

## Corona Kavach Policy, United India

Proposal Form

### Important Instructions

(Please read the instructions below carefully before filling out this form)

- This Proposal Form shall be the basis of the policy to be issued. Thus, please provide all the information sought in this Proposal Form & all additional relevant information fully & accurately. Please do not leave any space blank or put dashes.
- The Company will not be on risk until the Proposal has been accepted by the Company and communication of the acceptance has been given to the proposer in writing after full payment of premium.
- Details of up to 6 Insured Persons, including the proposer, can be filled in this Proposal Form. For additional members, please use a fresh form.
- List of documents required is provided in Annexure A.

### I. Proposer Details

(Please submit a copy of Aadhaar/Passport/Election Photo ID Card/Latest Electricity Bill/Bank Pass Book as Proof of Address)

Name: .....

Date of Birth: DD/MM/YYYY Gender:  Male  Female  Transgender Marital Status:  Single  Married

Occupation:  Salaried  Self-Employed  Others, please specify .....

PAN Card No: ..... Aadhaar Card/Passport No: ..... E-Insurance Account No. ....  
(if available)

Address: .....

City: ..... State: ..... Pin Code: .....

Tel. No. (with STD Code): ..... (Home) ..... (Mobile)

E-mail: .....

### II. Nomination

(Please enter nominee details for the Proposer. For other members covered under the Policy, the proposer is deemed to be the nominee)

Nominee Name: ..... Nominee Relationship: .....

Nominee Address: .....

Nominee Contact No: .....

### III. Coverage Details

(Sum Insured is in Rs.)

Sum Insured Basis:  Individual Sum Insured  Family Floater Basis

Sum Insured Options:  50000  1 Lakh  1.5 Lakhs  2 Lakhs  2.5 Lakhs  3 Lakhs  3.5 Lakhs  4 Lakhs  4.5 Lakhs  
 5 Lakhs

Optional Cover Required- Hospital Daily Cash: 

Y	N
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Coverage required from ..... am/pm ..... of DD/MM/YYYY to midnight of DD/MM/YYYY

### IV. Insured Person Details

No. of Persons Covered (including proposer): ..... (in figures) ..... (in words)

Please paste a stamp size photograph and sign for each insured person in the box provided in the next page. In case of minor, guardian/proposer may sign.  
Another stamp size copy of the same photograph is to be submitted with this proposal form, with the proposer/insured person's name written on the back of the photograph.

<i>Proposer Photo</i>	<i>Insured Person 2 Photo</i>	<i>Insured Person 3 Photo</i>	<i>Insured Person 4 Photo</i>	<i>Insured Person 5 Photo</i>	<i>Insured Person 6 Photo</i>
<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>

All fields (except Aadhaar No.) are mandatory. Please do not leave any field blank.

Customer Code						
Details	Proposer	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
Name						
Date of Birth (DD/MM/YYYY)						
AADHAAR No.						
Age						
Gender (M/F)						
Sum Insured						
Height (cm)						
Weight (kg)						
Blood Group						
Marital Status						
Relationship with Proposer						
Dependent (Y/N)						
Occupation						

**V. Existing/Previous Insurance Policy Details**

Does any person proposed to be insured presently hold a health insurance policy from any Insurer (including UIIC)?  Yes  No

If yes, please give details below:

Details	Proposer	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
Company						
Policy No.						
Policy Name						
Expiry Date						
Sum Insured						
Servicing TPA						
Last Claimed Date						
Claimed Amount						

**VI. Medical Information**

Medical History of Proposer and Insured Persons. Tick Yes/No. Please do not leave the spaces blank

	Proposer		Insured 2		Insured 3		Insured 4		Insured 5		Insured 6	
Are/Is you/the person proposed for insurance in good health and free from physical and mental disease or infirmity or medical complaints	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Have any of the persons who are proposed for insurance ever suffered from/are suffering from any of the following:												
Genetic Disorders	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Diabetes Mellitus, Hypertension	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Blood Disorder, HIV/AIDS, Venereal Diseases	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Diseases of Cardiovascular system, Heart diseases	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Any disorder/disease of the stomach, intestine, liver, gall bladder, pancreas, kidney, urinary bladder, urinary tract	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Tumour, Cancer, Pre-cancerous lesion, ulcer, boil, cyst or wound etc. which does not heal or improve despite treatment	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Allergic disease	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Respiratory diseases	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Any other illness, disease, accident or surgery/operation sustained?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Any complaint that may necessitate treatment in the future?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

If you answered 'Yes' to any of the questions above, please give details in the table below.

Name of the Persons to be insured	Illness	Date of Last Consultation (DD/MM/YYYY)	Treatment Undergone	Name of the treating Doctor	Hospital Name, Phone No.	Present Status

## VII. COVID related Information

Information related to Proposer and Insured Persons. Tick Yes/No. Please do not leave the spaces blank

	Proposer	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Has/Have you/the person proposed for insurance travelled overseas/interstate in the past 15 days	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Has/Have you/the person proposed for insurance come into contact with any COVID 19 positive/ quarantined person in the past 15 days	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Have any of the persons who are proposed for insurance are experiencing any of the following symptoms:</b>						
Running Nose, fever, sore-throat, breathlessness, Loss of sense of taste and/or smell combined with or without body pain and weakness	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

## VIII. Payment and Bank Account Details

Premium Amount (₹): \_\_\_\_\_ (in words) \_\_\_\_\_

Premium Payment Modes:  Cash  Cheque  DD  Credit/Debit Card  ECS

Cheque No.: \_\_\_\_\_ Date: DD/MM/YYYY

Credit/Debit Card No. \_\_\_\_\_ Card Type:  Visa  Master Card Expiry Date: DD/MM/YYYY

Bank Name: \_\_\_\_\_ Bank Account No: \_\_\_\_\_

## IX. Declaration (Please read carefully and tick against each statement before signing the proposal form)

- 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 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 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 any time has attended on the proposer or from any past or present employer concerning anything which affects the physical or mental health of the proposer and seeking information from any insurance company to which an application for insurance on the 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.

