

URN: LHPC20V12024

<p><b>GUIDELINES TO FILL THE FORM</b></p> <p>1. 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”.</p> <p>3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable.</p> <p>4. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.</p>	<p>GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.</p> <p><b>CONSENT FOR ELECTRONIC DISPATCH OF POLICY PACK</b></p> <p>I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorize Liberty General Insurance Limited to provide me Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.</p>
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## HEALTHPRIME CONNECT Proposal Form

The acceptance of the proposal is subject to receipt of the total premium and realization of payment will be as per the policy terms and conditions. Kindly fill the form completely in CAPITAL LETTERS to help us to serve you better. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment & medical reports, if applicable, does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance. Coverage is as per the terms and conditions of our Standard Policy Wordings. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

### 1. Proposer Details

<b>Proposer(Mr/Mrs/Ms)</b>																								
	Last Name								First Name								Middle Name							
<b>Address:</b>																								
																	City/Town							
<b>District:</b>																	State							
<b>Pin Code:</b>																	Mobile							
<b>Telephone:</b>																	E Mail							

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_

### Confirmation for Issuance of e-Insurance Policy:

E Insurance account no. \_\_\_\_\_ . I would like to open E insurance account with \_\_\_\_\_ Insurance Repository.

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\*PAN number:

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\*Aadhar number:

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GSTIN:

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UIN- LIBHLIP21505V022021

Insurance is the subject matter of the solicitation. Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

## 2. Proposal Details

**Business Type:**  New  Renewal  Rollover **Policy Tenure:**  1 Yr  2 Yrs

**Policy Type:**  Individual  Family Floater **Installment of Premium:**  Monthly/ Quarterly/ Half-yearly

**Proposed Policy Period:** From         To

**Basic Sum Insured ( Lakhs):** INR \_\_\_\_\_

**Plan:**  Essential  Optimum  Optimum Plus  
**Employee No. ( if applicable)** \_\_\_\_\_

**Proposed Cover (s):**

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV
<b>Name</b>				
<b>Relationship with proposer</b>				
<b>Gender</b>				
<b>Date of Birth</b>				
<b>Height ( cm)</b>				
<b>Weight ( Kg)</b>				
<b>Occupation</b>				
<b>First Policy Inception Date of any other Insurer: (dd-mm-yyyy)</b>				
<b>Nominee Name</b>				
<b>Relationship of Nominee</b>				
<b>Nominee Address</b>				
<b>Optional Cover (s) (available as per the Plan selected )</b>	Please select the Optional Cover (s) & the desired limit (s) by ticking against boxes provided below. The Optional cover(s) mentioned below are available as per the Plan selected above mentioned under 'Proposal details.			
		<b>Essential</b>	<b>Optimum</b>	<b>Optimum Plus</b>
	Cumulative Bonus Enhancer			
	OPD cover		INR 10,000 INR 15,000 INR 20,000 INR 30000	INR 10,000 INR 15,000 INR 20,000 INR 30000
	Critical Illness & Personal Accident Cover		Yes No ( If Yes, please select the desired limits)	
	Critical Illness Sum Insured ( As per the		Available as per the Plan	INR 5 Lakhs INR 10 Lakhs
	Plan Selected)			
Personal Accident Cover ( Capital Sum Insured)		100% of Basic Sum Insured 150% of Basic Sum Insured	100% of Basic Sum Insured 150% of Basic Sum Insured	
Adventurous Sports: Cover		Available as per the Plan	Available as per the Plan	
Worldwide coverage				

<b>ABHA ID-</b>	
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(If ABHA ID is not available, we urge you to visit [abdm.gov.in](http://abdm.gov.in) for creation of ABHA ID and inform the same to us once created)

Note : In case of additional member/s, please share all above detail in a separate document.

#### 4. Medical & Lifestyle Information

**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 below. Alternatively attach a separate sheet of paper.**

1. Does any person, proposed to be insured, suffered from/ suffering from any disease/illness /Injury - Yes No
2. Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure/Diabetes/Cancer? Yes No
3. Does any person, proposed to be insured, suffer from Paralysis/Asthma/Epilepsy? 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? Yes No
5. Does any person, proposed to be insured consume Alcohol/ Smoke/ Pan masala/ others - Yes No

Please provide details of hereditary medical history, if any:

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

Sr. No	Name of the Proposed member	Name of illness/injury suffering from or suffered in the past	Date of first diagnosed/detected	Treatment/medication received/ receiving	Details of Hospitalization (If any)	Is it fully cured
1						
2						
3						
4						

#### 5. Additional Information (If any)

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#### 6. Previous/Existing Insurance Details (if any)

Is the proposer or the persons proposed, already insured under or proposed for a health insurance policy for in-patient hospitalisation with Liberty General Insurance Limited or any other insurance company? If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal)

Since when are you continuously insured? Please specify the Inception Date of the first Indemnity Health Insurance Policy

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Do you want Us to consider these details for Portability? Yes No

Policy No/Appl no	Insured Name	Insurance Company	From (date)							To (date)							Sum Insured	Cumulative Bonus if any earned	*Claim (Yes/No)		
			D	d	M	m	y	y	y	Y	d	d	m	m	y	y				y	Y
			D	d	M	m	y	y	y	Y	d	d	m	m	y	y	y	Y			
			D	d	M	m	y	y	y	Y	d	d	m	m	y	y	y	Y			
			D	d	M	m	y	y	y	Y	d	d	m	m	y	y	y	Y			
			D	d	M	m	y	y	y	Y	d	d	m	m	y	y	y	Y			
			D	d	M	m	y	y	y	Y	d	d	m	m	y	y	y	Y			

Please provide claim details \_\_\_\_\_



## 10. Declaration

"I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers 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 insurance company 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 that I/we consent to the Company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be in insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

I/We hereby give voluntary consent to Liberty General Insurance Limited/Company to process/share my/our personal information and data provided in this form with its group companies or any other person/ Service Provider of Company in connection with the Insurance Policy/ claims made there under or otherwise, including for providing other products of the Company that may be of interest to me/us, to be used in accordance with their respective privacy policies.

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

I/We hereby provide my/our consent in accordance with Aadhar Act. 2016 and Prevention of Money Laundering Act and rules/regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my polices held with the company

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Proposer**

**Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 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 prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

### DECLARATION BY INTERMEDIARY/PROPOSER

I, the intermediary/ proposer hereby declare and confirm that I have explained/understood the features, terms and conditions of the policy and questions contained in the proposal form. I have also explained/understood that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.

**IMD name:**

**IMD Code:**

**IMD Sign\*:**

**Proposer name:**

**Proposer sign:**

\*Stamp in case of Company

### DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER

(To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant/proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in \_\_\_\_\_ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

**Declarant's Name:**

**Signature:**

**Proposer Name:**

**Signature/thumb impression**

