HDFC ERGO General Insurance Company Limited



HEALTH SURAKSHA - TOP UP PLUS - PROPOSAL FORM Please fill-up this form in CAPITAL LETTERS

Please IIII-up this form in CA	FIIALLETTERS	SOURC	ING CHAN	NEL/AGENT/BROKE	D				
Name		300KC	ING CHAN	VEE/AGENT/BROKE					
CP Code		Sourcing Branch	(city)						
CF Code		Sourcing Branch		ER DETAILS					
Proposer Name (Mr/Mrs/Ms)			110100	ER DE IAIES					
r repessor riams (mmms/ms)	First Name		Middle	Name			Last N	lame	
Address									
District						Proposei	Date of Birth	D M M	YYYY
City/Town				State			Pin C	ode	
Gender Male	Female	Telephone				Mobile	•		
E-Mail ID Proof Type:PAN	Passport	Driving L	icense	Votes	r's Card		Others		
ID Proof No:	T doopon	Diving E		Voto	o ouru		Caloro		
			PLAN	DETAILS					
Sum Insured (Rs.): 20	dividual	400,000 300,000 To	500,000 400,000	750,000 [500,000 [1000,000				
				PROPOSED TO BE I		((-)			
S.No Na	me of The Insured Person	Height (cms)	Weight (kg)	Relationship to Policyh	older Gender	(M/F) Date o	f Birth (DD/MM/Y	YYY) C	Occupation
2									
3 4									
*Gender Code: M (Male), F (F	emale)		,		'	'			
Please naste the photographs	in sequence [Insured Person 1, Insure			PHS (if available)	section 3 of details	of persons prope	seed to be incured	1	
Insure		Insured 2	ison s, msureu		sured 3	or persons propo	osed to be insured	Insured 4	
moure		mourou 2			iourou o			mourou -	
			NOMINE	E DETAILS					
	Insured Person any payment due und sons proposed to be insured, the Prop		me payable to t		with the Policy ter	ms and conditior	s. The nominee n	nust be an imme	ediate relative of
N	ominee Name		Rela	ationship			Address of the	Nominee	
		EVICTING	VDDEV/10116	NOUDANGE DETAIL					
Is the proposer or any of the r	ersons proposed, already Insured und			S INSURANCE DETAI surance Company Limited		er or is a proposa	al pending for Poli	cv issuance? If	ves please
indicate below the Policy/ App	lication number(s) (Please mention ap	olication number in case				or to a propose	a portaing for 1 on	by loodanoo. If	you, ploudo
Do you want Us to consider th	ese details for continuity? Yes \(\square\) No	Ц						Claim Ladra	d domina tha
Insurer Name	Sum Insured	Policy Name	Po	olicy No/Application No	From	riod of Insuranc	e To	Claim Lodged preceding	
					DD/MM/YYY	Y DD/	MM/YYYY		
					DD/MM/YYY		MM/YYYY MM/YYYY		
					DD/MM/YYY DD/MM/YYY		MM/YYYY		
		MEDIA	I AND LIB	CTVI E INCORMAN					
Please answer the helow mer	tioned questions in Yes(Y)/No (N)	MEDICA	AL AND LIFE	ESTYLE INFORMATION	N				
	he persons proposed to be insured	ever suffered from/cur	rently sufferin	g from any of the following	na :	Insured 1	Insured 2	Insured 3	Insured 4
	n, Ischemic heart disease or any other		,,	g,	··• 3 ·	mourou			IIIourcu 4
	ronchitis or any other lung/ respiratory								
	al), hepatitis, cirrhosis or any other dig or any other kidney/urinary tract or pros		der disorder						
· · · · · · · · · · · · · · · · · · ·	sy, paralysis or other brain/nervous sy								
	ler or any other endocrine disorder								
	nant, any ulcer/growth' /cyst r any other disorder of the muscle/bon	e/ioint							
	r any other disorder of the muscle/bon ar/throat/teeth/ eye (please mention di	•							
	ansmitted diseases or any immune sys								
xi. Anaemia, leukaemia or	any other blood/lymphatic system disc								
						i .			
xii. Psychiatric/mental illne	sses or sleep disorder adenoma or any other gynecological/b	reast disorder							

ACKNOWLEDGMENT - CUSTOMER COPY

Please retain this counterfoil for your records

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Section B: Have any of the persons proposed to be insured:				Insured 2		3 Insured 4
xiv. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication	on therapy					
xv. Been under any regular medication (self/ prescribed)						
vi. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years						
vii. Undertaken any surgery or a surgery been advised in the last 10 years or is a su	rgery still pending					
viii. Suffered from any other disease/illness/ accident/injury						
ix. Is any of the insured persons pregnant? If yes please mention the expected date of	of delivery					
x. Any complaint of diabetes, hypertension or any complication during current or earlie	er pregnancy					
Section C: Name and details of Illness/ Medicine/Test/ Surgery/Diopter grade		Date of La	et	Treatment		Doctor/ Hospital
for questions answered as Yes in Section A & B)	Diagnosis Date	Consultat		in/outpatient	N	ame and Phone No.
nsured 1						
nsured 2						
nsured 3						
nsured 4						
ection D: Name, address, qualification and contact details of the family doctor						
ame:				Qualification:		
ddress:				Quamounom		
Pin Code: Phone No.	Mobile	No. Email ID.				
ection E: Does any person proposed to be insured smoke or consume gutkha/	pan masala or alcohol					
yes please indicate the name and quantity per week	pui	Alcohol	Smoke	e Pan N	lasala	Others
nsured 1						
nsured 2						
isured 4						
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(# D A	BANK PAYMENT DE	TAILS				
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nk Account No. Branch Branch CR Code 9 digit MICR code number of the bank and	7	Account: Sales Accoun	• —	Current	For Rs.	
anch appearing on the cheque issued by the bank)		ii 30 Code (ii characi	ei code appeaii	ng on your cheque lea	"/	
ish: Any refund due on the premium payment / any payment/claims will be di	irectly credited to my aforesaid	Bank Account.*				
*As per the IRDA, its mandatory that all payments made to the insured only t	•					
ase fill in your payment details for either Cheque/ Credit Card option Cheque - Pleas	se pay by crossed cheque (acco	ount payee only) in the	name of 'HDFC	ERGO General Insura	ance Company	Limited'.
edit Card: Master Visa Expiry Date DDMM	1 Y Y Y Y		Credit Card I	No.		
rd Holders Name Mr/Ms/Mrs.						
lationship to the Insured						
ditional Information: (If there is insufficient space to provide additional relevan	nt information, whether as rec	quested or otherwise,	please attach e	extra sheet duly sign	ed.)	
e following is an outline of the general exclusions under the policy. For more details on the exclusions a days waiting period in the first year and is not applicable in subsequent renewals; War or any act of wa ninal intent, or intentional self injury or attempted suicide while sane or insane, participation or involve ng, parachuting, hang-gliding, rock or mountain climbing; abuse or the consequences of the abuse or er substance abuse treatment or services or supplies; treatment of obesity or any weight control prog- possess, genetic disorders, stem cell implantation or surgery or growth hormone therapy; sleep apnoea.	ar, invasion, act of foreign enemy, war ment in naval, military or air force ope of intoxicants or hallucinogenic substa gram; psychiatric, mental disorders, F ; venereal disease, sexually transmitt	the policy wordings before p like operations, nuclear wea ration or any hazardous or o nces such as intoxicating d Parkinson and Alzheimer's ed disease, "AIDS" (Acquire	pons/materials rad langerous or adven rugs and alcohol, si lisease, general de ld Immune Deficien	idation of any kind; committ turous activities including moking cessation program bility or exhaustion ("run-c icy Syndrome) and/or infec	but not limited to ra is and the treatment down condition"), c ction with HIV (Hun	acing, driving, aviation, scu nt of nicotine addiction or a congenital internal or exter nan immunodeficiency viru
days waiting period in the first year and is not applicable in subsequent renewals; War or any act of wa ninal intent, or intentional self injury or attempted suicide while sane or insane; participation or involve ng, parachuting, hang-gliding, rock or mountain climbing; abuse or the consequences of the abuse o er substance abuse treatment or services or supplies; treatment of obesity or any weight control prov	and the waiting periods please refer to ar, invasion, act of foreign enemy, war iment in naval, military or air force ope for intoxicants or hallucinogenic substa gram; psychiatric, mental disorders, yenereal diseases, exually transmitt ept as a result of an Accident or Illnes expet for treatment of fractures other th and of treatment, laser treatment for cor Burns; experimental, investigation reatment; convalescence, cure, rest cate te treatment); any non allopathic treat julial stay not expressively mentioned by a Medical Practitioner who shares or fitting of hearing aids, spectacles c s; any treatment or part of treatment.	