I/We declare that I/We have submitted the above proposal along with payment of ₹ \_\_\_\_\_ by Cash/vide cheque/DD No/ dated \_\_\_\_\_ drawn on \_\_\_\_\_. I understand that the cash/cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.

I also confirm that the source of funds for premium paid under this policy is legal.

Date: DD/MM/YYYY Place: \_\_\_\_\_ Signature of the Proposer: \_\_\_\_\_

Name of the Proposer (in BLOCK letters): \_\_\_\_\_

## X. Vernacular Declaration

The proposal form is filled up by my representative, but the contents of the documents have been fully explained to me and I am willing to accept the coverage subject to terms, conditions and exceptions prescribed by the Insurance Company therein.

Date: DD/MM/YYYY Place: \_\_\_\_\_ Signature of the Proposer: \_\_\_\_\_

Name of the Proposer (in BLOCK letters): \_\_\_\_\_

Please note that this should necessarily be signed by the proposer and not his/her representative

## XI. Declaration from Intermediary

I/We confirm that I/We have explained the product features to the proposer and its suitability to him/her and other insured persons.

Date: DD/MM/YYYY Place: \_\_\_\_\_ Signature of Intermediary: \_\_\_\_\_

## XII. Statutory Warning (Section 41 of Insurance Act, 1938 – Prohibition of Rebates)

- 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 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 prospectus or tables of the Insurers.
- Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

## XIII. Office Use Only

Gross Premium: \_\_\_\_\_ Net Premium: \_\_\_\_\_

Intermediary Code: \_\_\_\_\_ Development Officer Code: \_\_\_\_\_

Issuing Office Code: \_\_\_\_\_

Issuing Office Address: \_\_\_\_\_

## XIV. Checklist (Please refer to Annexure A for list on what constitute as valid documents)

Please ensure all the following documents are attached along with the completed proposal form.

- |  |  |
|--|--|
| <input type="checkbox"/> ID Proof  | <input type="checkbox"/> 2 Stamp size photographs, one of which to be pasted in Section IV   |
| <input type="checkbox"/> Proof of Residence  | <input type="checkbox"/> PAN Details (in case PAN not available, Form 60 or 61 as per Rule 114B of the Income-tax Rule,1962 must be submitted) |
| <input type="checkbox"/> Proof of Age  |  |
| <input type="checkbox"/> Photocopies of all previous health insurance policies and endorsements, if applicable |  |

## Acknowledgement by the Company

Date: DD/MM/YYYY

We acknowledge the receipt of your proposal and amount by Cash/Cheque/Others \_\_\_\_\_ of amount of

Rs. \_\_\_\_\_ dated DD/MM/YYYY

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 a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 day

**Documents required**

1. Completed proposal form
2. Cancelled cheque (supporting bank account details)
3. Stamp size photograph (2 numbers) for each insured person
4. Pre policy check-up reports (if applicable)
5. Copy of existing health insurance policies (if applicable)
6. Proof of identity (any one document listed below)
7. Proof of residence (any one document listed below)
8. PAN Details (in case PAN not available, Form 60 or 61 as per Rule 114B of the Income-tax Rule,1962 must be submitted)

**Documentary proof**

Features	Documents
Proof of identity	<ol style="list-style-type: none"> <li>i. Passport</li> <li>ii. PAN Card</li> <li>iii. Voter's Identity Card</li> <li>iv. Driving License</li> <li>v. Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(c) of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer</li> <li>vi. Aadhaar Card</li> <li>vii. Job card issued by NREGA duly signed by an officer of the State Government</li> </ol>
Proof of Residence	<ol style="list-style-type: none"> <li>i. Passport</li> <li>ii. Driving License</li> <li>iii. Aadhaar Card</li> <li>iv. Voter's Identity Card</li> <li>v. Job card issued by NREGA duly signed by an officer of the State Government</li> <li>vi. Letter issued by National Population Register containing details of name and address</li> </ol> <p>Where the above documents do not have the updated address, the following documents shall be deemed to be valid documents for the purpose of Proof of Residence.</p> <ol style="list-style-type: none"> <li>i. Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill);</li> <li>ii. Property or Municipal Tax receipt;</li> <li>iii. pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address</li> <li>iv. Current Photo Passbook with details of permanent/present residence address (updated upto the previous month)</li> <li>v. Current statement of bank account with details of permanent/present residence address (as downloaded)</li> <li>vi. Ration card</li> <li>vii. Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof</li> <li>viii. Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)</li> </ol>
Proofs of both Identity and Residence	Written confirmation from the banks where the proposer is a customer, regarding identification and proof of residence.