposited cash against your Proposal. Any claim without computerized receipt against the deposited cash will not be admitted.