



Please paste photograph of the proposed beneficiaries in same sequence as above :

Proposer	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4	Beneficiary 5	Beneficiary 6
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**Nominee Details**

In the event of the death of a beneficiary any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Nominee Name

Relationship (First Name) (Middle Name) (Last Name)

Address of the Nominee

City District  
 State Pin Code

If the Nominee is minor, Name and Address of Appointee and relationship with Minor:

Appointee Name (First Name) (Middle Name) (Last Name)

Relationship

Address of the Appointee

City District  
 State Pin Code

**Proposed Policy Tenure :** Tenure

When do you want your cover to begin

**Plan Details** Type Individual Family Floater Essential Prevlilage  
 Plan Basic 3 Lakh 4 Lakh 5 Lakh 6 Lakh 7 Lakh 8 Lakh 9 Lakh 10 Lakh

**Options under the Policy :** Do you wish to upgrade your plan with any of the following benefits?

If Yes, Please choose Sun Insured for Critical Illness:

Critical Illness : Yes  No   
 1 Lakh  2 Lakh  3 Lakh  4 Lakh  5 Lakh  6 Lakh  7 Lakh  8 Lakh  9 Lakh  10 Lakh

For Floater Plan SI :

Personal Accident Yes  No

If Yes, Please Choose Sum Insured for Personal Accident:

1 Lakh  2 Lakh  3 Lakh  4 Lakh  5 Lakh  6 Lakh  7 Lakh  8 Lakh  9 Lakh  10 Lakh

For Floater Plan SI :

Hospital Daily Cash Yes  No

The benefits under the Hospital Daily Cash Shall be as per your choosen plan

Do you wish to get discounted premium with any of the following options?  
 Submits Applicability Yes  No

If yes, please indicate your Selection. A  B  C

**Treatment only in tiered network** Yes  No

**Please note** ● Each plan and options chosen will apply to all beneficiaries

- The Sum Insured under the chosen plan and options need not be identical.
- Your plan selection can only be amended at policy renewal. Should you wish to increase your level of cover at renewal, full medical underwriting and waiting periods may apply and an additional premium amount will be payable.

**Existing / Previous Insurance Details**

Are you or the beneficiaries already insured under a plan with us or any other insurance company?  
 If yes, please indicate below the Policy/Application number(s) (Please mention application number

Since when are you continuously insured? Yes  No

Do you want us to consider these details for continuity? Yes  No

Policy No/ Application No.	Period of Insurance		Sum Insured	Claims lodged during preceding years
	From	To		

Please note that continuity of benefits shall NOT be considered if the above question of want of continuity is not replied affirmative, details are not provided and Portability form and relevant supporting documents are not submitted.  
 Has any application for life, health, hospital daily cash or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company for you or any of the beneficiaries ? Yes  No



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 the proposal is accepted by us, then 50% of the costs incurred in conducting the above mentioned medical tests shall be reimbursed by us.

We may waive such requirement of undergoing Medical Examination if you and/ or the beneficiaries have been continuously covered for 3 years under a health insurance policy from us or any one of the Indian Insurer and have had no claims under the policy.

**AML guidelines:**

1. I/we hereby confirm that all premium have/will be paid from bonafide sources and no premium have been/will paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money/launders in India.

Nationality :  Indian  Non-Indian  If Non-Indian, Please specify the Country \_\_\_\_\_

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

**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/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.
3. 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.
4. 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.
5. 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.
6. 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."

Date :   
Place : \_\_\_\_\_

Signature of the Proposer \_\_\_\_\_  
Name of the Proposer \_\_\_\_\_

**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 Sompo General Insurance Company 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.

Declarant's Name \_\_\_\_\_

Relationship with the proposer \_\_\_\_\_

Date :

Place \_\_\_\_\_

Signature of Declarant \_\_\_\_\_

Signature of Applicant in vernacular: \_\_\_\_\_

**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 \_\_\_\_\_

**Checklist**

- Please check the following documents are attached along with the proposal form
- ID Proof : Passport/ PAN Card/ Voter ID/ Driving License/ Letter from a recognized public authority
- Proof of residence: Telephone Bill/ Bank Account Statement/ Letter from any recognized public authority/Electricity Bill/ Ration Card
- Age Proof: Proof of Age
- Renewal Notice with claim details
- Certification of previous insurer for previous claim details
- Photocopies of all previous policies and endorsements

**For Official Use Only**

Universal Sompo Health Office Code \_\_\_\_\_ Advisors Code & Name: \_\_\_\_\_  
Branch Receipt Date:  Channel Type : \_\_\_\_\_ Business type: Urban  Rural  Social

**Section 41 of Insurance Act 1938 (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 punishable with fine which may extend to Ten lakh rupees.

**Universal Sompo General Insurance Co. Ltd.**

Express IT Park, Plot No. EL-94, TTC, Industrial Area, M.I.D.C., Mahape, Navi Mumbai - 400 710  
Toll Free No. 1800-200-5142/Fax No. : 1800-200-9134, Landline Number : (022) - 39635200

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read sales brochure 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.

**Complete Healthcare Insurance**

**IRDAI/ML-HLT/USGI/P-H/V/221/13-14**

**IRDAI Reg No: 134**