Photograph

UNITED INDIA INSURANCE COMPANY LIMITED REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014 DIVISIONAL / BRANCH OFFICE.....

TOP UP MEDICARE PROPOSAL FORM

AGENCY CODE

ANNUAL PREMIUM

POLICY NO

DEV. OFFICER CODE

IMPORTANT

- a) The Company will not be on risk until the proposal and Insured Persons details have been accepted by the Company and communication of the acceptance has been given to the proposer in writing on full payment of premium
- b) If other family members residing with proposer i.e., spouse and eligible dependent children required to be covered, separate Insured Person details forms should be completed for each of such family members.
- c) Persons may be required to undergo pre-acceptance health check-up at a recognised Hospital/Nursing Home/Laboratories/Clinic at the cost of insured in some cases as mentioned in the prospectus.
- d) Fresh proposal form is required along with pre-acceptance medical check-up as mentioned in item (c) above, irrespective of age, when there is break in insurance cover or when there is a request for enhancement in the sum insured.
- e) 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 (material fact is one which will enable the Insurer to decide whether to accept the risk and if yes, at what rate, terms and conditions.
- f) Please fill up the proposal form completely. If space is insufficient, separate sheet may be attached wherever required.

1. Nam	ne of the proposer	•	•••••
	(Surname)		(Name)
2.	Residential Address and Telephone No	:	
3.	Occupation (Profession/Occupation Trade/ or Business) Name of Office & Address	/ : :	
4.	Monthly Income	:	
5.	Income-Tax PAN No.	:	
6.	Name of the Medical Practitioner, h qualifications & Telephone no. if an Medical Practitioner's Regn. No.		
7.	Total number of Persons to be cover (in words) :	red (in figure	25):

PROPOSER DETAILS

Details of Insured Persons and their specimen signature

S.No	Name of Insured Person	Date of	Age	Sex	Relation	Signature
		Birth				
1						
2						
3						
4						
5						

Photographs of Insured persons:

|--|

:

8. Do you wish to have Policy on

Individual basis or Family Floater basis

 If on family floater basis, choose any one : (pl.refer to Prospectus for definition of family. Parents have to be covered under separate policy)
 Self, spouse and children
 Parents

Indicate option: A / B / C / D / E / F / G / H

10 If on Individual basis, indicate option for each individual person

1	Self	- A / B / C / D / E / F / G / H
2	Spouse -	A / B / C / D / E / F / G / H
3	Child -1 -	A / B / C / D / E / F / G / H
4		A / B / C / D / E / F / G / H
5		A / B / C / D / E / F / G / H
6		A / B / C / D / E / F / G / H

11. Period of Insurance From To (midnight)

12. <u>Are any of the insured persons at present or have been at any other time in the past</u> <u>covered</u> (Please note that this information is required to decide the coverage of Pre-Existing Disease in this policy. This information may be cross-verified at a later date)

- <u>Under any other Insurance</u> Type (Cancer Insurance, Hospitalisation Insurance Or other Medical Insurance), If so,
- (A) Give particulars of current or expiring policy as well as for the previous four years

Insurer	Policy No.	Expiry date	Sum Insured (RS.)	Pre existing Diseases, if any	ТРА

Date of first coverage which has since been renewed continuously without break or within grace period -----

II Under any Medical expenses Reimbursement Scheme : YES/NO (IMP : A brief note giving details of the Scheme will help in better evaluation of your proposal).

Please	e furnish the following - (strik	ke off wherever not applicable)
а.	Scheme Provided by	:	Employer / Others
	Name of the Employer	:	
	Others	:	
b.	Persons covered	:	All those who are proposed for coverage under this policy or only some persons.
с.	Expenses reimbursed	:	Any Hospitalisation / Only Specified Diseases
d.	Amounts		:

Names of the persons covered under the Scheme	Eligible Reimbursement amount	Remarks

13 <u>Claim amounts received/receivable in preceding five years including expiring</u> <u>policy/Reimbursement Scheme</u>

<u>Name of the</u> <u>Insurer /</u> <u>Reimbursement</u> <u>Provider</u>	<u>Policy</u> <u>No./</u> <u>Scheme</u> <u>Name</u>	<u>Period</u> <u>of</u> <u>Hospitali</u> <u>sation</u>	<u>Illness</u>	<u>Claimed</u> amount	<u>Amount</u> <u>settled/pend</u> <u>ing for_</u> <u>settlement</u>	<u>TPA, if</u> applicable

- 14. Has any Proposal for this Insurance or any other health insurance been refused Or cancelled or higher premium charged. If so give details:
- 15.1 Are all the insured persons are in good health and free from Physical and mental diseases or infirmity Or medical complaints?
- 15.2 If not in good health give full details

S.N.	Name of the insured persons	Nature of illness / disease injury and treatment received	Date first treated	Name of attending medical practitioner, surgeon with his address and Telephone No.	Whether fully cured			
1.								
2.								
3.								
16	Are there any additional facts affecting							

the proposed insurance which should be disclosed to Insurers ?
17. Please give details of any knowledge of any positive Existence or presence of any ailment, sickness

- Or injury which may require medical attention.
 - 1.
 - 2.
 - ∠. 3
 - 3. 4.

I hereby declare and warrant that the above statements are true and complete. I consent and authorise the Insurers to seek medical information from any Hospital / Medical Practitioner who has at any time attended or may attend concerning any disease or illness which affects the physical or mental health of any insured persons. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is effected, it is found that the statements, answers or particulars stated in the Proposal form and its questionnaires are incorrect or untrue in any respect, the Insurance Company shall incur no liability under this insurance.

I have read the Prospectus and am willing to accept the coverage subject to the terms, conditions and exceptions stated therein and expressed in the Policy.

 Signature
 Date
 / ------ / -----

 Place:
 ------ ----- -----

PLACE:

DATE:

Signature of the proposer

Section 41 OF INSURANCE ACT 1938

> PROHIBITION OF REBATES <

- (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 of risk relating to lives or property in India any rebate of the whole or a part of commission payable or any rebates of the premium- shown on the policy nor shall any person taking out or renewing continuing a policy except any rebate as may be allowed in accordance with the published prospectus 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 five hundred rupees.