

**YUVA BHARAT HEALTH POLICY
PROPOSAL FORM
URN: (NIA/Health/21-22/YB)**

Name of the Intermediary:		Mobile Number:	
Intermediary Code:		Email ID:	

Yuva Bharat Health Policy.

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.

Complete details of each person to be covered should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.

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.

1. Proposer's Details

Name of the Proposer (As per the Id Card)		Date of Birth	
Gender (M/F/T)	Male/Female/Third Gender	Educational Qualifications	
Address for Correspondence	Landmark/Area/City/Town:		
	District:	State:	Pin:
Email Id		Occupation	
Mobile Number		Family Income	
Nature of Id	PAN Card/Voter Id/Passport/Any other	Id Card No	
PAN Card No		GST No (If applicable)	
Assignee/Nominee Name		DoB of Assignee/Nominee	
Relationship with Assignee/Nominee			
Appointee Name*		Relationship with Minor	

*If the Nominee is minor, Name of Appointee and Relationship with Minor

2. Details of persons to be Proposed to be Insured and Type of Plan:

Plan Chosen: Base Plan/ Gold Plan/ Platinum Plan: _____

Optional Cover for Maternity Enhanced Limit: (Yes/No) _____

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Details	Name of the Person	DoB	Gender (M/F/T)	Sum Insured		Relation with the Policyholder	Occupation
				Individual	Floater		
Member 1							
Member 2							
Member 3							
Member 4							
Member 5							
Member 6							

3. 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

Disclaimer-Disclosing the ABHA ID in this form will not absolve the Proposer/Members from Disclosure of all Material Facts relating to this Insurance.

*** Ayushman Bharat Health Account (ABHA) Declaration** : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of **The New India Assurance Company Ltd** and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.

4. **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 and free from **Pre-Existing Diseases?** (Yes/No), If No, give details of the Pre-Existing diseases for each member.

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

5. Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurer? If So, then give details below:

6. **Health Parameters (Applicable for Persons 18 Y & above)**

Details	Name of the Person	Height (cm)	Weight (KG)	Diabetes		Hypertension			Hospitalisation in the last 3 Years (Yes/No)
				Hb1Ac (<6.4)	Hb1Ac (>6.4)	(<=120/80)	(>120/80) to (<139/89)	(>139/89)	
Member 1									
Member 2									
Member 3									
Member 4									
Member 5									
Member 6									

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This policy has discount and loading based on the Health parameters which is as under:

Premium Discounts	Premium Loadings
BMI (<32) – 2.5% Discount	BMI (>32) – 2.5% Loading
Non- Diabetic (Hb1Ac <6.4) – 2.5% Discount	Diabetic (Hb1Ac >6.4) – 2.5% Loading
Non-Hypertensive – (<=120/80) - 2.5% Discount; (>120/80) to (<=139/89)– Nil	Hypertensive (>139/89)– 2.5% loading
No Hospitalization for the last 3 years at the time of taking the policy – 2.5% Discount	

Note:

- The above discounts and loadings shall be applicable only for members 18 years & above.
- Any admission in Hospital beyond than 24 hours will be treated as Hospitalization
- Loadings and Discount are based on Self Declaration of the Insured

Loyalty Discount: This policy also offers 2.5% discount for having any active retail policy of New India with premium of Rs. 5,000 or above (Excluding GST). If you are having, please give the details of the Retail Policy below.

Policy No: _____ **Policyholder Code:** _____

7. Proposed Period of Insurance: From _____ to _____

8. Premium Payment:

Period	Select
Yearly	
Half-Yearly	
Quarterly	
Monthly	

9. Zone Opted: Zone 1 or Zone 2

Zone	Yes/No
Zone 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara.	
Zone 2: Rest of India.	

Note:

1. Insured Person opting for Zone I can avail treatment anywhere in India and No Co-pay shall be applicable.
2. In case the Insured Person opting for Zone II takes treatment in Zone I, Co-pay of 10% shall be applicable on admissible claim amount.
3. Co-Pay shall not be applicable for immediate hospitalization arising out of Accident.
4. Co-Pay shall also not be applicable for Illness or Treatments having sub-limits

10. Important:

- a) 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.
- b) 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.
- c) The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.
- d) 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.

11. 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 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."

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

Photographs of Insured Persons:

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Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
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12. STATUTORY WARNING

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.

13. INTERMEDIARY 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 Intermediary:

Date:

Place

Intermediary Code:

Signature of the Intermediary

14. VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate (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.)

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Name of the Translator: _____ Place: _____ Date: _____

Signature of the Translator _____

Name of the Proposer: _____ Place: _____ Date: _____

Signature of the Proposer: _____

15. FOR OFFICE USE ONLY:

S No	Name of the Person	Gross Premium (Including Loading/Discount), if any	S No	Name of the Person	Gross Premium (Including Loading/Discount), if any
Member 1			Member 4		
Member 2			Member 5		
Member 3			Member 6		
Remarks of the underwriter :					
Total Gross Premium					
GST					
Net Premium (Including GST)					

CHOICE OF TPA.

Third Party Administrator (TPA) means a Company registered with the IRDAI, and engaged by Us for providing health services.

The following TPAs are allotted for servicing your Policy.

1. Assigned TPA:
2. Optional TPA:

If you wish to change your Assigned TPA to Optional TPA, please sign the below declaration and submit it to the Operating Office.

I wish to change my Assigned TPA to Optional TPA i.e. to -----

Signature of the Proposer.

Date

Recommended by the Office In-charge:

Name:

Date:

DO/BO/MO:

Seal: