



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014**

**PROPOSAL FORM FOR FAMILY MEDICARE POLICY**

**( for office use only )**

Agency Code :	Issuing Office code :
Development Officer code :	Issuing office address
Policy Number :	

**IMPORTANT INSTRUCTIONS**

Please read the prospectus before filling up this form.

A)This Proposal form will be the basis of the policy to be issued. It is therefore essential that all the information requested in this Proposal Form and all additional information relevant to the risk to be insured is provided fully and accurately. Do not leave any space blank or put dashes.

B)The company shall not be on risk until the proposal has been accepted by the Company and communication of acceptance has been given to the proposer in writing on full payment of premium.

C)Persons above 45 years of age will have to undergo, pre-acceptance health check up as detailed in the prospectus.

D)If other family members residing with proposer i.e., spouse and eligible dependent children are required to be covered, complete details of each person should be furnished. Two stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.

E)Fresh proposal form is required along with pre acceptance medical check up as mentioned in item (B) above, irrespective of age, when there is break in insurance cover or when there is request for enhancement in the sum insured of Rs one lac and above.

F)Persons porting (switching) from Health Insurance Policies of other non-life insurance or stand alone health insurance companies must complete Portability Form along with Proposal Form.

**G)Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud by the insured will nullify the cover under the policy.**

1.NAME OF PROPOSER : Mr/Mrs. \_\_\_\_\_

2.RESIDENTIAL ADDRESS: \_\_\_\_\_

Tel. No:

Fax No:

E-Mail: \_\_\_\_\_

3.Occupation:

4.Average Monthly Income Rs.

5.Total number of members to be covered : (in figures)  
(in words)

6.NAME, ADDRESS & TEL. NO. OF FAMILY PHYSICIAN \_\_\_\_\_

QUALIFICATION: \_\_\_\_\_ REGN. NO.: \_\_\_\_\_

7.Are you at present or have you been at any other time in the past covered under any other Insurance (PA, Cancer Insurance, Hospitalization Insurance or other Medical Insurance). If so, give particulars of:

1. Name of Insurer
2. Policy No.
3. Period of cover
4. Claim Amt. Recd./receivable

8.Any proposal for this Insurance or any other similar insurance refused or cancelled or higher premium charged. If so, give details:

**9.DETAILS OF PERSONS TO BE INSURED:**

Sr. No.	Name of all the Persons	Date of Birth	Age	Sex (M/F)	Relation with the Proposer	Sum Insured Selected	Signature	Nominee	Nominee relationship
1									
2									
3									
4									
5									
6									

10.MEDICAL HISTORY: Please answer the following questions with Yes or No (A dash is not sufficient and give full details in respect of all the persons to be insured)

1      2      3      4      5      6

1)Are you in good health and free from physical and Mental disease or infirmity?

2)Have you ever suffered from any illness or disease upto the date of making this proposal?

3)Do you have any physical defect or deformity?

4)Have you ever been admitted to any hospital/ nursing home/clinic for treatment or observation?

5)Has any of the persons proposed for insurance has suffered from any illness/disease or had an accident in the past? If so, give details as under:

Name of person	Nature of illness/disease/ Injury & treatment received	Date on which first treatment taken	First Treatment completed/is continuing	Name of attending medical practitioner/surgeon with his address & Tel. Nos.

**Note:** This information should be given for any of the persons proposed for insurance, if he/she had suffered from any illness/disease injury, please give details separately.

6)Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurers? If yes, then give details below:

7)Please give details of any knowledge or any positive existence or presence of any ailment, sickness or injury, which may require medical attention? If yes, then **furnish** details below:

Name of illness / injury	First diagnosed	Treatment taken

8)Are you suffering from any of the following conditions? Hypertension / Diabetes/ high cholestrol

9)Do you require TPA Services

YES

NO

(If "No", claim will be settled on reimbursement

basis only, and No reduction in Premium.)

10) Name of the Nominee - \_\_\_\_\_ Relationship \_\_\_\_\_

11) Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

12) Declaration:

1. I/We 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.
2. 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.
3. 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.
4. 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 assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the compare to share information pertaining to my personal 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 the Proposer :

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Place:

Photographs of Insured Persons:

Proposer	1	2	3	4	5
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Proposer	1	2	3	4	5
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**Section 41 of Insurance Act, 1938**

**PROHIBITION OF REBATES**

1) No person shall allow either directly or indirectly as an inducement of 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 except any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the insurer.

2) Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to five hundred rupees.

Remarks of Underwriter: