

2. KYC Details (Please attach self-attested photo copies)

KYC Document Name	<input type="checkbox"/> AADHAR No.**	<input type="checkbox"/> Voter ID card	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License
KYC Document Number	<input type="checkbox"/> NREGA Job card	<input type="checkbox"/> National Population Register Card		

3. Policy Type:

- a. Individual b. Family Floater

4. Wellness Benefit: (UIN: IFFHLIA22178V012122)

- a. Yes b. No

5. Consumables Protector: (UIN: IFFHLIA23152V012223)

- a. Yes b. No

6. Nomination: In the event of death of the proposer, any payment due under the policy shall become payable to the nominee proposed in this form and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. The following section is to be filled by the proposer:

Nominee Name	Relationship	Address and Contact details of Nominee	%

7. Proposed Policy start date: _____
(Subject to acceptance of proposal by the Company and payment of one-time/ instalment premium before commencement of risk)

8. Frequency of premium payment: One Time yearly installment Qu ly installment M ly installment

9. Details of the persons to be insured :

S. No.	1	2	3	4	5	6
Name						
Date of Birth (dd/mm/yy)						
Gender (M/F)						
ABHA Number						
Mobile No. registered with Aadhar						
Relationship with the Proposer						
Occupation						
Sum Insured *						
Fresh / ITGI Renewal /Portability/ Migration						
No. of years of continuous coverage						

* For Floater Policy mention sum insured against any one member.

10. Details of present/previous medical insurance like Individual or Group Medclaim, Cancer Policy, Critical Illness or any other Policy for any of the Insured Person. (Please use additional sheets if required)

S. No.	Name of Insured Person	Policy No.	Type of Policy (Group/ Retail/ Others)	Name of Insurance Co.	Sum Insured	Period of Insurance		Cumulative Bonus, if any	Date of claim	Nature and Description of claim	Amount of claim
						From	To				
1											
2											
3											
4											
5											
6											

Note: Please attach a photocopy of the expiring Policy or current Renewal Notice for Portability/ Migration

11. Medical History: Please tick if the answer is YES:

Section A : Have any of the persons proposed to be insured ever suffered from/ are currently suffering from any of the following :	Person proposed to be Insured					
	1	2	3	4	5	6
i. High or low blood pressure						
ii. Diabetes						
iii. Chest pain, Ischemic heart disease or any other Heart disorder, Valve Related Disorder						
iv. Arthritis, Spondylosis or any other disorder of the muscle/bone/joint like ligament/meniscus tear etc						
v. DUB, Fibroid, Cyst/Fibroadenoma or any other Gynaecological/Breast disorder						
vi. Asthma / COPD or any other lung/Breathing disorder						
vii. Tuberculosis						
viii. Ulcer (stomach/duodenal), hepatitis, cirrhosis or any other Digestive or Liver/Gall bladder Disorder						
ix. Renal failure, Kidney /ureteric stone or any other Kidney/Urinary tract or Prostate disorder						
x. Dizziness, Stroke, Epilepsy(fits) , Paralysis or other brain/ nervous system disorder/ Multiple Sclerosis						
xi. Thyroid disorder or any other endocrine disorder						
xii. Tumor-benign or malignant, any ulcer/growth/cyst /mass or cancer						
xiii. Diseases of the Nose/Ear/Throat/Teeth/ Eye (please mention Diopters for refractive errors						
xiv. HIV/AIDS or sexually transmitted diseases or any immune system disorder						
xv. Anaemia, Leukaemia or any other blood/lymphatic system disorder						
xvi. Psychiatric/Mental illnesses or Sleep disorder						
xvii. Any Congenital / Genetic disorders						
xviii. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pending						
xix. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years						
xx. Been under any regular medication (self/ prescribed)						
xxi. Any other ailment / injury / sickness for which underwent treatment or undergoing /contemplating						
xxii. Any type of organ transplanted						

Section B : RISK FACTORS						
i. Do you Smoke?						
if Yes, Number of cigarettes / day						
For how many years						
ii. Do you consume Alcohol?						
if Yes, Quantity per week (in ml)						
For how many years						
iii. Do you chew tobacco/ consume any un-prescribed drugs?						

if Yes, Quantity per week											
For how many years											
iv. Family history of Hypertension / diabetes / heart attack (if Yes Please provide details below)											
S. No	Name of the person to be insured	Relationship with the family member having Hypertension / diabetes / heart attack	Details								

12. If your answer is **YES**, to any of the questions above, please provide details in the Table given below (Please use additional sheets if required)

S. No.	Name of the person to be insured	Name of disease/injury	Treatment/medication received /receiving	Name of the Treating Doctor	Since When	Whether fully cured?

