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Additional information to be completed by the student traveling overseas on student visa for full time college or school education

Student name: _____

Date of birth: _____

Name and address of school/ university: _____

Course opted for: _____

Course duration: _____

Sponsor name: _____

Sponsor relationship with student: _____

Address of sponsor: _____

Other Details

Details of existing policy from Niva Bupa Health Insurance- _____

Details of past travel insurance policy from Niva Bupa Health Insurance- _____

3- COVERAGE SELECTION:

Base coverage:	
Policy type:	Individual
Number of lives to be covered:	Adults _____ Children _____
Policy term:	_____ Days/ years (whichever is applicable) Trip start Date: _____ Trip End Date: _____
Inpatient Medical Treatment (Base Sum Insured)	
Maternity	
New born baby cover	
Optional coverage:	
Outpatient treatment	
Emergency ambulance	
Hospital daily cash	
Dental treatment	
Medical evacuation	
Extension to in-patient care	
Personal accident	
Accidental Death and Disability (Common Carrier)	
Repatriation of mortal remains	
Total Loss of checked-in baggage	
Delay of checked-in baggage	
Trip Delay	
Trip cancellation	
Trip interruption	
Loss of passport	
Loss of International Driving license	
Missed connection	
Financial emergency Cash	
Personal liability	
Hijack daily allowance	

Loss of Laptop, Tablet, Mobile Phone, Camera	
Bounced Booking- Hotel/ Common Carrier	
Compassionate Visit	
Escort of minor child	
Adventure sports	
Sports equipment hire	
Rented sports equipment damage or loss	
Sports activity coverage	
Loan protector	
Emergency trip extension	
Up-gradation to business class	
Study interruption	
Sponsor protection	
Cancer screening and mammography examinations	
Bail bond	
Waiver of deductible	
Optional co-payment	
Refund of visa	
Home to home cover	
Colleague replacement	
Complete pre-existing disease cover	

4- NOMINATION:

In the event of the death of the Proposer, claim shall be paid to the Nominee. For other insured persons, Proposer is the nominee. Payment to the nominee constitutes discharge of the Company's full liability.

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:

S.No.	In respect of any of the persons proposed to be insured:	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
1	Is any of the member proposed to be insured suffering from any of the following diseases						
1a	Heart disease like Heart attack, Heart failure, Ischemic heart disease or Coronary heart disease, Angina etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
1b	Tumor, Cancer of any organ, Leukemia, Lymphoma, Sarcoma	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
1c	Major organ failure (Kidney, Liver, Heart, Lungs etc)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
1d	Stroke, Encephalopathy, Brain abscess, or any neurological disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
1e	Pulmonary fibrosis, collapse of lungs or Interstitial lung disease (ILD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
1f	Hepatitis B or C, Chronic liver disease, Crohn's disease, Ulcerative colitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
1g	Any anaemia other than iron deficiency anaemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Other details/ declarations: _____

6. 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.

- if the Proposer has signed in vernacular: The content of this form have been explained by me, Name of the person certifying in Language, in presence of Name of witness to the Proposer who has understood and confirmed the same. Witness must be someone other than agent/ employee of the Company.

Date Place _____ Signature of the Proposer

Signature of the certifying person: Signature of the Witness

Mobile number of the certifying person: Mobile number of the Witness:

7- DECLARATION IF FORM IS NOT FILLED BY THE PROPOSER & ADVISOR DECLARATION:

Declaration if for any reason, the proposal and other connected papers are not filled by the Proposer. The contents of the proposal form have been fully explained to me and I have fully understood all aspects and implications. The Proposal Form is filled by _____ Name _____, _____ Mobile _____ under my instruction and I found all information to be correct & complete.

Signature of the Proposer _____

Advisor declaration: I 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 product / proposal to the Proposer

Signature of the Insurance Advisor _____ Intermediary code _____

8- PREMIUM DETAILS (FOR OFFICE USE ONLY):

Premium payment option Cheque Demand Draft Credit card Net Banking Cash Others

Premium amount Premium paid by

Relationship with proposer Online payment transaction ID:

Bank name/branch Date

Niva Bupa branch location Code No.

Business sourced by: Advisor/DST/Corporate Agency/other channels Code No.

Name

Proposal received on: Customer ID:

Is Proposer or the applicant a staff? Yes No

9- DETAILS FOR REFUND & PAYMENT OF CLAIMS

Option to receive payment: Bank Transfer

Name of the Beneficiary

Bank Name

IFSC Code Account number

Account Type

10- RENEWAL*:

Renewal payment sign-up:

Payment of renewal premium of your travel insurance Policy can be made every year through continuing your existing Automated Clearing House (ACH) / Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

I want to opt for the ACH/SI renewal option and thereby avail a discount of 2.5% on the premium till the time policy is renewed using the same.

Dated _____ Place _____ Signature of the Proposer _____

*Renewal is not applicable for single trip policies.

11- ADDITIONAL DETAILS FOR BANCASSURANCE CHANNEL ONLY (FOR OFFICE USE ONLY):

Branch Code _____ SP Code _____ RM/LG code _____

Customer account number _____

12- 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.

13- ACKNOWLEDGMENT 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 _____

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="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____-____-____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____-____-____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____-____-____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____-____-____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____-____-____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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