



**PREVIOUS/CURRENT INSURANCE DETAILS**

(Please enter previous insurers details)

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Medidaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

| Sr. No. | Policy No. | Insurer | From Date | To Date | Sum Insured | Previous Health Card Number |
|---------|------------|---------|-----------|---------|-------------|-----------------------------|
| 1.      |            |         |           |         |             |                             |
| 2.      |            |         |           |         |             |                             |
| 3.      |            |         |           |         |             |                             |
| 4.      |            |         |           |         |             |                             |
| 5.      |            |         |           |         |             |                             |
| 6.      |            |         |           |         |             |                             |

| Claim Details |        |         | Cumulative Bonus Earned |            |
|---------------|--------|---------|-------------------------|------------|
| No. of Claims | Amount | Ailment | %                       | Amount (') |
|               |        |         |                         |            |
|               |        |         |                         |            |
|               |        |         |                         |            |
|               |        |         |                         |            |
|               |        |         |                         |            |

**MEDICAL & LIFESTYLE INFORMATION** (Please answer questions related to your medical history)

Medical History: Please answer the below mentioned questions in Yes (Y)/No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper

Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure?  Yes  No

Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy?  Yes  No

Does any person, proposed to be insured, suffer from any other disease/ailment?  Yes  No

Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability?

Yes  No Please provide details of hereditary medical history, if any \_\_\_\_\_

If answer to the above questions is Yes, please elaborate:

| Sr.No. | Name of the person proposed to be insured | *Name of illness/injury suffered from or suffered in the past<br>*Treatment/medication received/receiving | Date first diagnosed /treated | Name of attending Medical Practitioner/ Surgeon with address & Tel. No./Hospital details | Whether fully cured |
|--------|---|---|-------------------------------|--|---------------------|
| 1.     |   |   |                               |  |                     |
| 2.     |   |   |                               |  |                     |
| 3.     |   |   |                               |  |                     |
| 4.     |   |   |                               |  |                     |
| 5.     |   |   |                               |  |                     |

**PREMIUM PAYMENT DETAILS**

(Please provide the details of premium payment)

Premium Amount: ₹

Payment Option:  Cash\*  Cheque  DD  Credit / Debit Card

Name of Premium Payer:  (First Name)  (Middle Name)  (Last Name)

Amount in words: \_\_\_\_\_

\*Cash towards premium up ₹50,000 will be accepted only at our branch offices.

For Cheque / DD (Payable in favour of "HDFC ERGO General Insurance Company Limited")

Instrument No.:

Instrument Date:

Instrument Amount: ₹

Bank Name \_\_\_\_\_

For Credit Card / Debit Card (Only Proposer's Card to be accepted) Card No.:  Card Type:  Master  Visa  AMEX

**Bank details for NEFT transfers\* (Mandatory if payment is made other than cheque)**

Name of Bank Account Holder

Account: Savings  Current  Name of Bank

Bank Account No.  IFSC Code (11 character code appearing on your cheque leaf)

Branch Name & Address

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

## DECLARATION

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer 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.

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 HDFC ERGO General Insurance Company Limited and that the policy will come into force only after full receipt of the premium chargeable.

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.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime 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 insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

Signature of Proposer

## AUTO RENEWAL CONSENT

I hereby authorise HDFC ERGO General Insurance Limited to charge premium for me and my family member's policy to my above mentioned Visa/Master Card and renew the policy (Subject to Conditions) every year till further written notification and so long as my Visa / Master card is valid. I understand that my cover would start on remittance being receiver by HDFC ERGO General Insurance Limited from the bank.

Signature of Proposer

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## PROHIBITION OF REBATES - Under Section 41 Of The Insurance Laws (amendment) Act, 2015

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 policy 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 prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

## FRAUD WARNING

This policy shall be voidable at the option of the company in the event of mis-representation, mis-description or non-disclosure of any material particular by the proposer. Any person who, knowingly and with intent to defraud the insurance company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.

## AUTO RENEWAL DECLARATION

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I, Mr./ Ms. \_\_\_\_\_, hereby give my consent out of free will to HDFC ERGO to renew my insurance policy automatically upon expiry until a written notice/ request is issued by me for cancellation of the Policy.

Place

Date

Signature of Proposer

## ACKNOWLEDGEMENT

IMPORTANT NOTICE- PLEASE DO NOT PAY PREMIUM IN CASH.

Received from Ms / Mrs / Mr \_\_\_\_\_

a sum of ₹ \_\_\_\_\_ through Cash<sup>†</sup>/Cheque/DD/Credit Card/Debit Card No. \_\_\_\_\_

against your proposal for my:health Medisure Super Top Up

Neither the submission of a complete proposal for insurance nor does any payment for any policy sought oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion against your proposal for my:health Medisure Super Top Up. If the Company accept's a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.

If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.

Signature of HDFC ERGO official/Intermediary: \_\_\_\_\_

Date

HDFC ERGO official/Intermediary Name: \_\_\_\_\_

Time

Place \_\_\_\_\_

<sup>†</sup>Cash towards premium upto ₹ 50,000 will be accepted only at our branch offices.

Branch Code: \_\_\_\_\_ Intermediary Code\*: \_\_\_\_\_ Intermediary Location Code: \_\_\_\_\_

Intermediary Employee Code: \_\_\_\_\_ Intermediary Reference Code: \_\_\_\_\_ Intermediary Contact Details: \_\_\_\_\_