EDELWEISS HEALTH INSURANCE - PROPOSAL FORM



Instructions for filling up the form (to be filled by Proposer)

1. Please answer all questions fully and correctly. All the questions are mandatory. Where any question does not apply; please mention clearly that the same is not applicable. 2. Insurance is a contract governed by the principle of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. The Policy shall be voldable, at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form / personal statement, declaration and connected documents, coming to the knowledge of the Company or any material information having been withheld by the proposer or any one acting on his behalf. 4. Kindly contact the Company's offices or agents for any doubts or clarifications on the proposal form. 5. Please use only original proposal form. Photocopies will not be accepted by the Company.

NOTE: The liability of the Company does not commence until the premium is paid and this proposal has been accepted by the Company.

INT	ERMEDIARY DETAILS (F									
*Int	ermediary Name:	*In	termediary C	ontact No.:				*Interm	nediary Reference Cod	de:
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		If Employed Edelweiss Group E			thers:			etails (if others):	
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Plar	n Variant/Sum Insured: Silv	/erG0Id		Platir	ium				Cover Type: Individua	al Floater
		(Maximum. upto 5 Lakhs) (Max	ximum. upto 20 l	_akhs)	(Maximu	ım. upto 1 C	r.)			
For a	proposal in the individual variant	t having more than 1 insured persons and diff	erent Sum Insure	ed amounts, please mer	ntion details in	n the section	named INSU	IRED DET	AILS below.	
Prop	posed Policy Period: D	D M M Y Y Y Y H H M	M to	D D M M Y	YYY	НН	M M			
Poli	cy Term: 1 year 2	years 3 years								
		S (Available in Silver variant only)	Restoration (A)	vailable in Silver variant	only)					
Opt		'Ge (Available in Gold and Platinum variant or				20%	(Avoilable	for inquire	ed person(s) aged 60 years	or logger)
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	you applying for portabilit			Portability Form s	separately)					
Add	I-ons: Health 241 Add-on	(Allowed only for 1 year policy tenu	re): Yes	No						
100	MINEE DETAILS									
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		payment due under the policy shall become poposed to be insured shall be the Proposer hi	-	пшее ргорозеа петет.	The receipt (or the procee	tus by the no	IIIIIICC SII	all be sufficient discriarge of	the Company. The
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INS	URED DETAILS									
	Name of the Insured Per		Gender	DOB	Fresh	Renew	Ported		Sum Insured	Plan Variant
1	Date of Inception	Relationship with Proposer		Nominee Name						
	Nominee DOB	PED				Group	Height	(cm.)	Weight (kg.)	Nationality
	Name of the Insured Pe		Gender	DOB	Fresh	Renew	Ported		Sum Insured	Plan Variant
2	Date of Inception	Relationship with Proposer		Nominee Name						
	Nominee DOB	PED				Group	Height	(cm.)	Weight (kg.)	Nationality
	Name of the Insured Pe		Gender	DOB	Fresh	Renew	Ported		Sum Insured	Plan Variant
3	Date of Inception	Relationship with Proposer		Nominee Name				/		
	Nominee DOB	PED	0 1	D.O.D.		Group	Height		Weight (kg.)	Nationality
	Name of the Insured Per		Gender	DOB	Fresh	Renew	Ported		Sum Insured	Plan Variant
4	Date of Inception	Relationship with Proposer		Nominee Name			11-1-1-1	/	\ \ \ \ - \ \ - \ \ \ \ \ \ \ \ \ \ \ \	N I = 41 = = 124
	Nominee DOB	PED	0	DOD		Group	Height		Weight (kg.)	Nationality
5	Name of the Insured Per		Gender	DOB Naminas Nama	Fresh	Renew	Ported		Sum Insured	Plan Variant
	Date of Inception	Relationship with Proposer		Nominee Name			Halak	(o.m. \	Majobt /los	Mationality
	Nominee DOB	PED	Condo	DOB		Group	Height		Weight (kg.)	Nationality Plan Variant
6	Name of the Insured Per		Gender	Nominee Name	Fresh 8. Relation	Renew	Ported		Sum Insured	Plan Variant
6	Date of Inception Nominee DOB	Relationship with Proposer PED		Norminee Name			Hoigh+	(om)	Moight (kg.)	Nationality
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Date of Inception Relationship with Proposer Nominee Name & Relationship Nominee DOB PED Blood Group Height (cm.) Weight (kg.) Nationality Name of the Insured Person Gender DOB Fresh Renew Ported Sum Insured Plan Variant Date of Inception Relationship with Proposer Nominee Name & Relationship Nominee DOB PED Blood Group Height (cm.) Weight (kg.) Nationality REMIUM PAYMENT INFORMATION: Payment by Cash / Cheque / Demand Draft / Card (Strike out whichever is not applicable):	AL CULTURE		Pal
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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 retaining to lives or property in India, any re he 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 allo ecordiance with the published prospectus or tables of the insurer. 2. Arry person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees. **ECLARATION** hereby declare, on my behalf and on behalf of the person(s) proposed to be insured, that the abovementioned statements, answers and/or particulars given by me are true and complete, in all respects, to the best or whedge and that I am authorized to propose on behalf of all the person(s) proposed to be insured. B. I understand that the information provided by me will form the basis of the contract of insurance, is subject to the Browed underwriting policy of the Company and that the policy will come into force only after full payment of the premium is made by me. c. I further declare that I will notify, in writing, the Company of any change occurrence of the person(s) proposed to be insured after this proposal has been submitted but before communication of risk acceptance by the Company, d. I agree and consensut to the Company of any change occurrence of the person(s) to be insured. Any of the person(s) to be insured and also to seeking information torial marriance or company to which an application for like purpose has been made, for the purpose of underwriting this proposal motified to the person(s) to be insured, or from any past or present employer concerning anything which affects the physical or me into from any operations to the insured. The person of the company is a which are proposal form, and all other connected documents significant and incide			
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ACKNOWLEDGEMENT	1 1						
We acknowledge with thanks the receipt of your proposal dated DDDMMYYYYY towards health insurance of Name	and No. persons.						
We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. , for an amount of a mount of the second of	nt of ₹						
Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised or the requirement for pre-policy check-up is not fulfilled. If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.							
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