

# Corona Kavach Policy, Niva Bupa Health Insurance Co. Ltd. Proposal Form



URN: 016

## 1. Proposer Details:

Title	Name	
DOB	<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"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Current address		
<input type="text"/>		
City	State	Pincode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile number	Nationality	
<input type="text"/>	<input type="text"/>	
Email ID	PAN Number	
<input type="text"/>	<input type="text"/>	
Annual income (Rs)	<input type="text"/>	
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Other, please specify _____	
Health Care Worker*:	<input type="checkbox"/> Yes <input type="checkbox"/> No * Avail a discount of 5% on the premium.	
Do you want a Physical Copy of the policy kit: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Premium paid by	Relationship with Proposer	
<input type="text"/>	<input type="text"/>	

I wish to receive my policy related information and updates over WhatsApp on my mobile number.

I have read, understood and accepted all Terms and Conditions & hereby authorize Niva Bupa Health Insurance or any of its Agents and/or third party(ies)/ affiliates to contact me via SMS/Email/Phone/WhatsApp/Facebook or any other modes on my registered phone number overriding my 'DND' registration to make welcome calls/SMS, service calls/SMS or any other commercial communication

Are you or any of the proposed applicants a PEP#?  Yes  No

\*Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e. Heads/ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials. (If you have ticked against PEP, kindly fill the separate PEP questionnaire)

### Bank details:

Bank name	<input type="text"/>	
Account number	IFSC Code	<input type="text"/>
Account type: <input type="checkbox"/> Savings <input type="checkbox"/> Current	Branch	City
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Details of Electronic Insurance Account (eIA)

Do you wish to have this Policy credited to an e-Insurance account? (Please select any one)

No, I do not have an e-Insurance account and do not wish to open one  Yes, Credit this Policy to my e-Insurance account

If yes, please share existing E-Insurance Account No.

Please select Insurance Repository Name (you have opened your account with) (Please select any one)

<input type="checkbox"/> M/s NSDL Database Management Limited	<input type="checkbox"/> M/s Central Insurance Repository Limited
<input type="checkbox"/> M/s Karvy Insurance Repository Limited	<input type="checkbox"/> M/s CAMS Repository Services Limited

OR

I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents).

## 2. Coverage selection:

<b>Base coverage:</b>	
Policy type:	<input type="checkbox"/> Individual Basis <input type="checkbox"/> Family Floater Basis
Number of lives to be covered:	<input type="checkbox"/> Adults <input type="checkbox"/> Children
Base Sum Insured:	
Policy term:	<input type="checkbox"/> 3.5 months <input type="checkbox"/> 6.5 months <input type="checkbox"/> 9.5 months
<b>Optional coverage:</b>	
Hospital Cash : 0.5% of Base Sum Insured per day	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### 3. Details of Applicants for Insurance:

Applicant Number	Name	Gender (Male/Female/Other)	Date of birth (dd/mm/yyyy)	Relationship (Self/Spouse/Son/Daughter/Father/Mother/Father in law/Mother in law)	Please tick if not Indian
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
n					<input type="checkbox"/>

### 4. Nomination

In the event of the death of the Proposer, any payment due under the Policy shall become payable to the Nominee named below. The receipt of such payment by the Nominee would constitute discharge of the Company's liability under the Policy. Nominee for all other applicant(s) shall be the proposer himself/herself.

Nominee Name	Date of Birth	Relationship with the Proposer	Address, mobile number and email ID of Nominee	Appointee Name (if nominee is less than 18 years of age)

**Bank details of Nominee:** Beneficiary Name:

Bank name  Account type  Savings  Current

Account number  IFSC Code

### 5. Medical, Habits and Past Proposal Information

**IMPORTANT: Please ensure that the questions in this section are answered truthfully and completely as the information you provide here will form basis of underwriting by Niva Bupa. Please note any incomplete, incorrect, partially correct information may affect your medical claim and/or coverage.**

Please answer the following questions for each applicant. Please circle Yes (Y) or No (N)	Applicant Number											
	1		2		3		4		5		6	
1. Do you or any other member you are purchasing this policy for reside with or has resided in last 21 days with a COVID-19 positive person?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
2. Have you in last 21 days attended any gathering or visited anyone, where any person was or tested, COVID-19 positive after the event?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
3. Has anyone visited your house (like house helps, delivery person, driver, cook, gardener, cleaning person etc.) tested positive for COVID-19 in past 21 days?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

### 6. Authorization for Electronic Policy fulfillment and Service Communications

Would you like to protect the environment and help save paper by authorizing the Company to send all your Policy and service related communication to the email ID as mentioned here in the application form?  Yes  No

### 7. Declaration (Please read carefully and put a check mark against each before signing the proposal form)

- I 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 am authorized to propose on behalf of these other persons.
- 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 insurer and that the Policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I/We authorize the Company to share information pertaining to my / our proposal including the medical records of the Insured / Proposer for the sole purpose of Service Delivery with our empaneled provider.

