

Proposal Form- Group Multiplier Health Insurance Plan URN-RS/Health/Group/GMHIP/001

ROYAL SUNDARAM GENERAL INSURANCE CO. LTD

Registered office: No. 21, Patullos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv

Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

FOR OFFICE USE ONLY

Proposal Form number _____

Intermediary _____

Intermediary code _____

Group Multiplier Health Insurance Plan - PROPOSAL FORM

Guidelines for Completion of the Form (To be filled by Proposer/ Group Administrator)

Please answer all the questions fully and correctly. This proposal will be the basis of any insurance policy that We may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. The policy shall become void at our sole discretion, in the event of any untrue or incorrect statement, misrepresentation, nondescription or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the help of our company representative or your insurance advisor. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized or non-fulfillment of pre-policy medical check-up of insured persons, if needed.

Please fill up this form in CAPITAL LETTERS by the Proposer / Group Administrator.

Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the question is not applicable

CUSTOMER INFORMATION

Name of the Proposer / Group Policy Holder:

.....

Type of Entity: Bank/Financial Institution/ NBFC/Others

Relationship between Group Policy holder and Persons to be Insured (Basis of group formation):

.....

Communication Address of the Proposer / Group Policy Holder with Pincode:

.....

.....

.....

Contact Number: **Email ID:**

GST No.:

PAN No.:

➤ **Electronic Insurance Account number**

If yes, please mention account number _____

Would you like to open an Electronic Insurance Account with any Insurance Repository?

____YES ____NO

If yes, please furnish the below details. *

Insurance Repository Name -.....

*Account will be opened with your Name / DOB / Address as mentioned in this proposal form. If you already have an Electronic Insurance Account, please share the below details

Account Number-

Account Name-

Insurance Repository Name-

➤ **Do you have Ayushman Bharat Health Account (ABHA)?**

____YES ____NO

If yes, please share ABHA number _____

INTERMEDIARY DETAILS

Agent/ Intermediary Name:

Agent/ Intermediary Code:

Agent/Intermediaries Contact No.:

COVERAGE DETAILS

Insurance required (Policy Period):

From : ____am/pm on

To: midnight on

Policy Tenure:

..... Years

Policy Type:

☐ Individual

☒ Family Floater

Sum insured Opted:

5 ☐ Lakh 7.5 ☐ Lakh 10 ☐ Lakh

15 Lakh ☐ 20 Lakh ☐ 25 Lakh ☐

Please select your choice of TPA (Third Party Administrator) to service your cashless claims.

--TPA1

--TPA2

--TPA3

Note : The above is in compliance with F.No. IRDAI / Reg/15/166/2019. Insurance Regulatory and Development Authority of India (Third Party Administrators Health Services) (Amendment) Regulations, 2019.

Number of members proposed to be covered:

Type of Coverage: Obligatory / Voluntary

Credit Linked / Non-credit linked

Optional Cover (Please Select)

1. ____ **ABCD Benefit** (to be opted only if any of the Insured Person has ABCD illness as Pre-Existing Disease)
2. ____ **Health & Wellness Plus** (will be available for the 2 proposed persons only who should be above the age of 18.)
3. ____ **Hospital Plus**
4. ____ **Voluntary Co-payment**
____ 5% ____ 10% ____ 15% ____ 20%

INSURANCE HISTORY

Is this Fresh Proposal : Yes/No

Name of previous insurer :

Expiry date of previous Group Policy :

Claims experience with expiring insurer

Year	Premium Excl. TPA & GST	Incurred claims(Paid + O/s	No of lives at inception	No of lives at expiry	Premium Excl. TPA & GST
Current Year (N)					
Previous Year (N-1)					
Previous Year (N-2)					

PREMIUM DETAILS

Payment Details:

Premium Amount _____ (in Words _____)

Payment Option ---Cheque ---Demand Draft ---Credit/Debit Card ---Cash*

(* For Cash Payment of Rs.50,000 and above, Pan Number is mandatory)

UIN: RSHLGP23157V012223

- a) For Cheque/DD (Payable in favour of 'Royal Sundaram General Insurance Co. Ltd)

Instrument No _____ Instrument Date _____ Instrument Amount _____

Bank Name _____

- b) For Credit/Debit Card

Card No _____ Expiry Date _____ Card Type: Visa/Master/Amex

Name on the Card _____

Opt for Auto Renewal ☐ Yes ☐ No (If yes, please fill the ECS Mandate Form)

Bank Account Details:

For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)

Account Number: _____

IFSC/MICR Code: _____

Name of the Bank: _____

Account Holder Name: _____

Declaration

1. 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 knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2. 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. 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/proposed after the proposal has been submitted but before communication of the risk acceptance by the Company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposed or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposed and seeking information from any insurance company to which an application for insurance on the life to be assured/proposed has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory authority.

Date: DD/MM/YYYY

Signature of the Proposer/Authorized Signatory

Place:

Name of Proposer

Note : In case if the above proposal is not sufficient, please attach separate sheets with all details thereof duly signed which forms part of this.

Vernacular Declaration:

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Royal Sundaram General Insurance Co. Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to fully understood and confirmed by the proposer.

Declarants Name _____

Relationship with proposer _____

Signature of declarant _____ Signature of applicant in vernacular _____

Intermediary Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized 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 responses(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, the Company shall have the right to vary the benefits which may be payable and furthermore, 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 premium paid under the Policy may be forfeited to the Company. License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date DD MM YYYY

Signature of Authorized Signatory

STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT, 1938

I. PROHIBITION OF REBATES

Payment of rebates is expressly prohibited 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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the 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 Ten Lakh Rupees.

Acknowledgment

Proposal form No.

Date DD MM YYYY

We acknowledge with thanks the receipt of your proposal and amount by Cash/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 for any policy sought 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 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, if any, received from you without interest.

Signature of the receiver and office seal

Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097
Registered Office: No. 21, Patullos Road, Chennai - 600002 www.royalsundaram.in

Insurance is a subject matter of solicitation