

**PROPOSAL FORM -
INDIAN BANK HEALTHCARE PLUS POLICY**



Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai, Maharashtra, India. 400093
Toll Free No : 1800 200 4030 / 1800 22 4030, Email : contactus@universalsampo.com

Guidelines For Completion Of The Form (to Be Filled By Proposer): -

1.This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2.The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully and in **BLOCK** letter. Any incomplete, incorrect, or partially correct answers may lead to rejection of the proposal.

For Office Use Only

Intermediary Name:		Intermediary Contact No.:		Intermediary Reference Code:	
Intermediary Email:		Intermediary Sales Person's Name:			
Intermediary Sales Person's Contact:		Intermediary Sales Person's Code:		Source Code:	
POS UID Aadhar No./PAN:		Policy Issuing Office Code			
Policy Issuing Office Address:					

Branch Code:	<input type="text"/>	Branch Name:	<input type="text"/>		
Region Code:	<input type="text"/>	A/C Type:	<input type="text"/>	A/C No:	<input type="text"/>
Current Membership No:	<input type="text"/>	Old Membership No:	<input type="text"/>		
		(To be mentioned if renewal through different Branch)			
Name of USGI BA:	<input type="text"/>	Name of USGI BA:	<input type="text"/>		
Name of Marketing Manager of Indian Bank:	<input type="text"/>				

PROPOSAL DETAILS

Name of the Proposer:	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>	Last Name	<input type="text"/>				
Permanent Address:	<input type="text"/>										
City / Taluka:	<input type="text"/>	District:	<input type="text"/>	State:	<input type="text"/>	Pin Code:	<input type="text"/>				
Communication Address:	<input type="text"/>										
City / Taluka:	<input type="text"/>	District:	<input type="text"/>	State:	<input type="text"/>	Pin Code:	<input type="text"/>				
Phone No:	<input type="text"/>	Mobile No:	<input type="text"/>								
Date of Birth:	<input type="text"/>	DD/MM/YYYY	Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Third Gender	<input type="checkbox"/>			
E-Mail ID:	<input type="text"/>										
Pan Card No:	<input type="text"/>										
Occupation:	<input type="text"/>	Yearly Income (in Rs.):	<input type="text"/>								
ID Proof Type:	<input type="checkbox"/>	Pan	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driving License	<input type="checkbox"/>	Voter's Card	<input type="checkbox"/>	Others Details	<input type="text"/>
My CKYC No (Central Know Your Customer Registry Number) is (If available):	<input type="text"/>										
E- Account Opening : Do you have eIA account? If Yes, Account details	<input type="text"/>										
I would like to apply for eIA with :	Karvy	<input type="checkbox"/>	CAMS	<input type="checkbox"/>	NSDL	<input type="checkbox"/>	CSDL	<input type="checkbox"/>			

INSURANCE DETAILS

Sum Insured (Rs.):	<input type="text"/>	No of dependents to be covered:	<input type="text"/>										
Policy Period :	Policy Start Date	<input type="text"/>	DD/MM/YYYY	Policy End Date:	<input type="text"/>	DD/MM/YYYY							
Do You wish to avail Personal Accident rider:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Plan	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	New Policy	<input type="checkbox"/>	Renewal
Tpa Id No.:	<input type="text"/>	If renewal, the Previous Policy No.:	<input type="text"/>										
Are you/dependents presently covered under any Health Insurance Policy?	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No	Tpa Name:	<input type="text"/>						
If yes, Please provide name of the Insurance Company and Policy Number:	<input type="text"/>												

Sr No	Insured Name	Gender (M/F/TG*)	DOB	Relation	Height/Weight	Nominee Name	Relation with Nominee

ABHA ID (Ayushman Bharat Health Account)

*Third Gender

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

MEDICAL HISTORY

S.No.	Details	Proposer	Spouse	Child 1	Child 2	Father	Mother
1	Are you suffering from any disease or physical infirmity						
2	Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form?						
3	During the last 4 yrs and before, have any of the proposed insured, consulted any physician for any treatment or medical investigation or surgical procedure, accident or been hospitalised for any disorder?						

Are there any addition facts or matters, medical or otherwise, affecting or relevant to the proposed insurance? Yes No

Attach separate sheet if required

Name of Family Doctor or

Address of the Doctor

Contact Number

Please give details of nomination:

The nominee must be an immediate relative of the proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender(M/F/TG)	Address of the Nominee

*If the Nominee is Minor, Name and relationship with minor.

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Address of the Appointee

TYPE OF ORGANIZATION

Corporations Governments Non Governmental Organizations Society
Trust Partnership International Organization Cooperative Section 25 Company

DEBIT AUTHORIZATION FOR CURRENT & FUTURE RENEWAL PREMIUMS

I hereby authorize Bank to debit my account number with the bank of Rs. towards first premium for availing the said Universal Sampo Health Insurance Cover
 I hereby request and authorize the Bank to debit my account number on the yearly due dates with the applicable renewal premium.

PREMIUM PAYMENT AND BANK DETAILS:

Payment Option : Cheque Demand Draft Fund Transfer Pay Order Debit Card Credit Card Cash

Premium Amount Rs.

Amount (In Words):

For Cheque/DD/PO (Payable in favour of Universal Sampo General Insurance Company Ltd)

Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Fund Transfer/Wallet : Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :

Sources of funds: Salary/Business/Other please specify:

Please make a crossed Cheque /DD/Pay order in favor of "Universal Sampo General Insurance Company Limited"

*PAN Card copy in Mandatory for premium of premium of 50,000 and above mentioned in Cash/DD or 1,00,000 and above by Cheque/Credit/Debit Card payment to be collected only from Proposer's card/Bank Account.

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE

Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

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/proposer 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/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement including seeking and/or sharing of my medical data through ABHA.

5. I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.

I hereby consent to and authorize Universal Sampo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPRI/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Go Green

We would like to protect our environment and would like to save paper by sending all Policy and service related communication to the email id as mentioned in this form.

By choosing this option, you wish to avail Physical Policy Copy.

Date : _____
Place : _____

Signature of the Proposer: _____
Name of Proposer : _____

AML guidelines

1. I / we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I / we are not Politically Exposed Persons ** nor are their close relatives /family members/associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

**"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Disability Declaration

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative:
Signature of Representative:

CKYC Declarations

I hereby give consent to Universal Sampo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

AGENT'S DECLARATION

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, the Company shall have the right to vary the benefits which may be payable 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.

License No(Advisor/Corporate Agent/ Broker/Relationship Officer):

Date: Place : Signature of Agent _____

Note: In the first year with USGICL fresh application to be given for both fresh proposals and renewals. We suggest that you should renew well before the Due date for continuity of coverage.

Name of the Proposer: Date: Place:

Details of Premium Paid: Amount Paid: Date Paid: Transaction No.:

Seal and Signature of the Signatory of Indian Bank

Signature of the Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 prospectus or tables of the insurers.

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

Universal Sampo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708
Toll Free No : 1800 200 4030 / 1800 22 4030

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.
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