## Personal & Caring Insurance The Health Insurance Specialist

## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. ★ Phone: 044 - 28288800 ★ Email: support@starhealth.in Website: www.starhealth.in ★ CIN: U66010TN2005PLC056649 ★ IRDAI Regn. No.: 129

AROGYA SANJEEVANI POLICY, STAR HEALTH AND ALLIED INSURANCE CO. LTD.						Ref. No.		The company will not be on risk until the proposal has been accepted and full payments							
Unique Identification No.: SHAHLIP21119V022021 Proposal Form - Unique Reference No.: SHAI/PR0052						Policy No.					of premium has been received. Please fill up the form in block letters.				
Policy Issuing Office:					9	SM CODE	M CODE				SM NAME				
Table 1					(   A   E   I   N   A	GENT / ORPORATE GENT / ROKER / //F / POS / IICRO GENT ODE					AGENT / CORPORATE AGENT / BROKER / IMF / POS / MICRO AGENT NAME				
POS	POS GST No.								PAN No.						
Name of the Proposer Mr / Mrs / Ms.										Date of Birth		DD/MM	DD/MM/YYYY		
Occupat Propose		the								Annual Inc			Rs.		
Residen	ntial Ad	ldress:							ffice Address	s:					
					Pin C	ode:							Pin Code:		
Email ID	)								Mobile Nun	nber					
Period o	of Insu	rance	From						То						
GST Nu	mber								PAN Number	er					
VIIO	Nomine	ee's Name					Relation Propos		nship to the er				Date of Birth	Age in Yrs	
Nominee's Name  Name of the Appointee (if nominee is a minor)						Relationship to the Nominee			неа	U	Date of Birth	Age in Yrs			
_			,	ate form cor	ntaining	nominee detai	ils shou	ıld be er	nclosed duly	specifying t	he % to each nomi	inee)			
	• •	Please ✓)	al basis a l	Dia	la.	☐ Individual ☐ Floater									
For polic	су тур	e on Individua	ai dasis : i	Please see p	age no.		ole for p	olicy ty	pe on floater	basis					
Sum Ins	sured l	Rs.*													
Family Size  Number of Adult Numbers of Par										I Number of Members					
								Tota		I Number of Members					
Do you want to pay the premium in Instalments (Only					Only or	n ECS mode):	Y	ES	□ NO (If y	ou choose N	IO Premium to be paid Annu		l Annually)		
If yes choose Instalment options									☐ Monthly ☐ Quarte				erly Halfyearly		
*please check brochure for the available sum insured options  I would like to receive my insurance policy and all the information related to the															
propose	ed insu	ırance policy	through i	nsurance re	pository	/				NO co	py of the policy do	cume	nt N	ES NO	
_				, ,		r, kindly provid choose any on			` `	) number _					
	RVY			. , ,		ry & Services			ral Insurance I	Repository Li	mited NDML - I	NSDL	Data Management	Services limited	
Bank Details Account Number					<u> </u>	Type of Account : □ SB □ CA □ Others please specify									
of the Proposer Name of the Bank					Name of the Branch						IFSC (	Code			
Please attach a photo copy of cancelled cheque leaf of the above Bank Account.															
Paymen Details	nts	Annual Prem				DD / 0 416	01	/ Date	t Orani / N	FFT / 00	Manufacture I. E00	(DI	er CH de en le	1 500 ()	
Mode of Paym Cheque / DD No.				ish / Che	que /	DD / Credit Date	Card	d / Debit Card / NEFT / CC  Drawn on			Mandate / ECS (Ple		lease fill the enclosed ECS form)  Branch		
		-						$\top$							
Please a	Please attach any one proof of Date of Birth					☐ Birth Certific☐ Driving Licer						sed Proof			

