

Proposal Form - my:health Medisure Prime Insurance

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.

2. Please answer all the questions completely. If a particular question is not applicable to you please mark that question as not applicable "N/A".

3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a ($\sqrt{}$) mark wherever applicable.

4. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

Welcome Kit Number*:							

PROPOSER INFORMATION

Toll Free Number 1800-209-**5846** (1800-209-**LTIN**) Website WWWW.ltinsurance.com

SMS 'LTI' to 56070**58** (56070**LT**)

FOR OFFICE USE ONLY								
Branch Code	:							
Intermediary Code*	:							
Intermediary Location Code	:							
Intermediary Employee Code	:							
Intermediary Reference Code	1		1		1			
Sales Manager Code	:							

THOI OSEN INTON										
Title* (Pls. Tick):	K): Mr. Ms. Mrs. Gender*: Male Female Date of Birth		Marital Status: Single Married							
Name*:	F I R S T		L A S T							
Father's Name*:	2*: F I R S T		L A S T							
Annual Income*:	e*: Less than 2 Lacs Between 2 - 5 Lacs Between 5 - 10 Lacs Between 10	- 20 Lacs 20 Lacs	s and above							
Correspondence Address:										
Block / No.*:	Image:									
Street Name*:	: Locality:									
Landmark*:										
City / Village*:	: Pin Code*:									
Post Office:	Tehsil*:									
Mobile No.*:	Landline No.*: S T D	PAN No	D.:							
Email ID 1*:										
Email ID 2:										
Occupation*:	Government Service Private Sales Other Private Services Self Employed	d Housewife Stu	udent Retired Not Employed							
If you are an L&T Group Employee, please provide your PS Number:										

PROPOSED POLICY DETAILS (Please provide details of your proposed policy)

Proposed Policy Start Date: D | D | M | M | Y | Y | Y | Y | Y | Time:.....hrsmins

2 Years

1 Year

Policy Duration:

Default zone of cover is based on your location. To avail treatment outside your zone, a co-payment will apply. For complete details on classification of zone & applicable co-pay please refer to Product Brochure.

Is All India Coverage required?		Yes		No	(Option for	persons	in Zone	3 6	& III
---------------------------------	--	-----	--	----	-------------	---------	---------	--------	-------

Note: Persons opting for All India Cover can avail treatment anywhere in India irrespective of the location of residence.

PROPOSED INSURED(S) INFORMATION* (Please provide more details of the persons who are being covered in this policy)

Sr.No.	Name (First, Middle & Last)	Relationship with Proposer	Date of Birth (DD/MM/YY)	Gender	Pincode [#]	Profession/ Occupation	Name of Pre-existing illness (If any)	Height (in cms)	Weight (in kgs)	Sum Insured	Name of the Nominee/Relationship	Roll over from previous insurer Yes / No
1.												
2.												
3.												
4.												
5.												

* Pincode - Please provide pincode of the area where the family member resides. Where all India cover is opted pincode is not mandatory.

MEDICAL & LIFESTYLE INFORMATION* (Please answer questions related to your medical history)

Medical History: Please answer the below mentioned questions in Yes (Y) / No (N). If the answer to any of the questions is Yes, please give details in the table given. Alternatively attach a separate sheet of paper.

1.	Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment / blood pressure? Yes No
2.	Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Yes No
3.	Does any person, proposed to be insured, suffer from any other disease/ailment? Yes No
4.	Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability?
Plea	ase provide details of hereditary medical history, if any:

If answer to the above questions Yes, please elaborate:

Signature of Proposer

Sr.No.	Name of the person proposed to be insured	Name of illness/injury suffering from or suffered in the past	Date first	Name of attending Medical Practitioner/	Whether
		 Treatment/medication received/receiving 	diagnosed/treated	Surgeon with address & Tel. No./Hospital details	fully cured
1.					
2.					
3.					
4.					
5.					