13. Any additional facts which affect the proposed insurance & should be disclosed to the insurer.

14. Other Details:

- Do you hold any other insurance policy from IFFCO-Tokio GIC Ltd? If yes, kindly provide policy no. and expiry date _____
- Are you an employee of IFFCO-Tokio GIC Ltd? (Please mention employee code.) _____

15. Are you covered under a group health policy of IFFCO-Tokio GIC Ltd?

16. PAYMENT DETAILS: Mode of payment. ----- Cheque/ DD No./ Transaction ID
 Bank Date Rs. ----- (including Tax)

17. BANK DETAILS TO RECEIVE PAYMENT FROM INSURER:

Payee Name:

Account No. _____ IFSC/NEFT/RTGS Code: _____

Bank Name: _____ Branch Address _____

DECLARATION

- I 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 am 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 IFFCO-Tokio General Insurance Co. Ltd. (herein after referred as "IFFCO-Tokio") and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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 IFFCO-Tokio.
- I declare that I consent to IFFCO-Tokio seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be 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 am sharing personal information (including Ayushman Bharat Health Account (ABHA) ID, Demographic Information and medical records/ history) of myself and on behalf of all the persons proposed to be insured under the health policy issued/ to be issued by IFFCO-Tokio voluntarily and under authorization of all the persons insured under the health policy.

I fully understand and agree that:

- i. My medical records shall be shared with Insurers, Third Party Administrator and medical service providers through ABHA.
- ii. personal information provided herein may be used or shared by IFFCO-Tokio, Health Service Provider and/or the Third Party Administrator for the purpose of:
 - identification/ authentication, underwriting/ data analysis/ taking measure to respond the medical emergency/ policy and claim servicing.
 - storage by IFFCO-Tokio and its lawful agent/ third party for the period as stipulated under the Law for the time being in force;
 - producing records and log of the consent, Information on authentication, identification, verification etc. as evidence before a court of law, any authority or in arbitration.
- f) I, on my behalf and on behalf of all the persons proposed to be insured, hereby further authorize IFFCO-Tokio to share information pertaining to my proposal including the medical records of the person to be insured/ proposer for the sole purpose of underwriting the proposal and/or claims settlement with the Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, as may be required.
- g) **I voluntarily submit my Aadhar Card/Aadhar Number(including Virtual ID, e-Aadhaar) for the purpose of KYC and I understand that it is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card can also be submitted for the purpose of KYC.
- h) If after the insurance is affected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.
- i) I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the insurance company therein. The policy Coverage and exclusions, Rates, terms & Conditions have been explained to me in my language and have been understood by me.

I/We agree IFFCO-Tokio to call, send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry

Date	_____	_____
	Signature of Proposer:	Signature of the witness
Place:	_____	_____
	Name of Proposer:	Name and address of the witness

- Note:**
- Please fill in the proposal for carefully and answer all the questions honestly.
 - **Please do not leave any question blank or write “-“. This will only be construed as a “No” or “NIL” (or similar) declaration from the Insured**
 - **Incorrect or non-disclosure of facts will make the contract void and all the benefits under the policy including the premium paid shall be forfeited.**
 - People above **the specified** age should submit the prescribed test reports also along with proposal form. Please check with your agent for the details.
 - Insurance Company reserves the right to seek additional information, diagnostic reports, Certificate from a doctor etc any time before the acceptance of the proposal / inception of cover.
 - Company will reimburse 50% of the cost of prescribed tests, subject to a maximum of Rs. 1000/- in case the proposal is accepted.
 - Acceptance of the proposal is purely at the discretion of Insurance Company.
 - Insurance company may accept the proposal at revised terms and / or rates. In such case the Insured reserves the right to decline before commencement of policy.
 - Insured has a free-look period of 15 days from the inception of the policy subject to the guidelines of IRDA
 - Submission of this proposal does not entail the proposer any rights. The liability of the insurer commences only after the proposal is accepted by the Insurer, payment of premium before commencement of risk and/or the date of inception of risk mentioned in the policy (whichever is later)

SECTION 41 OF THE INSURANCE ACT 1938

PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938.

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take 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. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten Lakh rupees."

Agent's declaration

I, _____(Full Name) in the capacity of Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained (in vernacular/local language as well) to the proposer all the contents of this Proposal Form including the nature of the question(s), statement(s), information and response(s) submitted by him/her. Any detail submitted through this proposal form will be considered as the basis of the Contract of Insurance between the Insurer and the Proposer, subject to the acceptance of the proposal. I have further explained that in case of any untrue statement(s)/information/misrepresentation is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to reject the proposal or limit benefits under the policy at its sole discretion. Also, in case of non-disclosure of any material fact, the policy issued to his/her favour based on the Proposal form may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited by the company.

Signature of the Advisor/Corporate Agent/Broker/Relationship Officer)
License No. and Agency Code/Broker Code/ Employee No. _____

Date: _____ Place: _____ Signature of Agent _____

For Office Use Only Checklist: <ul style="list-style-type: none"> • Date of Acceptance: _____ • Medical Reports attached Yes / No No of Reports () • Approving Authority: SBU/ Regional Office/ Corporate Office • Approval /E-mail Approval attached Yes / No Date of Approval _____ 	OFFICE CODE: _____
---	---------------------------

Name of the Accepting Officer: _____ Signature of the Accepting Officer _____

Annexure – 1

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9

2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 -Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 – Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 –Acute hepatitis B without delta-agent and without hepatic coma; B17.0 –Acute delta-(super)infection of hepatitis B carrier; B18.0 -Chronic viral hepatitis B with delta-agent; B18.1 -Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37

13	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease
14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15.	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16.	Avascular necrosis (osteonecrosis)	M 87 to M 87.9