Details of the person proposed for insurance		Insured Person - 1		Insured Person - 2		Insured Person - 3		Insured Person - 4		Insured Person - 5		Insured Person - 6		
Name														
Gender		Date of Birth	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY
Height (cms)		Weight (kgs)	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS
Relationship wi			-											
Occupation		Annual Income (Rs.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \											
For policy type		•												
Sum Insured O	pted (Rs.) /													
Existing Insurance		the Insurance Compan	У											
Coverage with this company and any other	Period of     Sum Insu													
company - give details	4. Policy No													
Details	1. Ailment f	for which		YYYY		YYYY		YYYY		YYYY		YYYY		YYYY
of Claims	Claim wa	nount Paid / Rejected	1											
Health History :		de answer in detail												
	A mere dash is	s not sufficient. or insurance in good	Family Physician	's Name:			Phon	e:				Regn No:		
	from physical If not give det	l and mental disease tails							He	ealth				
consulted /	diagnosed / ta	osed for insurance aken treatment / beer ury. If Yes, give details	ı				nal &		g In		ce			
Does the pe any complication	erson propose cations during	ed for insurance have g / following birth. I cessary documents.		T	те Не	alth li	nsura	nce S	pecia	list				
4. Has the pers	son proposed	for insurance ever s	uffered or suffering	from any of the follo	owing									
l		f Yes, since when												
I - ' - '	ease - If Yes, s	· · · · · · · · · · · · · · · · · · ·												
headache		ting attack, chronic disease, Alzheimer's												
e) Tuberculo	osis, asthma, s - If Yes, since	, other respiratory	,											
f) Disease o	of bones/joints,	, slipped disc, spina nts - If Yes, since wher												
	Pre Cancerou	us Lesion - If Yes												
h) Gynecolog	gical disorder	such as DUB, Fibroid	1											
cesarean /	/ Hys- terecton	or have undergone my If Yes, since when ertility or has been												
advised fo	or? (answer if	f applicable) – If Yes	5											
bladder / l	Pancreas, Kid	Intestine, Liver, Gal Iney, Urinary bladder - If Yes, since when												
	of Prostrate iseases - If Yes	/ Fistula / Piles s, since when	<i>!</i>											
	and other dise	eases of the eye and	ı											
	r Problem (Ple													
5. Has the pers	son/s propose ne any medical													
b) Prescribe	d any medicin	nes? If yes or which medicines	3											
.	<u> </u>	nd drugs prescribed.			A									
iii)Period f	for which these	e drugs were taken.			Â									
c) Been advi		urgery / treatment ?	-											
d) Received	/receiving ar	ny payment for any ness/ disease. Give												
6. Does the	a) Chew Tobs	acco - If Yes, since	<b>;</b>											
person proposed	b)Smoke - If	Yes, since when							ь Не	ealth				
for insurance	since wher					Perso	nal &	Carin	g In	suran	ce			
	es, please mei	or insurance positive ntion your CD4coun		T	те Не	alth l	nsura	nce S	pecia	list				
		/ Intermediary : I												
	proposal is true to the best of my knowledge and rec					ode	Name of the	Name of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POS / Micro Agent			Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POS / Micro Agent			
(-10		or Classification*:					Qualified Persor	n / Insurance Sales F	erson of the IMF / P	OS / Micro Agent	Qualified Person	/ Insurance Sales F	Person of the IMF / P	OS / Micro Agent
BUSINESS	If Yes:	a. Unorganized Sec	ctor		☐ b. Oth	er Categories of P	ersons							
TYPE		c. Economically Vul		rd Classes		rmal Sector								
	Rural Sector	r Classification (Thi	s classification is ba	ased upon the add	ress of the propos	er) : 🗖 Urban 🗖 I	Rural							

- \* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas.
- a. "Unorganised sector" includes self-employed workers, bidi workers, bidi workers, bidi workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons;
- b. "Economically Vulnerable or Backward Classes" means persons who live below the poverty line;
- c. "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability;
- d. "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship;



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED Acknowledgement

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mean acceptance	by Cash / vide Cheque/ DD No. of risk by us. The receipt of t	 he Cash/Cheque will also be	TH AND ALLIED INSURANCE CO. LTDdtdrawn on a caknowledged by our office vide advance premi	um receipt. If the proposal is accepted, the o	ash/Cheque given by you is banked for operation cover will commence from the date of the adv				
If the proposal is n	not accepted, the amount paid v	will be refunded. Contact our	office, in case policy is not received within 15 days  Name & Code of the  authorised person:	from the date of payment of premium.	Signature of the authorised person:				
s p	Please affix stamp size shotograph of Insured Person - 1	Please affix stamp size photograph of Insured Person - 2	Please affix stamp size photograph of Insured Person - 3	Please affix stamp size photograph of Insured Person - 4	Please affix stamp size photograph of Insured Person - 5	Please affix stamp size photograph of Insured Person - 6			
other persons. 2. I declare that I will reseeking medical informand seeking informancluding the medical for funds funds for funds fu	understand that the information notify in writing any change occur formation from any doctor or from ation from any insurer to whom call records of the insured/proposity premium paid under this policy in the state of the insured of	provided by me will form the burring in the occupation or germ a hospital who/which at any an application for insurance of ser for the sole purpose of und is legal. I hereby confirm that the	sured, that the above statements, answers and/or papers of the insurance policy, is subject to the Board paral health of the life to be insured/proposer after the time has attended on the person to be insured/proposer in the person to be insured/proposer has been made enwriting the proposal and /or claims settlement and he features of the product have been understood by	approved underwriting policy of the insurer and ne proposal has been submitted but before conser or from any past or present employer confor the purpose of underwriting the proposal a with any Governmental and/or Regulatory author. I hereby authorize Star Health and Allied Ir	I that the policy will come into force only after full mmunication of the risk acceptance by the com cerning anything which affects the physical or mind/or claim settlement. 5. I authorize the companionity. I confirm that the payment is made through nsurance Company to contact me. It will override	I payment of the premium chargeable. 3. I fur pany. 4. I declare that I consent to the compental health of the person to be insured/propiny to share information pertaining to my propin my card / bank account. I also confirm that my registry on the NCPR.			
Submitted the abo		/n on	R HEALTH AND ALLIED INSURANCE CO. LTD.  _ I understand that the cash/cheque given is banked.	policy along with payment of RsI for operational convenience and commencen	ا الله	e cheque/DD nosal by you.			
	Place	Date	PersonNa The Health Ins		Signature / Thumb impression of the proposer:				
WHERE THE PROPO	SAL FORM.	R SIGNS IN A LANGUAGE	DIFFERENT FROM THAT OF THE LANGUAGE ined to the proposer.	The contents of the proposal form and the product have been fully explained have fully understood the significa proposed contract.	on 41 of Insurance Act 1938.  Iffer to allow, either directly or indirectly rson to take out or renew or continue by kind of risk relating to lives or proper				
Date Name of the person who explained Signa					rebate of the premium show out or renewing or continu rebate as may be allo prospectuses or tables of t	India, any rebate of the whole or part of the commission payable or rebate of the premium shown on the policy, nor shall any person ta out or renewing or continuing a policy accept any rebate, except rebate as may be allowed in accordance with the public prospectuses or tables of the insurer.  2. Any person making default in complying with the provisions of section shall be liable for a penalty which may extend to ten lakk rur			