

Group Corona Kavach Policy, Niva Bupa Health Insurance Co. Ltd.



Proposal Form Filling Instruction

1. Kindly fill in the form in CAPITAL LETTERS only. 2. Please select the option by ticking the relevant box in the Proposal Form. 3. This proposal form is to be filled, dated, signed and sealed in by the Proposer/its authorised representative only. 4. It is essential to provide all information/details asked in this proposal form. All questions are required to be answered fully and correctly. 5. Please use additional sheet in case the space in the proposal form is not sufficient to fill in the details. 6. Please strike off whichever is not opted

1. Proposer Details:

Name of Proposer _____

Proposer's Trade or Business _____

Key Contact Person _____ Designation _____

Address of Correspondence _____

City _____ District _____

State _____

Mobile number _____ Alternate Number _____

Pincode _____ Email ID _____

PAN Number _____ GST No _____

Do You want Physical Copy of the Policy Kit? Yes No

2. Coverage selection:

- Policy Period
Proposed Policy Start Date: _____ Proposed Policy End Date _____
- Number of Persons to be Insured _____
- Categories of proposed insured (Add more categories if needed) – brief description for e.g. senior management, middle management)
 - Cat 1 _____
 - Cat 2 _____
 - Cat 3 _____
 - Cat 4 _____
 - Cat 5 _____
- Is selection of coverage Involved _____
- Is the premium paid by the member _____
- Premium Payment Frequency _____
- Free Look Period _____
- Please provide the details of benefits opted for all members:
(Only one selection is optional)

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
Number of Proposed Insured					
Base Sum Insured					
Plan (Individual/Floater)					
Relationships Covered if Floater Opted					
Section 1: Base Cover (All benefits are compulsory to be opted)					
Hospitalization Expenses					
Pre-Hospitalization					
Post Hospitalization					
AYUSH					
Home Care Treatment Expenses					
Section 2: Optional Cover					
Hospital Daily Cash					
Waiting Periods					
15 Days Initial Waiting Period					

9. Details of Insured Persons:

Member Unique ID	Category	Name of the Insured	Date of birth or Age	Gender	Relationship with Primary Insured	Designation/ Occupation	Any Existing Illness	Nominee/Appointee Nominee (if Nominee is less than 18 years)	
								Address, mobile number email ID of Nominee	Relation with Insured Person

10. Any additional information material to assumption of risk:

11. Special Conditions:

- a. Entry Age _____
- b. Operative Time _____
- c. Others _____

3. Past Insurance Policy Details: (Upto last 3 years if applicable)

Policy Period From-To	Name of the Insurer	Policy Number	Number of members Covered	Total Premium (Rs.)	Total Amount of Claims (Paid+Outstanding) (Rs.)

4. Declaration

- I/We 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/our knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I/We understand that the information provided by me/us 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/We further declare that I/We 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/We declare that I/We 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/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 underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority and/or our empaneled provider.

Date Place _____ Signature of the Proposer

5. 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

6. 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 Witness:

Signature of the Witness

Signature of
the Declarant

7. Statutory Warning

Prohibition of Rebates (Under 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 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.
2. 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.

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. Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024; Fax: +91 11 30902010; Customer Helpline: 1860-500-8888; www.nivabupa.com. CIN: U66000DL2008PLC182918. Product Name: Group Corona Kavach Policy, Niva Bupa Health Insurance Co. Ltd. UIN: NBHHLGP22154V012122. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.

Acknowledgement

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.

Signature of the receiver and official seal