

PROPOSAL FORM - SENIOR CITIZEN HEALTH INSURANCE POLICY



**Universal Sampo
General Insurance**
Suraksha, Hamesha Aapke Saath



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

Nationality : Marital Status : ☐ Single ☐ Married ☐ Others

4. Email Address: PAN No.:

5. Identification Proof Number:

PAN Number/FORM 60(Mandatory) AADHAR Number (Mandatory)

6. CKYC No.:

7. Do you wish to cover your spouse in the Policy? Yes ☐ No ☐ If yes, please provide details in the format as per below.

Sr. No.	Name of the Members	Gender M / F / TG*	Age	DOB

ABHA ID (Ayushman Bharat Health Account)

* Third Gender

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

Nominee Details:

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

8 Please fill-in the following details for your and your spouse (Please leave the same blank if you are unaware of the same, We shall arrange for your medical tests for facilitating consideration of your application for insurance)

	Primary Applicant	Spouse
Weight (in Kgs)		
Height (in Cms)		
Blood Pressure		
Systolic		
Diastolic		
Cholesterol Level		
LDL cholesterol levels		
Triglyceride levels		
HDL cholesterol		
Blood Sugar Level		

Medical History		
Hereditary Diseases (if any)/ Family Medical History		
Pre-existing diseases /illness/condition suffered		

9. Have you or your spouse proposed for insurance in the Policy

Sr. No.	Questions	Proposer	Spouse
1.	Have any infirmity/sickness or any medical complaint	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
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
c.	High blood pressure, heart disease, including ischemic heart disease, other circulatory disorders	Y/N	Y/N
d.	Fistula, piles, hernia, varicose, veins	Y/N	Y/N
e.	Any disease of the bones on joint including rheumatic disease	Y/N	Y/N
f.	Disease of uterus, ovaries or breast or any specific gynecological disorders	Y/N	Y/N
g.	Any respiratory or allergic disease	Y/N	Y/N
h.	Any disorder of the stomach, ulcer, bowel or gallbladder, kidney stones	Y/N	Y/N
i.	Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations	Y/N	Y/N
j.	Any complaint or tendency that may necessitate such consultation or treatment in the future	Y/N	Y/N
k.	Any dimness of vision /cataract	Y/N	Y/N
l.	Any disease of ears or difficulty or interference with hearing	Y/N	Y/N
m.	Diabetes or any urinary disease	Y/N	Y/N
n.	Rheumatic fever	Y/N	Y/N
o.	Any cancer or malignant growth	Y/N	Y/N
p.	Any boil, cyst or wound which does not heal or improve despite treatment	Y/N	Y/N

If you answered YES to any of the above questions under point no. 9, please provide details below: _____

10.Claims experience for a minimum period of three years for you and your spouse (if applicable)

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

11. Has any Company

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

If so, please give name and address of each Company in respect of a, b, c, d above and if possible provide copy of the policy copy to your and/or your spouse

Name of the Company : _____

Name of the Product : _____

Policy Number : _____

Policy Period : _____

Coverage Available : _____

12. Is this Insurance to be additional to any other Accidental Policy or Medical health insurance held by you and/or your spouse? 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: _____

DETAILS OF THE RISK

1. Policy Period: (DDMMYYYY)

Policy Start Date : Policy End Date:

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

- a. **Hopitalisation (Mandatory)** 1,00,000 ☐ 2,00,000 ☐ 3,00,000 ☐ 4,00,000 ☐ 5,00,000 ☐
- b. **Critical Illness (Optional)** 1,00,000 ☐ 2,00,000 ☐ 3,00,000 ☐ 4,00,000 ☐ 5,00,000 ☐

3. Please indicate if you want to opt for the below extension under the Policy (applicable only for Section A-Hospitalisation)

Extension: Floater Benefit Y ☐ N ☐

No Claim Bonus can be opted through: Enhancement in Sum Insured ☐ Discount in Premium ☐

Eligibility under the Policy

For Proposer

- > You must be a resident of India
- > Minimum entry age for you (the proposer) and your spouse, if proposed for insurance under the policy is 60 years and you can opt for this policy up to the age of 70 years.

Medical Examination

We may ask you or your spouse proposed for insurance under the Policy to undergo below mentioned medical tests for purpose of consideration of your proposal on basis of your medical condition/ health status declaration in the proposal form :

S. No.	List of Medical tests that a person proposed for insurance may be required to undergo	Sum Insured limits
1.	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine	Rs 1,00,000
2.	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG	Rs 2,00,000 and Rs 3,00,000
3.	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG, Lipid Profile, Stress test or 2D Echo , Kidney Function Test Complete Physical test by a physician	Rs 4,00,000 and Rs 5,00,000

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.

We may waive Medical Examination for your or your spouse under the Policy

- > If you have been continuously covered under a health insurance policy from Us or any other insurers for a period of three years and have had no claims under the policy

Premium Details & 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 Sompo 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 A/C Payee Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only

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 <input type="text"/> with the bank for Rs. <input type="text"/>
towards first premium for availing the said Universal Sompo Health Insurance Cover.
<input type="checkbox"/> I hereby request and authorize the bank to debit my account number <input type="text"/> on the yearly due dates with the applicable renewal premium.

Declaration ☐

- 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.
 - 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.
 - 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.
 - 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.
 - 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 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.

Vernacular Declaration:

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/ employee of the company).

Name of the Proposer:

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same:

Signature of the Proposer :

Signature of the Witness :

Date :

Name of the witness :

Place

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

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Do you have eIA Account No. YES ☐ NO ☐

eIA Account Number

If No, Please fill the Form attached with the PF.

Acknowledgement-Customer Copy:

Received from Mr/Mrs./Ms

Cheque/NEFT/DD/Cash/Others No. Dated Drawn on

Bank for sum Rs. towards payment of premium on behalf of Universal Sampo General Insurance Co.Ltd

Date:

Signature & Seal

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 to make any payment 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 any payment received from you without interest within next 30 days.

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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