



# THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI - 400 001.

## PROPOSAL FORM

### PARIPOORNA MEDICLAIM AYUSH BIMA

(HEALTH INSURANCE COVER FOR CGHS BENEFICIARIES)

(UIN : NIAHLIP26073V012526 )

#### **Important Notice (As per IRDAI Guidelines):**

This proposal form must be completed truthfully and in full. All material facts, including past and present health conditions, must be disclosed. Non-disclosure or misrepresentation may result in cancellation of the policy or rejection of claims.

Please read the prospectus before filling up this form.

#### **1. Proposer's Details**

**A. Name of the Proposer:** \_\_\_\_\_

**B.**

<b>Address for Correspondence</b>	_____		
	<b>Landmark/Area/City/Town:</b> _____		
	<b>District:</b> _____	<b>State:</b> _____	<b>Pin:</b> _____
<b>CGHS Card Number:</b> _____	_____	<b>Validity Date:</b> _____	_____
<b>Employee ID / PPO No</b> _____	_____	<b>CGHS City / Wellness Centre:</b> _____	_____

**C. Occupation:**

- In- Service  
 Retired

**D. Ministry / Department / Office:** \_\_\_\_\_

**E. Sum Insured Selected (Rs.)**

- 10 Lakhs  
 20 Lakhs

(This is a Floater Policy; the Sum Insured is shared among all insured members)

**F. Co-pay selected:**

- 70:30 (70% insurer / 30% insured)  
 50:50 (50% insurer / 50% insured)

2. Term of Insurance: 1 Year

3. Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

Date of Birth of the Proposer			
Gender (M/F/T)	Male/Female/Third Gender	Educational Qualifications	
Email Id			
Mobile Number		Family Income	
Nature of Id	PAN Card / Voter Id / Passport / Aadhar Card / Any other	Id Card No	
PAN Card No		GST No (If applicable)	
Nominee 1 Name (mandatory)		DOB of Nominee 1	
Relationship with Nominee 1		% Share Nominee 1 is entitled to	
Nominee 2 Name		DOB of Nominee 2	
Relationship with Nominee 2		% Share Nominee 2 is entitled to	
Nominee 3 Name		DOB of Nominee 3	
Relationship with Nominee 3		% Share Nominee 3 is entitled to	
Appointee Name*		Relationship with Minor	

\*If any of the Nominee is minor, Name of Appointee and Relationship is mandatory

4. Name, Address & Contact No. of Family Physician:

Qualification: \_\_\_\_\_ Reg. No: \_\_\_\_\_

5. Details of Persons to Be Insured:

S. No.	Name of all the persons	Date of Birth	Gender (M/F/T)	Relation (#) with the Proposer	Occupation	Height (in cm)	Weight (in KG)	CGHS Beneficiary Yes / No	CGHS card No. (If member is CGHS beneficiary)
1.									
2.									
3.									
4.									

5.								
6.								

**(#) Relation as per following table**

Self	Daughter	Father	Brother/Sister (Financially dependent)	
Spouse	Son	Mother	Mother in-law	Father in-law

**IMPORTANT NOTE: FOR RETIREES, CGHS CARD NUMBER IS MANDATORY FOR ALL MEMBERS**

6. Are you at present or have you been at any other time in the past covered under any other Insurance (PA, Cancer Insurance, Hospitalization Insurance or other Medical Insurance). If so, give particulars of:

S. No.	Content	Details
1.	Name of Insurer	
2.	Insurance Scheme	
3.	Policy No.	
5.	Period of cover	
6.	Is there any claim under the previous Insurance (Yes/No)	If Yes, please give the details of such claim and amount received/receivable

7. **ABHA NUMBER/ABHA ID:**

Member name	ABHA Number (14 digits)	Consent to share Medical records with Insurers / TPA's through ABHA
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO
		<input type="checkbox"/> YES / <input type="checkbox"/> NO

8. Any proposal for this Insurance or any other similar insurance refused or cancelled or higher premium charged, either by us or by any other Insurer. If so, give details:
9. Please Tick  if you wish to receive the physical copy.  
By Default, Policy documents shall be shared to your Registered Email ID.

