

PREVIOUS/CURRENT INSURANCE DETAILS

(Please enter previous insurers details)

Does the proposer or the person(s) proposed to be insured currently have an existing insurance cover or have been insured in the past under a Medidaim, Critical illness, Accident or any other Medical Insurance Policy (Individual or Group)? If Yes, please provide the details:

Sr. No.	Policy No.	Insurer	From Date	To Date	Sum Insured	Previous Health Card Number
1.						
2.						
3.						
4.						
5.						
6.						

Claim Details			Cumulative Bonus Earned	
No. of Claims	Amount	Ailment	%	Amount (₹)

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

Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure? Yes No

Does any person, proposed to be insured, suffer from Diabetes/Asthma/Epilepsy? Yes No

Does any person, proposed to be insured, suffer from any other disease/ailment? Yes No

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?

Yes No Please provide details of hereditary medical history, if any _____

If answer to the above questions is Yes, please elaborate:

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

PREMIUM PAYMENT DETAILS*

(Please provide the details of premium payment)

Premium Amount: ₹ Payment Option: Cash* Cheque DD Credit / Debit Card

Name of Premium Payer: (First Name) (Middle Name) (Last Name)

Amount in words: _____

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

For Cheque / DD (Payable in favour of "HDFC ERGO General Insurance Company Limited")

Instrument No.: Instrument Date: Instrument Amount: ₹

Bank Name _____

For Credit Card / Debit Card (Only Proposer's Card to be accepted)

Card No.: Card Type: Master Visa AMEX

Expiry Date: Name on Card:

Bank details for NEFT transfers* (Mandatory if payment is made other than cheque)

Account Number _____ Bank Name _____ IFSC Code of the Bank _____

Account Holder Name _____

DECLARATION

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the HDFC ERGO General Insurance Company Limited and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

*Signature of Proposer

PROHIBITION OF REBATES – Under Section 41 Of The Insurance Laws (amendment) Act, 2015

No person shall allow or offer to allow either directly or indirectly as inducement to any person 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 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 provision of this section shall be punishable with fine which may extend to ₹10,00,000/-

FRAUD WARNING

This policy shall be voidable at the option of the company in the event of mis-representation, mis-description or non-disclosure of any material particular by the proposer. Any person who, knowingly and with intent to defraud the insurance company or other persons, 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 act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.

Medisure Super Top Up is a filed and approved product of HDFC General (formerly known as L&T Insurance), a wholly owned subsidiary of the Company and hence the Company is also offering the said product

ACKNOWLEDGEMENT

IMPORTANT NOTICE- PLEASE DO NOT PAY PREMIUM IN CASH.

Received from Ms / Mrs / Mr _____

a sum of ₹ _____ through Cash[#]/Cheque/DD/Credit Card/Debit Card No. _____
against your proposal for my:health Medisure Super Top Up

Neither the submission of a complete proposal for insurance nor does any payment for any policy sought oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion against your proposal for my:health Personal Accident Insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.

If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.

Signature of HDFC ERGO official/Intermediary: _____

Date

D D M M Y Y Y Y

HDFC ERGO official/Intermediary Name: _____

Time

H H : M M

Place _____

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

Branch Code: _____ Intermediary Code*: _____ Intermediary Location Code: _____ Intermediary Employee Code:: _____ Intermediary Reference Code _____

Intermediary Contact Details: _____