the policy wordings before relike operations, nuclear wer ration or any hazardous or on ces such as intoxicating drakinson and Alzheimer's ed disease, "AIDS" (Aoquires) except in the case of ecan hairline fractures and disorrection of eye due to refreal or unproven treatment de ure, sanatorium treatment, tenent; enteral feedings and as being covered, items of the same residence as an or contact lenses including that is not of a reasonable that is not of a reasonable	pons/materials rad langerous or advo- rugs and alcohol, si lisease, general de d Immune Deficien opic pregnancy; tra slocations of the ma- ctive error, aesthet vices and pharmac ehabilitation meass other nutritional an personal comfort a Insured Person or potometric therapy,	idation of any kind; committ turous activities including moking cessation program bility or exhaustion ("run- ccy Syndrome) and/or infee aatment and supplies for a andible and extremities; die cor change-of-life treatme cological regimens; measu, ures, private duty nursing, de lectrolyte supplements and convenience, vitamins who is a member of an Ins any treatment and associ	but not limited to rate as and the treatment own condition"), condition with HIV (Hunanalysis and adjusted as the respite care, long-ty unless certified to a and tonics; treatment unless and tonics; treatment of the care, long-ty unless certified to a rate of the care, long-ty and the care and tonics; treatment of the care and the	acing, driving, aviation, scu nt of nicotine addiction or a congenital internal or extern man immunodeficiency viru truents of spinal subluxati ess requiring hospitalizatiry cosmetic surgery unle agnostic, X-ray or laboratu term nursing care or custoo be required by the attendi ments rendered by a Medi illy; costs of any procedure alopecia, baldness, wigs, alopecia, baldness, wigs,
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ays waiting period in the first year and is not applicable in subsequent renewals. War or any act of wain all intent, or intentional self injury or altempted suicide while same or insane; participation or involves, guarechuting, hang-gliding, rock or mountain climbing; abuse or the consequences of the abuse or rabustance abuse treatment or services or supplies, treatment of obesily or any weight control for asses, genetic disorders, stem cell implantation or surgery or growth hormone therapy; sleep apnoea inly / inheritally realment of any type, pregnancy (including voluntary termination), miscarriage (exconsist and treatment by manipulation of the skeletal structure, muscle stimulation by any means expressed in onesis and treatment by manipulation of the skeletal structure, muscle stimulation by any means expressed and the properties of the structure of the structure of the structure in the structure of the st	and the waiting periods please refer to ar, invasion, act of foreign enemy, war iment in naval, military or air force ope for fintoxicants or hallucinogenic substa gram; psychiatric, mental disorders, yenereal diseases, exually transmitt ept as a result of an Accident or Illnes expt for treatment of fractures other th and of treatment, laser treatment for cor Burns; experimental, investigation reatment; convalescence, cure, rest te treatment); any non allopathic treat by a Medical Practitioner who shares or fitting of hearing aids, spectacles cs; any freatment or part of treatment ternal appliance and/or device used for YON BEHALF OF ALL F. we statements are true and complete ir or the Board approved underwriting pol al health of the life to be insured/ propo from a hospital who at anytime has; sursurance company to which an applica ecords for the sole purpose of propose a, SMS. ture the voice log for all such telephoni ails and financial information, as provi aims to its service provider(s) for provide Place: INSURER'S DECELA! The receipt of the Proposal Form by HDI att in a concluded contract of insurance ERGO General Insurance Company teral Insurance Company Limited sha flert HDFC ERGO General Insurance Torriting all changes in your or any of the proposal for insurance company Limited sha flert HDFC ERGO General Insurance to containing any bany and result in a denial of insurance or to take out or renew or continiue an in renewing or continuing a policy accep to take out or renew or continiue an in renewing or continuing a policy accep to the containing any bany and result in a denial of insurance to take out or renew or continiue an in renewing or continiuing a policy accep to the house to the board to renew or continiue an in renewing or continiue an in renewing or continiue to renew or continiue to renew or continiue to the house to the board to the boa	the policy wordings before particles of the policy wordings before particles of the policy wordings before particles of an all particles of the particles of th	pons/malerials rad angerous or adver ugs and alcohol, si lisease, general de di mmune Deficien opic pregnancy; tre slocations of the machibilitation measurement of the control of the con	iation of any kind; committurous activities including moking cessation program bility or exhaustion ("run-cy Syndrome) and/or infect adment and supplies for andible and extremities; do to rehange-of-life treatment and supplies for andible and extremities; do to rehange-of-life treatment ological regimens; measures, private duty nursing, delectrolyte supplements and convenience, vitamins who is a member of an Ins any treatment and associ necessary; drugs or treatment and form any past or present uposer has been made for the any Governmental and/or with procedures/regulation. We hereby also understan be at the Compaintimented to the Proposer rent giving rise to a claim of the proposer of misleading, Information of the silvent of the supplemental and the proposer of misleading, Information of the silvent of the silvent of the supplemental and the proposer of the silvent of the supplemental and the proposer of the silvent of the supplemental and the proposer of the silvent of the supplemental and the proposer of the silvent of the supplemental and the proposer of the silvent of the supplemental and the supplementa	but not limited to result in the total metabolic not an analysis and adjust analysis and adjust analysis and adjust and adjust and adjust and adjust and respite care, long-disciplinating and adjust	acing, driving, aviation, sociation, sociation of nicotine addiction or a congenital internal or external immunodeficiency vintments of spinal subluxations requiring hospitalizati yor cosmetic surgery unliagnostic, X-ray or laboraterm nursing care or custo be required by the attendments rendered by a Mediliy; costs of any procedurer alopecia, baldness, wigs to supported by a prescript and for the second procedure and p