

**Group Health Insurance
“Enrollment Form”**

Instructions for Filling up the Form: -1) Please answer all questions in BLOCK letters. 2) The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid. 3) This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.

Invoice Number:	Transaction Id:
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INTERMEDIARY DETAILS			
Intermediary Name		Intermediary Salesperson	
Contact & Email		Contact & Code	
Source code/POS Aadhaar/Pan No		Policy Issuance Office Address & Code	

POLICY ISSUANCE DETAILS			
<<Master Policy Holder:>>			
<<Master Policy Number>>	<<thjkk>>	Policy Type	(New/ Renewal/ Roll- over)
Certificate>> Number	<<>>	Policy/ Invoice Issued Date	
<<Customer ID>>	<<>>	Bank Branch Name	<<hjkl>>
Bank Account Number		Loan A/C Number	
Membership Number		GST Number	
Address			
	City		Pin Code

	State		Country	
<<Occupation/ Business>>				
Contact details – Email	xyz@gmail.com		Phone	9999999999
CKYC Number			EIA A/C No.	<<if Available>> Not Available in case of no data
CKYC Identifier			<<ID Number>>	

POLICY DETAILS					
<<Plan Name>>		Policy Type	<<Named/ Unnamed>>	Cover Type	<<Individual/Family Floater>>
Policy Period	From 00:00 Hours of ____/____/____ To 23:59 Hours of ____/____/____			Policy Tenure	<<1 Years>>

<<INSURED DETAILS>>								
Insured Name	Date of Birth	Relationship with Insured	<<Covered Since>>	PED / Medical Case	Insured Address	Email ID	Contact Number	Sum Insured
	DD/MM/YYYY	<<>>						
	DD/MM/YYYY							
	DD/MM/YYYY							
	DD/MM/YYYY							

EMI DETAILS					
EMI Amount		Loan Amount		EMI Tenure	

NOMINEE DETAILS FOR THE INSURED								
Name of the Nominee	Date of Birth (DD/MM/YYYY)	Age	Gender (M/F/TG)	Relationship with the Proposer	Address of the Nominee	Bank Account Details of Nominee	Address of the Nominee (Present/Permanent)	% of Claim amount payable to each nominee in the event of policyholder's death

(NOTE- The Nominee for all other persons proposed to be insured shall be the Proposer himself/herself) * TG- Transgender

APPOINTEE DETAILS FOR THE NOMINEE (in case Nominee is a minor)						
Name of the Appointee	Date of Birth (DD/MM/YYYY)	Age	Gender (M/F/TG*)	Relationship with the Proposer	Address of the Appointee	

AABHA ID	Insured 1	Insured 2	Insured 3	Insured 4

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.

POLICY DETAILS	
Certificate Period - From: _____ To: _____	
COVERAGE DETAILS	
Hospitalization	<< >>
Top-Up Cover	<< >>
Super Top-Up Cover	<< >>
ADD ONS	
Pre-Existing Disease Waiting Period Waiver	<< >>
Specific Waiting Period Waiver	<< >>
Initial Waiting Period for Hospitalization Waiver	<< >>

Obesity/ Weight Control Expenses Extension	<< >>
Change-of-Gender Treatments Expenses Extension	<< >>
Cosmetic or Plastic Surgery Expenses Extension	<< >>
Hazardous or Adventure Sports Expenses Extension	<< >>
Sterility and Infertility Treatment Expenses Extension	<< >>
Maternity Expenses Extension with Baby-Day-One Cover	<< >>
OPD Expenses Extension	<< >>
Maternity OPD Expenses Extension	<< >>
Global Coverage	<< >>
Non-medical Expenses Cover	<< >>
Restoration Condition Waiver	<< >>
Treatments related to maternity complications and life-threatening conditions	
Loss of Job due to illness and injury and/or Retrenchment	
Critical Illness	<< >>
Additional Ambulance Charges	<< >>
Corporate Buffer	<< >>
Organ Donor Expenses	<< >>
Daily Cash Cover	<< >>
Restoration of Sum Insured	<< >>
Wellness Benefits	<< >>
Emergency Assistance Services	<< >>
Accident Benefit Cover	<< >>
Dental Treatment Cover	<< >>
Medically Advised Support Devices	<< >>
Benefit Cover for Pandemic/Epidemic Diseases (including COVID-19)	<< >>
External Congenital Ailment Cover	<< >>
Cost of Health Check up	<< >>
Hospital Cash to Parents	<< >>
Funeral Expenses	<< >>
No Claim Bonus	<< >>
Second Opinion	<< >>
Home Care Treatment	<< >>
Loss of Income	<< >>
EMI Protection	<< >>
Errors and Omission	<< >>

