

PROPOSAL FORM - CRITICAL ILLNESS INSURANCE

Registered and Corporate Office : 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063. 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:					

1. Name:

2. Address:

City: Pin Code:

State : Date of Birth :

3. Phone Number: Gender : M ☐ F ☐ Third Gender ☐

4. Occupation :

5. Email Address: PAN No. :

6. Identification Proof Number: Please tick
 Driving License Number ☐ Aadhar Card Number ☐ Pan Card Number ☐ Passport Number ☐ Voter ID card Number ☐
 Any other (please specify): _____

7. CKYC No.: _____

8. E- Account Opening : Do you have eIA account? If Yes, Account details _____
 I would like to apply for eIA with : Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

9. Details of Persons proposed for insurance

Name	Gender (M / F / TG*)	Date of Birth	Relationship with the Proposer	Name of Nominee #	Relationship with the Nominee	Pre-existing Diseases (if any)

ABHA ID (Ayushman Bharat Health Account)

* Third Gender

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

In case of the nominee is a minor, Please provide the name of the guardian too.

10. Please provide details of Hereditary Diseases (if any) /Family Medical History : _____

11. Please fill in the below questionnaire to help us understand your health status in better way

Sr. No.	Questions	Proposer	Adult 1	Adult 2	Adult 3	Child 1	Child 2
1.	Do you have any infirmity/sickness or any medical complaint	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2.	Have suffered from any one of the following						
a.	Any nervous, mental or psychiatric disease or sickness	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
b.	Slipped disc or other spinal disorder or paralysis (including but not limited to fainting episode blackout, fit) of any kind	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
c.	High blood pressure, heart disease, including ischemic heart disease, other circulatory disorders	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
d.	Fistula, piles, hernia, varicose, veins	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
e.	Any disease of the bones on joint including rheumatic disease	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
f.	Disease of uterus, ovaries or breast or any specific gynecological disorders	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

g.	Any respiratory or allergic disease	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
h.	Any disorder of the stomach, ulcer, bowel or gallbladder, kidney stones	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
i.	Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
j.	Any complaint or tendency that may necessitate such consultation or treatment in the future	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
k.	Any dimness of vision /cataract	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
l.	Any disease of ears or difficulty or interference with hearing	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
m.	Diabetes or any urinary disease	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
n.	Rheumatic fever	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
o.	Any cancer or malignant growth	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
p.	Any boil, cyst or wound which does not heal or improve despite treatment	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

If you answered YES to any of the above questions under point no. 8, please provide details below:

12. Claims experience for a minimum period of three years for each person proposed for insurance.

Insured Name	Month/ year	Insurer	Premium Paid	Incurred Claims (reserved+ outstanding)

13. Has any Company

- a.Declined to issue a policy to you or your proposed family member? Y ☐ N ☐
- b.Declined to continue your Insurance or proposed family member ? Y ☐ N ☐
- c.Not invited the renewal of your or your proposed family member's Policy? Y ☐ N ☐
- d.Imposed any restriction or special conditions? Y ☐ N ☐

If so, please give name and address of each Company in respect of a, b, c, d above

14. Is this Insurance to be additional to any other Critical Illness or Medical health insurance? Y ☐ N ☐

If so give particulars of all other policies

- a. Name and address of Company:_____
- b. Number of persons covered under the Policy:_____
- c. Benefits under the Policy:_____
- d. Sum Insured:_____
- e. Policy Number:_____

Eligibility under the Policy

For Proposer

- You must be a resident of India
- Entry age for you (the proposer) is 18 years and you can opt for this policy up to the age of 65 years.

Other eligibility conditions for all persons proposed for insurance under the Policy

- Minimum Entry age: 5 years as on last birthday
- Maximum Entry age Policy : 65 years as on last birthday

Medical Examination

We may ask you or any person proposed for insurance under the Policy to undergo below mentioned medical tests for purpose of consideration of your proposal under following circumstances

- You/ Your family member are/is above 55 years of age as on the last birthday
- On basis of your declaration in the Proposal Form of your/ your family member's medical conditions

Sr.No.	List of Medical tests that you may require to undergo	Sum Insured Limits
1	Complete Blood Count, Urine, Routine Blood Group, ESR, Fasting Blood Glucose, S Cholesterol, SGPT, Creatinine	Rs. 2,50,000
2	Complete Blood Count, Urine, Routine Blood Group, ESR, Fasting Blood Glucose, S Cholesterol, SGPT, Creatinine, ECG	Rs.5,00,000, Rs.7,50,000 & Rs.10,00,000
3	Complete Blood Count, Urine, Routine Blood Group, ESR, Fasting Blood Glucose, S Cholesterol, SGPT, Creatinine, ECG, Lipid Test, Complete Physical test by a Physician	Rs.12,50,000 & Rs.15,00,000
4	Complete Blood Count, Urine, Routine Blood Group, ESR, Fasting Blood Glucose, S Cholesterol, SGPT, Creatinine, ECG, Lipid Test, Stress Test or 2D Echo, Kidney Function Test. Complete Physical test by a Physician.	Rs.17,50,000 & Rs.20,00,000

It is agreed and understood that details in the table above, including the list of medical tests is indicative and we reserve the right to add, to modify or amend these details. If your proposal is accepted by Us, then 50% of the costs incurred in conducting the above mentioned medical tests shall be borne by Us.

DETAILS OF THE RISK

15. Policy Period: (DDMMYYYY)

Policy Start Date : Policy End Date:

16. Please indicate Sum Insured under the Policy for following sections

Critical Illnesses and Surgical Procedure Sum Insured (in Rs.)

☐ 2,50,000 ☐ 5,00,000 ☐ 7,50,000 ☐ 10,00,000 ☐ 12,50,000 ☐ 15,00,000 ☐ 17,00,000 ☐ 20,00,000

Change of Risk

If there is a material change in occupation of any Insured Person leading to the change in risk category, the same should be intimated to the Company. An occupational loading as under may be done if you/ any other person proposed for insurance under the policy fall into following risks categories.

Occupational Loading	Loading (%)
Medium Risks: Builders, Contractors, Engineers engaged in superintending functions only, Veterinary Doctors, Paid Drivers and Persons engaged in occupations of similar hazard and not engaged in manual labour. All persons engaged in manual labour (except those falling under heavy risk), cash carrying employees, Garage and Motor Mechanics, Machine Operators, Drivers of Heavy Vehicles, Professional Athletes and Sportsmen and Wood working Machinist and persons engaged in any occupations of similar hazard.	15%
Heavy Risks Persons working in underground Mines, Explosive, Magazines, Workers involved in electrical installation with High-tension supply, jockeys, Circus personal, persons engaged in activities like racing on wheels or Horse back, big game hunting, Mountaineering, Winter Sports, Skiing Ice Skating, Ballooning, Hang gliding, River Rafting, Polo playing and persons engaged in occupations/activities of similar hazards.	20%

17. Nominee Information

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)	Mobile No / Email Id	Address of the Nominee	Bank A/C Details of 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

18. Premium Details

Basic Premium : (Rs)

Occupational Loading (if applicable) : (Rs)

Total Premium : (Rs)

Less: Discount if any : (Rs)

Net Premium : (Rs)

Add: Service Tax* and Education CESS (as applicable) : (Rs)

Total payable premium : (Rs)

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 :

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

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE

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

Debit Authorization for Current & Future Renewal Premiums

I hereby authorize bank to debit my account number _____ with the bank for 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.**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 NCPR/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.

USE IF FILLED BY SCRIBE

DECLARATION

(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE* OR FOR FORMS SIGNED IN VERNACULAR LANGUAGES)

I, _____ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract for _____ Policy between the Company and the Propose Policyholder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Propose Policyholder has signed / affixed his/her right thumb impression in my presence.

I, the Propose Policyholder declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

ADDRESS OF SCRIBE

City/Village : _____

State : _____

Place : _____

Pin : _____

Date : _____

Signature of the Scribe

*Scribe is a person not connected with the Company

Signature / Right Thumb Impression
of the Policyholder Proposer

Signature of Agent
/ Broker as witness

USE IF FILLED BY OTHER THAN SCRIBE

IN CASE THE PROPOSED INSURED/PROPOSER IS ILLITERATE OR IS SIGNING IN VERNACULAR OR IF FORM HAS BEEN FILLED BY AGENT/EMPLOYEE / SPECIFIED PERSON/ BROKER ON BEHALF OF THE PROPOSER/PROPOSED INSURED

I, (_____), (_____) hereby declare that I have read & explained the contents of the
Name of the Agent/Specified Person/Broker/Employee Agent/Specified Person/Broker/Employee Code
proposal form to the Proposed Insured/ Proposer in language and that I have read out to the Proposed Insured/ Proposer, the answers to the questions dictated by the Proposed Insured/Proposer. The information/answers filled in the proposal form by me on behalf of the Proposed Insured/ Proposer are exact replication of the information/answers provided to me by the Proposed Insured/Proposer and that the Proposed Insured/ Proposer has signed/affixed his/her thumb impression on the proposal form after fully understanding the contents thereof. I further declare that there is no addition/ deletion/alteration done by me to the information/answers provided by the Proposed Insured/ Proposer.

Signature of Agent/Specified Person/Broker/Employee

Signature/ Thumb Impression of Proposed Insured/ Proposer

Witness Details:

Name: _____

Signature: _____

ID Proof Type: _____

ID Proof Number: _____

PROHIBITION OF REBATE -- 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 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 rebates 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 punishable with fine which may extend to Ten Lakhs Rupees.

Proposer's Signature

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 Subject Matter of Solicitation. For more details on Coverages, Exclusion, Policy Terms and condition please read Policy Document carefully before concluding a sale, "IRDAI or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium"; "IRDAI does not announce any bonus"; " Those receiving such phone calls are requested to lodge a police complaint along with the details of phone call and number."

CIN: U66010MH2007PLC166770, URN: USGIHP113

Critical Illness Insurance

UNIHLIP14004V011314

Reg No: 134