Date  Place  Signature of the Proposer

### 8. Vernacular Declaration

(Certification in case the Proposer has signed in vernacular (to be witnessed by someone other than 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:

Name of the Certifying Person:	<input type="text"/>	Signature of the Certifying Person:	<input type="text"/>	Mobile number of the Certifying Person:	<input type="text"/>
Name of the Witness	<input type="text"/>	Signature of the Witness	<input type="text"/>	Mobile number of the Witness:	<input type="text"/>
				Signature of the Proposer	<input type="text"/>

### 9. Proposer Declaration

(Certification where for any reason, the proposal and other connected papers are not filled in by the Proposer).  
The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by \_\_\_\_\_ under my instruction and I found it to be correct.

Signature of the Proposer

### 10. Premium Details (for office use only)

Premium payment option <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit card <input type="checkbox"/> Cash <input type="checkbox"/> Others, _____	Premium amount <input type="text"/>
Online payment transaction ID: <input type="text"/>	Date <input type="text"/>
Bank name/branch <input type="text"/>	Niva Bupa branch location <input type="text"/>
Code No. <input type="text"/>	Name <input type="text"/>
Business sourced by: Advisor/DST/Corporate Agency/Other Channels	
Code No <input type="text"/>	Customer ID: <input type="text"/>
Proposal received on: <input type="text"/>	
Is Proposer or the applicant a staff <input type="checkbox"/> Yes <input type="checkbox"/> No	

This Space Has Been Left Blank Intentionally.

### 11. Additional details for Bancassurance channel only (for office use only)

Branch Code  SP Code  RM/LG code   
Customer account number

### 12. Insurance advisor's report (for office use only)

I, in my capacity as an Insurance Advisor / Specified Person of the Corporate Agent / Authorised 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 and further more if there has been a non-disclosure of any material fact, the policy issued to his / her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date

Signature of the Insurance Advisor

#### Note

The details provided under Section 10, 11 and 12 are for office use only and are not to be filled by the Proposer. Therefore, these sections are indicative as they do not have any relation with the details filled by Proposer. This note won't appear in the proposal form sent to the customers and is a part of file & use approval only

### 13. Statutory Warning

#### Prohibition of Rebates (Under Section 41 of the Insurance Act 1938)

- 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 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.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

### 14. ABHA ID

Member Name	Do you have ABHA ID?	ABHA ID	Consent to share Medical records with insurers/TPA's through ABHA	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### 15. Details for Refund & Payment of Claims

Option to receive payment:  Bank Transfer

Name of the Beneficiary   
Bank name   
Account number  IFSC Code   
Account type:

#### Niva Bupa Health Insurance Company Limited

Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024

Disclaimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Customer Helpline: 1860-500-8888. Website: www.nivabupa.com. CIN: U66000DL2008PLC182918. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.

## Acknowledgement By The Company

Application No.

Date

We acknowledge with thanks the receipt of your proposal and amount by Cheque/Demand Draft/ Others \_\_\_\_\_ of amount of Rs. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_. Neither the submission to us of a completed proposal for Insurance nor any payment made towards issuance of a Policy obliges us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy's terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment after deducting cost of medical tests, if any, received from you without interest.

Name and signature of the receiver and office seal

## Key Feature Document (KFD)- Corona Kavach Policy, Niva Bupa Health Insurance Co. Ltd.

**Niva Bupa is dedicated to being fair and transparent with its customers. This document summarizes the key features of your Policy, however it does not replace your Policy contract and we encourage you to read all the details of your Policy before you conclude the purchase of this product.**

'Corona Kavach Policy, Niva Bupa Health Insurance Co. Ltd.' provides you with specific COVID-19 related benefits. Also, there is an optional benefit for you to buy if you wish to enhance your cover.

**The following base benefits are provided, subject to some limits and exclusions as specified in the policy contract:**

- Hospitalization Expenses for COVID-19 will be covered up to the Sum Insured. The expenses incurred on treatment of any comorbidity along with the treatment for Covid-19 will also be covered up to Sum Insured.
- Pre and post hospitalization expenses for 15 and 30 days respectively.
- AYUSH Expenses incurred for inpatient care treatment for Covid-19, under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines, shall be covered.
- Road Ambulance covered up to Rs.2,000 per COVID-19 hospitalization.
- Home Care Treatment Expenses for availing treatment at home for Covid-19 on positive diagnosis of Covid-19. Maximum up to 14 days per incident.

**The following optional benefit is provided subject to some limits and exclusions as specified in the policy contract:**

- **Hospital Daily Cash** of 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member.

**Other key features of your policy are as follows:**

- The policy is available on Individual and Family Floater basis.
- Family floater cover is available for maximum of 2 Adults and 4 children. Relationship allowed for adults in a family floater policy is / are self, spouse, father, father in law, mother or mother in law.
- 3 Policy Tenure are available: 3.5 months, 6.5 months & 9.5 months.
- This policy cannot be renewed, ported or migrated.

### NOTES:

1. Additional premium is charged for the optional benefit.
2. Note that an Initial Waiting Period of 15 days is applicable to the policy.
3. Note that standard exclusions are applicable as set out in the policy contract.
4. Premium: Kindly deposit the premium amount through a secure mode of payment in the name of Niva Bupa Health Insurance Company Limited.
5. In case of any query or claim, please contact our Customer Helpline No: 1860-500-888