PREVIOUS / CURRENT INSURANCE DETAILS (Please enter previous/current insurers details)

Does the proposer or the person(s) proposed to be insured currently	have an exsisting insurance cover or have b	een insured in the past under a Mediclaim,	Critical illness, Accident or any of	ther Medical Insurance Policy (In	dividual or Group)?
If Yes, please provide the details:					

Sr. No.*	Policy No.	Insurer	From Date	To Date	Sum Insured		Claim Details		Cumi	Ilative Bonus Earned
						No. of Claims	Amount	Ailment	%	Amount (₹)
1.										
3.										
4.										
5.										
6.										
[#] Sr.No. − Ple	ase maintain the same serial order	as on page 2								
PREMIUM	PAYMENT DETAILS (Please pro	vide the details of premium pay	ment)							
Premium A	mount: ₹		Payment Option:	Cash [#] Che	que DD	Credit / Debit Card				
Amount in	words:									
#Cash towa	rds premium upto ₹ 50,000 wil	l be accepted only at our branch	offices.							
For Cheque	e / DD (Payable in favour of "L8	T General Insurance Company L	imited")							
Instrument	No.:	Instrument Date:) D M M Y Y Y	Instrumer	nt Amount: ₹					
Bank Name	:									
For Credit	Card / Debit Card									
Card No.:			Card	Type: Master	Visa AMEX	<				
Expiry Date	: D D M M Y Y Y Y	Name on Card:								
(Only Propose	er's Card to be accepted)									
9	🗁 L&T Insurance	is the brand of L&T General Insuranc	e Company Limited Registered	Office: L&T House, N.	M. Marg, Ballard Estate, Mur	nbai - 400001. Insurance	is the subject matter	of solicitation. IRDA Re	g. No. 146	3/4
8										
<i>⊕</i> L&1	Insurance			ACKNOWLEDG	EMENT					my:health
De esture d'fue										
	m Ms / Mrs / Mrthroug	h Cash#/Cheque/DD/Credit Card/De	hit Card No				Intermediary	Code*:		
	proposal for my:health Medisure Pr						Intermediary	Location Code:		
	L&T official / Intermediary:		Date:		YY		Intermediary	Employee Code:		
Neither the su	bmission of a completed proposal for i Ight, nor does issuance of a policy kit c	nsurance or any payment for If the Company to agree	Company accept's a proposal for terms and conditions and the	insurance, it shall be sul Company shall have no	pject to the If a proposa liability to Company will	I is not accepted, the inform you and refund any				
to issue a poli absolute discr	cy, which decision is and always shall b	e in the Company's sole and 📔 make a	any payment if premium is not r , or is not realised.	eceived by the Company	in full and payment rece	eived from you without	Intermediary	Contact Details:		
L&T official /	Intermediary Name:	1		_Time: <u>h h :</u>	ımım Place					

[#] Cash towards premium upto ₹ 50,000 will be accepted only at our branch offices.

DECLARATION

I hereby declare and confirm that the statements in the proposal form are true and complete in all respects and that there is no other information which is relevant to my proposal for taking insurance for myself or my family members to be insured that has not been disclosed to you. I have read the Prospectus and I agree to take the policy, subject to the terms, conditions and exceptions stated therein. I agree and understand that this proposal and the declarations shall be the basis of the contract between me and L&T General Insurance Company Limited should the insurance be effected, and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

Please put a (\surd) to provide consent against the items listed below:

I consent and authorize L&T General Insurance Company Limited to seek medical information from any Hospital/Medical practitioner who has at any time attended or may attend concerning any disease or illness which affects my or my family members physical or mental health and is concerned with respect to issuance of cover and subsequent claim management under this policy.

I further authorize L&T General Insurance Company Limited to use and disclose any personal information collected or available with L&T General Insurance Company Limited (whether contained in this application or otherwise obtained) to underwriting companies, claims investigation companies / agencies and insurance / reinsurance companies for the purpose of processing of this Application and providing subsequent services.

I consent to receive information from the Company through electronic and telecommunication means from time to time.

AUTO RENEWAL CONSENT

 \sim

I hereby authorise L&T General Insurance Company Limited to charge premium for me and my family member's policy to my above mentioned Visa/Master Card and renew the policy (Subject to Conditions) every year till further written notification and so long as my Visa/Master card is valid. I understand that my cover would start on remittance being received by L&T General Insurance Company Limited from the bank.

PROHIBITION OF REBATES - UNDER SECTION 41 OF INSURANCE ACT 1938

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.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹ 500/-

General Insurance is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001. Insurance is the subject matter of solicitation. IRDA Reg. No. 146



L&T Insurance is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001 Corporate Office: L&T General Insurance Company Limited, 601-602, 6th Floor Trade Center, Bandra Kurla Complex, Bandra (East), Mumbai 400051. Insurance is the subject matter of solicitation. IRDA Reg. No. 146 Signature of Proposer