10. Do you want to opt for Modern Treatment Rider:  Yes  No

( 15% of Base Premium is applicable )

11. Discount in lieu of CB opted?  Yes  No

12. **MEDICAL HISTORY:** Please answer the following questions with Yes or No (A dash is not sufficient and give full details **in respect of all the persons to be insured**)

Are all the members proposed for insurance in good health while proposing for this insurance?  
(Yes/No)\_\_\_\_\_If No, give details of the Illnesses/ diseases for each member

S. No.	Name of the Person	Nature of illness/pre-existing diseases
1.		
2.		
3.		
4.		
5.		
6.		

13. Have any of the persons proposed for insurance suffered from any illness/disease or had an accident in **the past**? If so, give details as under:

Name of the person	Nature of illness /disease/injury & treatment received	Date on which first treatment taken	First treatment completed / is continuing	Name of attending medical practitioner / surgeon with his address & tel. Nos.

**Note:** This information should be given for each of the persons proposed for insurance, if he/she had suffered from any Illness / Injury, please give details separately.

- i. Please give details of any knowledge or any positive existence or presence of any ailment, sickness or injury, which may require medical attention? If yes, then give details below:
- ii. Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurers? If yes, then give details below:

iii. Do any of the persons proposed suffer from any of the following conditions (tick if applicable):

- Diabetes  Hypertension  Cardiac Disease  Asthma  Kidney Disease
- Liver Disease  Cancer  Neurological Disorder  Joint Disorders
- Any other condition (please specify): \_\_\_\_\_

#### 14. LIFESTYLE & HABITS (APPLICABLE TO ALL ADULT INSUREDS)

1. Do you consume tobacco in any form?  Yes  No
2. Do you consume alcohol?  Yes  No
3. Any other material information relevant to health risk?  Yes  No (If yes, please specify)

#### 15. IDENTIFICATION & KYC DOCUMENTS (As per IRDAI & KYC Guidelines)

Please attach / upload self-attested copies of the following:

- CGHS Card of Proposer (Mandatory)
- Aadhaar Card / PAN Card (Mandatory)
- Employee ID / PPO Document
- Proof of Address
- Proof of Age
- Recent Photograph of Proposer and the member proposed to be insured

#### 16. NEFT details

**Mandatory details required to process all payment due in relation to your policy including refunds (if any) and/or claims directly to your bank account. Please select any one of the below options I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:**

- Bank account details as mentioned on the cheque being submitted along with the proposal form towards premium payment for insurance policy should be used by the company for electronic fund transfer as mode of payment.
- Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the company for electronic fund transfer as mode of payment. (Cancelled cheque should be of

the same bank account in which the refund needs to be credited directly)

**Particulars of Bank account:**

<b>Name (As in Bank Account)</b>	
<b>Name of the Bank</b>	
<b>Name of Branch</b>	
<b>Bank Account Number</b>	
<b>MICR No</b>	
<b>IFSC Code</b>	

I agree and undertake to initiate in writing to the New India Assurance Company Ltd about any change in the bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's signature

Date:

**DISCLAIMER: The New India Assurance Company Ltd.** Shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation - failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder. Aforesaid NEFT transactions shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. **The New India Assurance Company Ltd** shall be indemnified against any loss/damages/claims caused to The New India Assurance Company Ltd in carrying out your aforesaid NEFT instructions.

**Instructions**

- It is important for these electronic payment systems that the policy Holder's name in the Policy must be exactly match with the name in the Bank Account records/details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFSC Code, which is applicable to NEFT only. (a number allotted to each participating bank branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case of cancelled bank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required.

- NEFT Form needs complete in all respect.
- In case the premium payment cheque does not have all the details required for electronic fund transfer, please fill the above table.

**17. Important:**

- 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 answer is complete and accurate in all respect.
- The question 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.
- The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.
- 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.

