

NEW HEALTHWISE - PROPOSAL FORM

(Please fill in CAPITALS only)

*Sourcing Channel / Agent / Broker Name

*Sourcing Branch (City)

(*Mandatory field. Please ensure filled for your form to be considered for Insurance.)

***CUSTOMER INFORMATION**

Name of Proposer (First Name) (Middle Name) (Last Name)

Occupation Clerical/Administrative Professional-Service/Business Engineer/Worker/Supervisor Driver/Daily Wage Labourer

(Persons engaged in military service, professional sports, mine workers, fire fighters, water vessel crew, oil field/oil rig workers, structural workers, window cleaners, junk/salvage workers, saw mill workers, security guards and similar hazardous occupations are excluded under the plan.)

Address

City Pin Code

State Sex Male Female

Tel (Res.) (Off.) Mobile

E-mail

Please provide the information below for persons to be covered (Only immediate family members)

	First name of Insured Person	Surname of Insured Person	Date of Birth	Annual Gross Income (Rs.)	Pre-existing Ailment/Sickness or Any Other Existing Injury/ Disability (attach separate sheet if required)
SELF			D D M M Y Y Y Y		
SPOUSE			D D M M Y Y Y Y		
CHILD			D D M M Y Y Y Y		
CHILD			D D M M Y Y Y Y		
PARENT			D D M M Y Y Y Y		
PARENT			D D M M Y Y Y Y		

NEW HEALTHWISE - PREMIUM PAYABLE (Tick One)

(Figures in Rupees. Premiums are payable annually and include service tax and education cess.)

PLAN-SUM INSURED	1,00,000	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000
Age 6 Months to 35 Years						
Self only	<input type="checkbox"/> 1,618	<input type="checkbox"/> 2,225	<input type="checkbox"/> 2,629	<input type="checkbox"/> 3,666	<input type="checkbox"/> 4,562	<input type="checkbox"/> 5,478
Self & Spouse	<input type="checkbox"/> 2,912	<input type="checkbox"/> 4,005	<input type="checkbox"/> 4,732	<input type="checkbox"/> 6,599	<input type="checkbox"/> 8,212	<input type="checkbox"/> 9,860
Self & Spouse + 1 Child	<input type="checkbox"/> 4,126	<input type="checkbox"/> 5,674	<input type="checkbox"/> 6,704	<input type="checkbox"/> 9,348	<input type="checkbox"/> 11,633	<input type="checkbox"/> 13,969
Self & Spouse + 2 Children	<input type="checkbox"/> 5,178	<input type="checkbox"/> 7,120	<input type="checkbox"/> 8,413	<input type="checkbox"/> 11,731	<input type="checkbox"/> 14,598	<input type="checkbox"/> 17,530
Age 36 Years to 45 Years						
Self only	<input type="checkbox"/> 1,942	<input type="checkbox"/> 2,781	<input type="checkbox"/> 3,418	<input type="checkbox"/> 5,132	<input type="checkbox"/> 6,615	<input type="checkbox"/> 8,216
Self & Spouse	<input type="checkbox"/> 3,496	<input type="checkbox"/> 5,006	<input type="checkbox"/> 6,152	<input type="checkbox"/> 9,238	<input type="checkbox"/> 11,907	<input type="checkbox"/> 14,789
Self & Spouse + 1 Child	<input type="checkbox"/> 4,952	<input type="checkbox"/> 7,092	<input type="checkbox"/> 8,716	<input type="checkbox"/> 13,087	<input type="checkbox"/> 16,868	<input type="checkbox"/> 20,951
Self & Spouse + 2 Children	<input type="checkbox"/> 6,214	<input type="checkbox"/> 8,899	<input type="checkbox"/> 10,938	<input type="checkbox"/> 16,422	<input type="checkbox"/> 21,168	<input type="checkbox"/> 26,291
Age 46 Years to 55 years						
Self only	<input type="checkbox"/> 3,203	<input type="checkbox"/> 4,588	<input type="checkbox"/> 5,640	<input type="checkbox"/> 8,467	<input type="checkbox"/> 10,914	<input type="checkbox"/> 13,556
Self & Spouse	<input type="checkbox"/> 5,765	<input type="checkbox"/> 8,258	<input type="checkbox"/> 10,152	<input type="checkbox"/> 15,241	<input type="checkbox"/> 19,645	<input type="checkbox"/> 24,401
Self & Spouse + 1 Child	<input type="checkbox"/> 8,168	<input type="checkbox"/> 11,699	<input type="checkbox"/> 14,382	<input type="checkbox"/> 21,591	<input type="checkbox"/> 27,831	<input type="checkbox"/> 34,568
Self & Spouse + 2 Children	<input type="checkbox"/> 10,250	<input type="checkbox"/> 14,682	<input type="checkbox"/> 18,048	<input type="checkbox"/> 27,094	<input type="checkbox"/> 34,925	<input type="checkbox"/> 43,379
ADD-ON: For Parents (Tick if applicable)						
Age 46 Years to 55 Years						
1 Dependent Parent	<input type="checkbox"/> 3,203	-	<input type="checkbox"/> 5,640	<input type="checkbox"/> 8,467	-	<input type="checkbox"/> 13,556
2 Dependent Parents	<input type="checkbox"/> 5,445	-	<input type="checkbox"/> 9,588	<input type="checkbox"/> 14,394	-	<input type="checkbox"/> 23,045

Any Personal Accident/Medical Insurance with HDFC ERGO General Insurance or any other Insurance Company? Provide details below (attach separate sheet if required)

Name of Insurance Company	Accidental Death/Medical Sum Insured	Policy Number	Policy Period	Benefits Covered
	Rs.			
	Rs.			

Non-disclosure or misrepresentation of the above information, whether deliberate or not, shall make this policy voidable at the Company option and no claim shall be admitted under this policy.

ACKNOWLEDGEMENT – CUSTOMER COPY

Please retain this counterfoil for your records

Please fill in your payment details for either Cheque / Credit Card option

CHEQUE : Please pay by crossed cheque (Account Payee Only) in the name of "HDFC ERGO General Insurance Company Limited".

Name of Bank Branch and City
 Cheque No. for Rs. Dated
CREDIT CARD Visa Master Card Expiry Date Credit Card No.

NEW HEALTHWISE - PLAN BENEFITS

Hospital Room Expenses Pays up to 1% of the Sum Insured or Rs. 5,000 per day, whichever is less. For intensive care, pays 2% of the Sum Insured or Rs. 10,000 per day, whichever is less.	Ambulance Charges Pays up to 1% of the Sum Insured or Rs. 2,000 per claim, whichever is less.
Specialist Fees Pays 40% of the Sum Insured as reimbursement of costs incurred for a surgeon, anaesthetist, consultant, medical practitioner, specialists, etc.	Health Check-up Pays up to Rs. 750 per person towards a health check-up for those insured (after 4 consecutive claim - free years)
In-hospital Medical Treatment Pays up to 100% of the Sum Insured towards reimbursement of costs incurred for hospitalisation from sickness and injury	Organ Donor Hospitalisation Pays up to 100% of the Sum Insured towards reimbursement of costs incurred by a donor in an organ transplant for the insured
Hospital Cash Pays 1% of the Sum Insured per claim in case of 15 days continuous hospitalisation (i.e. Rs. 5,000 on a Rs. 5 lakh SI).	

Main Exclusions: Under this policy, these include, but are not limited to diseases/injuries/treatment: Due to a pre-existing condition* Contracted during first 30 days of policy commencement * For cosmetic or aesthetic treatment * Due to terrorism, war, radioactivity * From general debility, self inflicted injury, intoxication, etc. * Due to AIDS/HIV * For naturopathy, outpatient, psychiatric treatment * Due to pregnancy * Due to participation in a hazardous sport.

First Year Exclusions : Treatment of Congenital Internal Diseases, ASD (Atrial Septal Defect), VSD (Ventricular Septal Defect), Tetralogy of Fallot, Any Type of Migraine/Vascular Headache, Stones in the Kidney & Biliary Systems, Surgery on Tonsils / Adenoids, Mastoidectomy (operation to remove disease from the bone behind the ear), Tympanoplasty (reconstructive surgery for the tympanic membrane, or eardrum), Gastric & Duodenal Ulcer, Any Type of Cysts/Nodules/Polyps, Any Type of Breast Lumps.

First Two Year Exclusions : Treatment of Spondylitis/Spondilitis, Intervertebra Disc Prolapse and such other degenerative disorders, Cataract, Fistula/Piles, All Types of Hernia, Hydrocele, Benign Prostatic Hypertrophy/TURP, Hysterectomy for Menorrhagia or Fibromyoma or Myomectomy or Prolapse of Uterus, Fissures in Anus, Sinusitis, Knee/Hip Joint Replacement, Chronic Renal Failure, Heart Disease. Any Type of Carcinoma/Sarcoma/Blood Cancer, Osteoarthritis and Osteoporosis, Non-infective Arthritis, Undescended Testes, Surgery of Genito-Urinary, Gout & Rheumatism, Hypertension, Diabetes, Calculus Diseases, Surgery of Varicose Veins and Varicose Ulcers, Dilatation & Curettage, Dialysis required for Chronic Renal Failure.

Other exclusions apply. Please read the policy contract for a full list of our exclusions, terms and conditions. This leaflet is descriptive only. Actual coverage is subject to the language of the policies as issued.

TERMS AND CONDITIONS

Declaration: I/We accept the Terms and Conditions of the insurance policy. • I/We authorise the insurance company to obtain any records or references, be they medical or otherwise, in consideration of this insurance or any potential claims in the future. • I/We certify that all the information provided in this proposal and any attachments are true and correct. • I/We understand that all information provided in this proposal and any attachments are material to the insurer's decision to provide this insurance, and that information will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. • I/We understand that a charge may be levied on each instruction payment rejected due to lack of funds. • I/We hereby authorise HDFC ERGO General Insurance Company Limited to use relevant data for marketing purposes either directly or through third party agents. • I/We understand that any charges levied (including commission, postage & stamp duty) may be debited to me/us. • HDFC ERGO General Insurance Company Limited will not be held liable for any subsequent deduction on the payment instructions further to cancellation of the policy.

The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited alongwith the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited alongwith the date from which the insurance cover shall become effective. The Proposer agrees that, in the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and the issuance of a Policy of Insurance by HDFC ERGO General Insurance Company Limited, the Policy Effective Date shall commence fifteen (15) days from the date of receipt of the premium by HDFC ERGO General Insurance Company Limited. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred during this period of fifteen (15) days. (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.)

CREDIT CARD TERMS AND CONDITIONS : • I hereby authorise HDFC ERGO General Insurance Company Limited to charge the annual premium for me and my family members policy to my account and renew the policy every year till a written notification by me for non renewal. • I authorise HDFC Bank to charge my card account (MasterCard and Visa) every year and remit the premium payable to HDFC ERGO General Insurance Company Limited may cancel this instruction without prior advice to me.

Mode of Payment : Cheque, Demand Draft and Credit Card. Payment by cash will not be accepted.

FRAUD WARNING: Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

ANTI-REBATING WARNING: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to five hundred (500) Rupees.

I have understood and accepted the terms and conditions mentioned above. I also declare that, to the best of my knowledge and belief, neither I nor any of my family members seeking insurance under this policy are currently inflicted with any existing sickness or injury, which I attest by my signature alongside.

Place
 Date

Signature of Person to be Insured (as per credit card /operating instructions maintained with bank)

FOR OFFICE USE ONLY (HDFC ERGO)

Policy Start date Policy End Date Policy Number

<p>20% OFF SELF, SPOUSE + 2 KIDS PLAN</p> <p>15% OFF WITH 2 DEPENDENT PARENTS</p> <p>10% OFF SELF & SPOUSE PLAN</p> <p>APPLY NOW BY FILLING IN THIS FORM</p>	<p>No medical check-up. Cashless treatment. Greater convenience</p> <ul style="list-style-type: none"> * Covers in-hospital medical treatment from sickness and injury * Includes costs of hospital room, specialists, medical treatment, ambulance, health check-up and organ donor hospitalisation plus Hospital Cash * Tax benefits under Section 80D * 5% bonus on Sum Insured for every claim -free year. * Wide range of Sum Insured plans with added options to cover spouse plus 2 children as well as 2 dependent parents. * Open to anyone up to 55 years, easy payment by credit card or cheque. * Policy becomes effective in 15 days after receipt of your payment and filled - in proposal form by HDFC ERGO General Insurance.
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ACKNOWLEDGEMENT – CUSTOMER COPY

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This is a temporary receipt and does not mean commencement of the policy contract. HDFC ERGO General Insurance Company Limited is not liable for any incidents between the time that the premium amount is received and policy issuance. The policy issuance/validity of receipt is subject to clearing of the cheque or credit card mandate. The policy can be issued once HDFC ERGO General Insurance Company Limited receives completed form and premium payment.

Received from Mr./Mrs./Ms. or M/s.
 Proposal from alongwith cheque/credit card mandate towards premium for New Healthwise Sickness Insurance for the sum of Rs. by Cheque No./Credit Card No. with Bank branch.

Stamp & Signature by Co. Agent / Authorised Personnel