Global coverage including Travelling Cost, Boarding and Lodging for treatment outside India	<< >>
Annual Cancer screening for Cancer diagnosed patients	<< >>
Preferred Hospital Coverage	<< >>
Addition of Critical Illness	<< >>
E Consultation Services	<< >>
Bereavement Cover	<< >>
Snake Bite Cover	<< >>
Caretaker Charges	<< >>
Only Accidental Hospitalization Cover	<< >>
Only Illness Hospitalization Cover	<< >>
Limited Hospitalization Cover	<< >>
Restricted Contingency Cover	<< >>
Capped Compensation Cover	<< >>
Co-payment	<< >>
Voluntary Excess	<< >>
Reimbursement Only Cover	<< >>

11. PREMIUM DETAILS

Annual Premium: Rs. _____ **(incl GST)**

Premium Amount		Amount in Words			
Name of the Premium Payer			Relationship with Proposer/Insured		
Instrument Type	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Others			Account Type	
Branch Name:		Branch Code:		Payment Amount	
Bank Account No.			Source of Funds	Salary / Business / Other _____	

Please make a A/C Payee Cheque/DD/Pay Order in favor of 'Universal Sompo General Insurance Company Limited' only.

12. **AUTHORIZATION FOR ELECTRONIC POLICY FULFILLMENT AND SERVICE COMMUNICATIONS** (Please read carefully and put a check mark against each before signing)

- ☐ Go Green: We would like to protect our environment and would like to save paper 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"
- ☐ 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 Sompo 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 authorized 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.

☐ Auto Debit Authorization for Current and Future Payments

• I hereby Authorize Bank to debit my account number _____ with the bank of Rs. _____ towards premium for availing the said Universal Sampo Health Insurance Cover.

☐ **AGENT DECLARATION:** I, _____ 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 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 further confirm that I have explained the product features, terms and conditions to the prospect and the product opted is suitable to the needs of the customer.

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 favor 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

☐ **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 the 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

☐ **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 Universal Sampo General Insurance Company Limited to the Proposer in the language understood by him/her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof. 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.

<p>communication of the risk acceptance by the company</p> <p>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</p> <p>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 Governmental and/or Regulatory authority.”</p> <p><input type="checkbox"/> I hereby consent to and authorize Universal Sompo General Insurance Company Limited (“Company”) and its representative to collect, use, share and disclose information provided by me, as per the privacy policy of the Company. Company or its representative are also hereby authorized 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.</p>	
<p><input type="checkbox"/> AML Guidelines</p> <ol style="list-style-type: none"> 1. I/We hereby confirm that all premiums paid/payable in the 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 the 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. 	
<p><input type="checkbox"/> Disability Declaration</p> <p>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</p> <p>Name of Representative:</p>	

Signature of Representative:	
<input type="checkbox"/> CKYC Declaration I hereby give consent to Universal Sompo General Insurance Company Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other mode for 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.	
Date: _____ Place: _____	
Name of Proposer: _____	Signature of the _____
Proposer	
SECTION 41 OF INSURANCE ACT 1938 (PROHIBITION OF REBATES) 3. 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 or 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 prospectus or tables of the Insurer. 4. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.	

Universal Sompo 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, for Senior Citizen: 1800-267-4030

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