



# 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.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kurla Road, Andheri (E), Mumbai - 400059, Maharashtra.

Toll Free Fax No. 1800 200 9134. Email : contactus@universalsampo.com

## SENIOR CITIZEN HEALTH INSURANCE POLICY - PROPOSAL FORM

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:  Pin Code:

City:  Date of Birth:

State :

3. Phone Number:  Gender : M  F

4. Email Address:

5. Identification Proof Number:  AADHAR Number (Mandatory)

PAN Number/FORM 60( Mandatory)

6. 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	Age	DOB

### NOMINEE DETAILS:

In the event of the death of an Insured Person 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	Address of the Nominee

\*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Nominee Name	Relationship	Address of the Nominee

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		
Triglycande levels		
HDL cholesterol		
Blood Sugar Level		
<b>Medical History</b>		
Hereditary Diseases (if any)/ Family Medical History		
Pre-existing diseases /illness/condition suffered		

Senior Citizen Health Insurance Policy

IRDA/NL-HLT/USGI/P-H/N/128/13.14

IRDAI Reg No : 134

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: \_\_\_\_\_

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. **Hospitalisation (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

Senior Citizen Health Insurance Policy

IRDA/NL-HLT/USGI/P-H/N/1/28/13.14

IRDAI Reg No : 134

**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 you 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

**PAYMENT DETAILS:**

Name of the Premium Payer:

\_\_\_\_\_

Relationship to proposer:

\_\_\_\_\_

Mode of Payment: Cash

Cheque

Debit Card

Credit Card

Other

Bank Details

Instrument No

Instrument date

Amount in INR

Sources of funds (Please tick where applicable) : Salary  Business  Other Please Specify : \_\_\_\_\_  
Please make a Crossed Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only.  
\*PAN Card copy is Mandatory for premium of ` 50,000 and above accepted in Cash/DD or ` 100,000 and above by Cheque/Credit/Debit Card Payment to be collected only from Proposers Card / Bank Account

**BANK DETAILS :**

\*As per the Regulatory requirement we can effect payment refund/claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS)/ Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account\*

Name of the Bank															
Name of the premium payer															
Branch															
Account Number															
Account Type	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Date					Amount							

If the premium cheque is not paid from above mentioned account then a cancelled cheque leaf of the above mentioned accounts is to attached \*mandatory if annualized premium is more than Rs. 25000

**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 laundering 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**

- "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 and 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.
- I/We have understood the purpose of Aadhaar authentication and hereby state that I/We have no objection in providing my Aadhaar 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) :

Signature of Agent

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  Dated  Drawn on

Cheque No.  Bank for sum Rs:  towards payment of premium on behalf of Universal Sompo 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 Sompo General Insurance Co. Ltd.**

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Senior Citizen Health Insurance Policy  
IRDAI Reg No : 134  
IRDAI/NL-HLT/USGI/P-H/N/128/13.14