

Material Disclosures

Any additional information relevant to the policy applied for

Note : Please use additional sheets if space is not sufficient to give details.

Declaration

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and other particulars given by me are true and complete in all respects to the best of my knowledge and that I am 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 payment of the premium chargeable.
- I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be assured / proposer and seeking information from any insurance company to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the Insured/ Proposer for the sole purpose of underwriting the Proposal and / or claims settlement and with any Governmental and / or Regulatory authority.

Date : / /

Signature of the Proposer : _____

Place :

(On behalf of all the persons to be insured under the Policy)

Premium Payment Information

Premium Amount (₹) :

Payment by : Cheque / Demand Draft No. / Card / Authorization ID (Strike out whichever is not applicable)

Cheque / Demand Draft No. / Authorization ID :

Date : / / (DD/M/YY)

Payment Amount (₹) :

Bank Name :

In case of payment through Cheque/Demand Draft, the instrument should be drawn in favour of **"Religare Health Insurance Company Limited."**

Key Exclusions:

- Any disease contracted during the first 90 days of Cover start date, except those arising out of accidents.
- Claim for Maternity Expenses will not be payable until 9 months since the inception of the policy with the company.
- Permanent Exclusions: Non-allopathic treatment / Expenses attributable to self-inflicted injury (resulting from suicide, attempted suicide) or alcohol or drug use, misuse or abuse / Cost of spectacles, contact lenses / Medical expenses incurred for treatment of AIDS.

For a detailed set of exclusions, please log on to www.religarehealthinsurance.com.

Statutory Warning

Prohibition of Rebates

(Under Section 41 of 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 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 published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Acknowledgement for Proposal

Please retain this counterfoil for your records.

(On behalf of Religare Health Insurance Company Limited)

Proposal No.: _____

We acknowledge the receipt of payment of ₹ _____ vide Cheque/DD No./Authorization ID _____ from Mr./Ms. _____ Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of the Policy. The Company is not liable for any claim between the time that the proposal amount is received and Policy Start Date. The validity of this receipt is subject to realization of the proposal amount. Acceptance of proposal and issuance of the Policy shall be subject to receipt of the completed Proposal Form, premium payment, medical reports (wherever applicable) and underwriting decision of the Company.

Signature of the Representative : _____ Name of the Representative : _____

NOT VALID AGAINST CASH

Insurance is a subject matter of solicitation. IRDA Registration No. 148

Religare Health Insurance Company Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 Corresp. Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)
Website: www.religarehealthinsurance.com E-mail: customerfirst@religarehealthinsurance.com Call us: 1800-102-4488
CIN: U66000DL2007PLC161503 UIN: RHIHMGP18078V011718 (Grameen Care) IRDA Registration No. - 148

