

Proposal Form for Reliance Group Mediclaim Policy

The policy does not commence until the proposal is accepted by the Company and full premium is paid.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name	<input type="text"/>	Code	<input type="text"/>
Branch Name	<input type="text"/>	Code	<input type="text"/>
Sales Manager Name	<input type="text"/>	Code	<input type="text"/>

Proposer's Details

- Name of the Proposer M/s
- Customer ID
- Address for Communication
 - Flat Building
 - Road/Street/Sector
 - Area
 - Taluka/Village/District/City
 - Pin Code
 - State
 - Country
 - Phone
 - Mobile
 - Email
 - Fax

- Business of the Proposer
- Whether all eligible employees/members are proposed for insurance Yes No
- Do you require Maternity Benefits extension? Yes No
- What are the other extensions / benefits you want (pl specify the limits required)
 - Coverage of Pre-existing diseases Yes No
 - Waiver of first year exclusions Yes No
 - Waiver of 30 day waiting period Yes No
 - Family Floater Yes No
 - No of persons to be covered under Floater Yes No
 - Waiver of waiting period for Maternity benefit Yes No
 - Removal of Domiciliary Hospitalisation Benefit Yes No
 - New Born cover Amount Please specify the limits required
 - Corporate Buffer Amount Please specify the limits required
 - Any other please specify Please specify the limits required

8. Period of insurance From to

9. Details of persons proposed for insurance (Please attach a separate list in the following format)

S. No	Name of the employee (& names of family members)	Emp ID No (for employees)	Date of Birth	Relationship with the employee	Gender	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



10. Details of previous / expiring insurance policy?

No of Persons _____

Sum Insured _____

Incurred Claims Ratio _____

Payment Details

Cheque DD

Cheque or DD Amount [] /- Amount in words (_____)

Bank Name []

Cheque/DD No. [] Cheque/DD Date [d , d | m , m | y , y , y , y]

Declaration and undertaking by the Proposer

We do hereby declare that the above statements, answers and particulars are true to the best of our knowledge and belief and that we have not withheld any information what so ever regarding the proposal. We agree that this proposal and declaration shall be the basis of the contract between us and Reliance General Insurance Company Limited whose Policy for the insurance proposed is acceptable to us. We further agree that if, after insurance is effected, it is found that any of the above statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

We agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

We further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions of Section 41 of Insurance Act, 1938.

Place: _____

Date: _____

Signature of the Proposer

Prohibition of rebates - Section 41 of The Insurance Act 1938

1. 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 of any kind or 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-