



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd., Dabur Investment Corp. and Sampo Japan Nipponkoa Insurance Inc.)

Registered and Corporate Office : Unit No. 401, 4th Floor, Sangam Complex, 127, Anandhi Kurla Road, Anandhi (East), Mumbai - 400 059, Maharashtra. Fax# 022 - 29211844. Email : contactus@universalsampo.com

POS - CRITICAL ILLNESS INSURANCE - PROPOSAL FORM

POS Person Name : _____ Adhaar Card / PAN Card No. : _____

Instruction to the Applicant

This proposal should be answered after detailed enquiry of all persons to be covered

- You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach additional sheets.
- If You have any questions concerning this proposal, please contact your insurance advisor or the Company to discuss.

1. Name: _____

2. Address: _____

City: _____ Pin Code: _____

State : _____ Date of Birth : _____

3. Phone Number: _____

4. Email Address: _____

5. Identification Proof Number: Please tick

Driving License Number Adhaar Card Number Pan Card Number Passport Number Voter ID card Number

Any other (please specify): _____

6. Occupation : _____

7. Details of Persons proposed for insurance

Name	Gender	Date of Birth	Relationship with the Proposer	Name of Nominee #	Relationship with the Nominee	Pre-existing Diseases (if any)

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

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

9. 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 or 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. B, please provide details below:

10. 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)

11. 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

12. 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

DETAILS OF THE RISK

13. Policy Period: (DDMMYYYY)

Policy Start Date: Policy End Date:

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

Critical Illnesses and Surgical Procedure Sum Insured (in Rs.)2,50,000

15. Premium Details

Basic Premium : (Rs) Occupational Loading (if applicable) : (Rs) Total Premium : (Rs) Less: Discount if any : (Rs) Net Premium : (Rs) Add: Service Tax² and Education CESS (as applicable) : (Rs) Total payable premium : (Rs) **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%

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.
- 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."

Dated at _____ this _____ day _____ of _____ 20 _____

Please Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company.

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

**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 non-disclosure 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, _____ (Name of the Agent/Specified Person/Broker/Employee) Code _____ hereby declare that I have read & explained the contents of the

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: _____

Universal Sampo General Insurance Co. Ltd.

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*Insurance is the subject matter of contracts. For more details on risk factors, terms and conditions please visit our website www.unisampo.com or call our customer care helpline. *LIC is not involved in activities for sale of any kind of insurance or financial services. *LIC is not involved in insurance. *LIC is not involved in insurance. *For more details on phone calls, we request to lodge a valid complaint along with details of phone call and number.