



United India Insurance Company Limited
 Reqd. Office: 24 Whites Road. Chennai. 600 014



Arogya Raksha Group Health Insurance Scheme – Proposal Form (New / Renewal)
 (If renewals, please mention previous year policy number _____)
 UIN: UIIHLGP22008V032122

I. DETAILS OF ACCOUNT HOLDER (ABOVE 18 YEARS OLD ONLY)

Name (Mr. /Ms. /Mrs.): _____
 Address: _____
 City/Town _____ District: _____
 State: _____ Pin Code: _____
 Mobile number _____ Email ID: _____
 Indian Bank A/c number: _____ PAN : _____

II. PLEASE SELECT YOUR PLAN OPTION

- PLAN A** [You can cover yourself, your spouse & 2 dependent children*] Eldest member in the Group should be less than 35 years of age]
- PLAN B** [You can cover yourself, your spouse & 2 dependent children*] Maximum Entry Age between 35 and 65 for self and spouse and lifelong renewal]
- PLAN C** [You can cover yourself, your spouse, 2 dependent children* & Parents] Maximum entry age 65 and lifelong renewal]

*Dependent children means age less than 25 years or till employment for male children, till marriage or employment for female children

Name (Mr./ Ms./Mrs.)	Relationship to Account Holder	Gender	Date of Birth							
	SELF	<input type="checkbox"/> Male <input type="checkbox"/> Female	D	D	M	M	Y	Y	Y	Y
	SPOUSE	<input type="checkbox"/> Male <input type="checkbox"/> Female	D	D	M	M	Y	Y	Y	Y
	*DEPENDENT CHILDREN	<input type="checkbox"/> Male <input type="checkbox"/> Female	D	D	M	M	Y	Y	Y	Y
	*DEPENDENT CHILDREN	<input type="checkbox"/> Male <input type="checkbox"/> Female	D	D	M	M	Y	Y	Y	Y
	FATHER	<input type="checkbox"/> Male	D	D	M	M	Y	Y	Y	Y
	MOTHER	<input type="checkbox"/> Female	D	D	M	M	Y	Y	Y	Y

- FLOATER/FAMILY SUM INSURED**
- 1 Lakh 1.5 Lakhs 2 Lakhs 2.5 Lakhs 3 Lakhs 3.5 Lakhs 4 Lakhs
 4.5 Lakhs 5 Lakhs 6 Lakhs 7 Lakhs 8 Lakhs 9 Lakhs 10 Lakhs

Nominee Details

Nominee Name: _____ Nominee Relationship: _____
 Nominee Address: _____ Nominee Mobile No. _____

(Nominee mentioned above is for the Proposer. For other members covered under the Policy, the proposer is deemed to be the Nominee)

III. KEY EXCLUSIONS:

Below is a list of the Key Exclusions to note in your policy. It is an indicative list; for full details, please refer to detailed Policy Wordings.

- All treatments within the first 30 days of cover except any accidental injury
- 12/36 Months waiting period for specified illness/ conditions
- Pre-existing Disease (PED) waiting period of 36 months for any disease, illness or condition that existed prior to taking this policy
- Sterility / Infertility treatment of any type
- Congenital External Diseases, Defects or Anomalies
- Dental treatment or dental surgery of any kind unless necessitated by disease or injury and requiring hospitalization
- Expenses incurred on Obesity/Weight Control
- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof
- Expenses incurred on Domiciliary Hospitalisation and OPD Treatment

IV. MEDICAL INFORMATION AND WARRANTY ON BEHALF OF ALL PERSONS TO BE INSURED

I declare that me or any other member proposed to be insured under this policy do not have or never had:

- Any complications related to Diabetes, Hypertension, and Hypothyroidism
- Any problem with vision or eyes other than having undergone cataract operation in either or both eyes, or having errors of refraction
- Tumour or Cancer anywhere in the body
- Arthritis, Spine or Joint disorder in the last 5 years
- Any problem with reproductive organs like prostate, testis
- Any stone disease like kidney or ureter stones in the last 10 years
- Any disease of major organs including but not limited to brain (includes stroke or paralysis), heart, kidney, lungs, liver or mental health disorder
- Taken any medicine more than 21 days consistently in last 5 years except for infrequent acidity, loose motion, common cold, fever, headache; high cholesterol, asthma, diabetes, hypertension, and hyperthyroidism
- Ever reported positive for Hepatitis B, HIV/AIDS, or other sexually transmitted disease
- Any major surgery (any surgery done other than those done under local anaesthesia) in last 5 years other than family planning / C-Section (Applicable for Females)
- Any disorder of the cervix, uterus, ovary(ies), abnormal bleeding or problem with reproductive system in the last 5 years. (Applicable for female members proposed to be insured)

I / We are neither awaiting any treatment medical or surgical nor attending any follow up for any disease / condition / ailment/ injury / addiction. Yes, I confirm No, I cannot confirm

V. DECLARATION (Please read carefully and tick against each statement before signing the proposal form)

I/We hereby declare and warrant 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 agree that this declaration shall be the basis of the decision by United India Insurance Company Ltd to cover or not cover us under insurance.

I understand that the information provided by me will form the basis of the insurance cover and that the policy coverage will come into force only after full receipt of the premium chargeable.

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.

I hereby authorize Indian Bank to debit my account no. _____ with the Bank for Rs. _____ towards premium for availing **Arogya Raksha Group Health Insurance Scheme** Cover.

DISCLAIMER: United India Insurance Company Ltd. shall not be responsible / liable to anybody, in any manner, whatsoever for non-credit / delayed credit of any payment due in relation to insurance policy into above bank account of Proposer/Policy holder and any other consequential loss directly / indirectly, for whatsoever reasons thereof including but not limited to incomplete / incorrect information by Proposer / Policy Holder.

Date: DD/MM/YYYY Place: _____ Signature of the Account Holder: _____

VI. CERTIFICATE FROM ACCOUNTHOLDER IN CASE PROPOSAL FORM IS NOT FILLED BY HIM/HER

The proposal form is filled up by my representative, but the contents of the document have been fully explained to me and I have understood and confirm the same.

Signature of the Account Holder: _____ Date: DD/MM/YYYY Place: _____

VII. DECLARATION FROM INDIAN BANK (IB) REPRESENTATIVE

I/We confirm that I/We have explained the product features to the proposer and its suitability to him/her and other insured persons.

Date: DD/MM/YYYY Place: _____

Signature of authorised representative of Indian Bank: _____

VIII. STATUTORY WARNING (Section 41 of Insurance Act, 1938 – Prohibition of Rebates)

Section 41 of Insurance Act, 1938 as amended by Insurance Laws Amendment Act, 2015 (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 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 prospectus or tables of the Insurers.
- Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

IX. TO BE FILLED BY INDIAN BANK

Branch Name:	Amount:
Customer A/C No:	Branch IFSC :
Date:	MUP no. :
	Proposal No. :