**17. PREMIUM PAYMENT DETAILS**

**1.Mode of Payment**

- Online (UPI / Net Banking / Debit Card / Credit Card)
- Cheque
- Cash

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

**(STRIKE OUT ONE OF THESE TWO STATEMENTS THAT IS NOT APPLICABLE)**

- None of them suffer from any pre-existing conditions: **Yes/No**
- I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought. **Yes/No**
  - "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.
  - 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 insurance company and

that the policy will come into force only after full receipt of the premium chargeable.

- 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 for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.”

### 19. DECLARATION, CONSENT & UNDERTAKING

(Mandatory as per IRDAI Regulations)

I, the Proposer, hereby declare and confirm that:

- 1. The information furnished in this proposal form is true, complete, and correct to the best of my knowledge and belief.
- 2. I have disclosed all material facts, including pre-existing diseases, medical history, and lifestyle information, relating to myself and all persons proposed for insurance.
- 3. I understand that this policy is a ground-up health insurance policy and operates independently of CGHS benefits.
- 4. I have read, understood, and agreed to the Policy Terms & Conditions, including waiting periods, co-payment, exclusions, sub-limits, and claim procedures.
- 5. I understand that this proposal does not constitute acceptance of risk and that the policy shall commence only upon acceptance by the insurer and receipt of premium.
- 6. I authorize the insurer to obtain medical records, CGHS-related information, or other relevant data for underwriting, policy servicing, and claims, in accordance with applicable laws.
- 7. I understand that suppression or misrepresentation of material facts may result in cancellation of the policy or denial of claims, as per IRDAI regulations.
- 8. 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.
- 9. I/We authorize and consent to 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 \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Place: \_\_\_\_\_

**Photographs of Insured Persons:**

<b>Insured 1</b>	<b>Insured 2</b>	<b>Insured 3</b>	<b>Insured 4</b>	<b>Insured 5</b>	<b>Insured 6</b>
------------------	------------------	------------------	------------------	------------------	------------------

**20. Section 41 of 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 an 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 default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

**21. VERNACULAR DECLARATION**

Declaration in case the proposal is filled by other than Proposer (or) the proposer has signed in vernacular language (or) the proposer is illiterate (It is to be certified by someone other than an agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator : \_\_\_\_\_ Place : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Translator : \_\_\_\_\_

Name of the Proposer : \_\_\_\_\_ Place : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of the Proposer : \_\_\_\_\_

**Sum Insured : \_\_\_\_\_**

S. No	Name of insured person	Date of Birth	Gender (M/F/T)	Relation	Occupation	Premium
1.						
2.						
3.						
4.						
5.						
6.						
<b>Remarks of Underwriter:</b>					<b>Total :</b>	
					<b>GST :</b>	
					<b>Gross Total :</b>	

**NOTE:**

- The Company shall not be on risk until the proposal has been accepted by the Company and communications of acceptance has been given to the proposer in writing on full payment of premium.
- For persons above 60 years of age or persons having adverse medical history declared in the proposal form, taking this Insurance for the first time, will have to undergo, pre- acceptance health checkup at a designated hospital/nursing home. The Divisional Office/Branch Office in the name of hospital/Nursing home will give a referral slip for conducting the pre-acceptance health checkup. The details of the check up to be done are available with the Divisional Office/Branch Office. List of Medical Tests required are as below.

• CBC	• Serum HDL
• Blood Sugar Fasting & Post Prandial	• Routine Urine Examination (RUE)
• SGPT	• Resting ECG
• SGOT	• X RAY Chest PA View
• Serum Cholesterol	• Physician Check Up
• Serum Triglycerides	• Eye Check Up For Cataract & Glaucoma

- If other family members residing with proposer i.e. spouse, eligible children, eligible parents, parents in-law, etc. are required to be covered, complete details of each person should be furnished. Stamp size photograph of each person are to be submitted affixed on the proposal.
- Fresh proposal form is required along with pre acceptance medical checkup as mentioned above, irrespective of age, when there is break in insurance cover or when there is request for enhancement in the sum insured.
- Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-co-operation by the insured will nullify the cover under the policy.