



APPLICATION FOR AROGYA RAKSHA



(to be submitted in duplicate)

Fresh/Renewal:

MUP Reference No.*

[Box for MUP Reference No.]*
*(system generated – Branch to fill up)

Details of Previous Policies in case of renewal:

Policy Number	From (Date)	To (Date)

(If previous policies were taken from other Insurance companies, Xerox copies of such policies to be enclosed)

- 1. Name of the Branch:
- 2. Name of the Proposer-Customer (BLOCK LETTERS):
- 3. Type of Account: S.B / CA 4. Account Number:
- 5. Postal Address: (BLOCK LETTERS):
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.....

E mail id		Telephone No. with STD code		Mobile No.	
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6. Name and Address of Medical Practitioner / Family Doctor:

7. Period of Insurance: From _____ To _____

8. Sum Insured: (Please tick ✓ whichever is required)

1.0 lakh	1.5 lakh	2.0 lakh	2.5 lakh	3.0 lakh	3.5 lakh	4.0 lakh	4.5 lakh	5.0 lakh
6.0 lakh	7.0 lakh	8.0 lakh	9.0 lakh	10.0 lakh				

9. Plan Applicable: (Please tick ✓ the appropriate Box)

i) Plan A - Upto 35 Years@ <input type="checkbox"/> (Family of max 1+3 Self, Spouse & 2 children)	ii) Plan B - Above 35 & Up to 70 <input type="checkbox"/> Years @ (Family of max 1+ 3 Self, Spouse & 2 children)	iii) Plan C – Any age up to 70 years <input type="checkbox"/> (Family of max 1+ 5 Self, Spouse, 2 children & 2 parents)
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(@ refers to the age of the eldest family member sought to be covered under this policy)
(Age restriction only for fresh policies, no upper age limit for renewal of policies)

10. Premium Amount Rs.....

11. Details of family members to be covered:

(please leave the rows blank if not applicable)

Sl. No	Name of Insured (Block Letters)	Relationship	Gender	Existing Disease / illness/injury	Treatment received for past 3 years*	Date of Birth (dd/mm/yyyy format)
1		Self (a/c holder)				
2		spouse				
3		Son/daughter				
4		Son/daughter				
5		Father	M			
6		Mother	F			

* Separate sheet may be attached, if needed, for furnishing details of treatment received in the past three years

12. Details of Nominee: a) Name..... b) Date of Birth c) Relationship

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13. Affix stamp size Photograph of insured persons:

(For renewals, photo need not be affixed)

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(A/c Holder)

(Spouse)

(Child 1)

(Child 2)

(Father)

(Mother)

Declaration:

I hereby declare and warrant that the above statements are true and complete. Myself and family members are maintaining good health subject to the ailments/treatments referred to in Box no.12 above. I have read the salient features of the scheme and willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the Insurance Company as per the Agreement between Indian Bank and United India Insurance Company Limited. I understand that in case of any claim under the policy, Indian Bank will not undertake any responsibility and will not accept any correspondence and the same have to be pursued with the Insurance Company / Specified TPA only.

Place: Date:
Proposer

Signature of

.....For Office use only.....

Premium of Rs..... credited to IB Arogya Raksha Premium Collection (Parking) a/c no 6115857236, through Multiutility Menu in CBS Bancs Link on

System generated Reference No..... dated.....

Signature of Branch Manager

✂-----Please cut here and hand over to Proposer-----

ACKNOWLEDGEMENT TO CUSTOMER (to be given by the Branch)

Received Proposal form along with 2 stamp sized photos of each member for issue of Arogya Raksha Policy from

Mr. /Ms. for a family of members

Premium amount of Rs.....has been received by way of cheque bearing no. datedfor Rs./- by debiting his/her Savings/Current account number

Policy Certificate will be downloaded by us and handed over to you on the next working day after receipt of premium from you. Till then this receipt will serve as evidence of your having applied for this policy.

Date:



Branch Seal

Signature of Branch Manager