



Proposal Form No.: \_\_\_\_\_

# Star Health And Allied Insurance Company Limited

Regd. & Corp. Off: No.1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai - 600 034. Ph : 044 - 28288800 www.starhealth.in

## Senior Citizens' Red Carpet Insurance - Proposal Form

The company will not be on risk until the proposal has been accepted and full payment of premium has been received and communication of acceptance has been given to the proposer in writing.

Policy Issuing Office

Name of the Proposer			
Address			
Telephone / Mobile			
E-Mail ID		PAN No.:	

Coverage Required : From _____ To _____	Photo	Photo
Premium Rs. _____		
Payment details : Cash/Cheque/DD No _____ Date _____		
Name of Bank & Branch _____		
Sales Manager _____ Code _____		
Agent/MT _____ Code _____		
Broker _____ Code _____		

### Nomination

In the event of the death of the insured Person, all the benefits that shall become payable under the policy will be paid to the person named as the 'Nominee' by the Insured Person and his/her receipt shall be sufficient discharge to the Company.

Sl.No.	Name of the Insured Person	Name of the Nominee	Relationship

Prohibition of rebates: (Section 41 of the Insurance Act). No person shall allow or offer to allow either directly or indirectly as inducement to take out 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 on the premium shown on the policy nor shall any person taking 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. Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees.

### Details of persons proposed for insurance

Please fill in the respective columns separately for each person proposed to be covered.

Name	1					2				
	Male / Female					Male / Female				
Sex	Male / Female					Male / Female				
Date of Birth (dd / mm / yyyy )										
Measurement	Height..... (in cms)			Weight..... (in kgs)		Height..... (in cms)			Weight..... (in kgs)	
Sum insured opted ( Please tick )	Rs. 1 Lakh	Rs. 2 Lakhs	Rs. 3 Lakhs	Rs. 4 Lakhs	Rs. 5 Lakhs	Rs. 1 Lakh	Rs. 2 Lakhs	Rs. 3 Lakhs	Rs. 4 Lakhs	Rs. 5 Lakhs
Was any proposal for this insurance or any such insurance refused, cancelled or higher premium charged? If so give details										
Has any claim been rejected by the previous insurer? If yes, please give details										
Name & address of the family physician if any, his qualifications & phone no										
<b>Medical History</b> Has the person/s suffered from any disease/illness or sustained any injury or disability due to accident involving hospitalisation? If yes, give full details in the appropriate columns; a mere dash is not sufficient.	Preceding 12 months from date of proposal					Preceding 12 months from date of proposal				
	Beyond preceding 12 months date of proposal					Beyond preceding 12 months date of proposal				

I understand this policy is portable.

I hereby declare and warrant that the above particulars are true and complete. I consent and authorize the insurer to seek any information regarding the medical particulars of the persons proposed from any medical establishment/medical practitioner/employer/any person. I agree that this proposal shall form the basis of the contract if insurance contract is effected. If it is found that the statements, particulars, declarations, connected documents or any other information provided in the proposal form are incorrect or untrue or there is failure to disclose any material particulars, the insurance company is not liable under this policy. I have read the key features of this insurance and I am willing to accept the coverage provided by the company.

Place : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of the Proposer

Reimbursement of hospital expenses will be in proportion to the room rent mentioned in the policy



## Star Health And Allied Insurance Company Limited Acknowledgement

Received the proposal for Senior Citizens' Red Carpet Insurance Policy from Mr/Mrs./Ms \_\_\_\_\_ along with payment of Rs. \_\_\_\_\_ by cash/vide cheque no. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_. The insurance policy will be subject to realization of the cheque.

Reimbursement of hospital expenses will be in proportion to the room rent mentioned in the policy

Place : \_\_\_\_\_

Signature of the Insurer/Authorised Representative

Date : \_\_\_\_\_

Proposal Form No.



Additional Questions to be attached to Senior Citizen's Proposal Form

Have you ever suffered from / Are you suffering from any of the following diseases?

Cancer	Yes / No
Chronic Kidney Disease	Yes / No
CVA / Brain Stroke	Yes / No
Alzheimer Disease	Yes / No
Parkinson's Disease	Yes / No

Place  
Date

Signature of the Proposer