



STAR HEALTH AND ALLIED INSURANCE COMPANY LTD.

Corporate Office : 1, New Tank Street, Valluvarkottam High Road, Chennai - 600 034
 Phone : 044-2828 8800 Telefax : 044-2826 0062 Website : www.starhealth.in

Family Health Optima-Accident Care Insurance Proposal Form

The Company will not be on risk until the proposal has been accepted and full payment of premium has been made.

Please fill up the form in block letters. Also submit photograph of each of the person proposed for insurance for issuance of identity cards.

Name of the proposer :		
Address (India)		
Mobile No (India) :	Email Id :	Pan Card No.
Period of Insurance	From :	To :

Affix Photographs	Affix Photographs	Affix Photographs	Affix Photographs	Affix Photographs
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Family Physician's Name _____ Phone No. _____ Regn. No. _____

Insured person details (Please fill in the respective column for each of the person proposed to be covered):-

Sl. No.	Name of the person proposed for insurance	Sex M / F	Relationship with proposer	Date of Birth	Sum Insured Accident	Sum Insured for Health	Occupation	Weight	Height	Vol co Pay % For Health	PED
1											
2											
3											
4											
5											

Details of other / previous insurance:	1	2	3	4	5
1. Name of the Company					
2. Period of Insurance					
3. Sum Insured					
4. Policy No :					
Details of claims for Sickness and accident:					
1. Ailment for which claim was made					
2. Amount paid / rejected					
3. Year					
Health history – please provide answer in detail. A mere dash is not sufficient:					
1. Are you in good health and free from physical and mental disease of infirmity. If not give details.					
2. Have you ever suffered or suffering from any of the following:-					
a. Diabetes Mellitus					
b. High BP, Heart disease					
c. Stroke, epilepsy, fainting attack, chronic headache					
d. Tuberculosis, asthma, other respiratory infections					
e. Any disease of bones / joints, slipped disc, spinal disorder					
f. Cancer, malignant tumor					
g. Any gynecological disorder such as DUB, Fibroid Uterus, Ovarian cyst					
h. Diseases of stomach, liver, gallbladder, kidney, urinary bladder and prostate					
i. Fistula, piles, hernia, cataract. Disease /Disorder of Ear / Nose / Throat					
j. Any Disability whatsoever? If yes Details					

Have any of the persons proposed for insurance:	1	2	3	4	5
1. Had any medical test performed?					
2. Medication prescribed?					
3. Been advised surgery but not yet done?					
4. Receiving payment for any disability / injury / illness / disease					
5. Been treated as inpatient, mental or physical impairment					
6. Any other information relating to the health status of the person proposed / family history of any disease / conditions					
7. Do you use Tobacco / Alcohol or anyother addictives. If yes-Since how many years					

Section II (Accident Care Insurance Coverage)

1. Does your occupation require you to engage in Manual Labour : Yes / No

2. Do you engage in or propose to

- | | | | | |
|---|---|---|---|---|
| a. Racing on wheels or horse back | <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. Big Game hunting | <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 |
| c. Mountaineering | <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 |
| d. Winter sports, skiing or ice hockey | <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 |
| e. Ballooning or polo or sports of similar nature | <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 |
| f. Any other activities of similar nature | <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 |

3. What is your average monthly income : In Rs.

4. Nomination :

Name of the Nominee :

Age of the Nominee :

Relationship :

DECLARATION

I hereby declare and warrant that the above statements are true and complete. I consent and authorize the insurer to seek any information regarding the medical history of the persons proposed from any medical establishment/medical practitioner/employer/any person. I agree that this proposal shall form the basis of the contract should insurance be effected. If it is found that the statements, particulars, declarations, connected documents or any other information provided in the proposal form are incorrect or untrue or there is failure to disclose any material particulars, the insurance company incur no liability under this policy. I have read the terms of this insurance and I am willing to accept the coverage provided by the Company.

Date :

Place :

Signature of the Proposer

Prohibition of rebates : (Section 41 of the Insurance Act) No person shall allow or offer to allow either directly or indirectly as inducement 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 on the premium shown on the policy nor shall any person taking out 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. Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees.