



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

PROPOSAL FORM FOR HEALTH INSURANCE POLICY (2010)
Platinum/ Gold/ Senior Citizens

Please read the prospectus before filling up this form.

- A) 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.
- B) Persons above 45 years of age will have to undergo, pre-acceptance health check up as detailed in the prospectus.
- C) If other family members residing with proposer i.e., spouse, eligible dependent children and dependent parents 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.
- D) 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.
- E) **Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-co-operation 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. NAME, ADDRESS & TEL. NO. OF FAMILY PHYSICIAN _____

QUALIFICATION: _____ REGN. NO.: _____

6. 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

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

8. 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									
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9. 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:

<i>Name of illness / injury</i>	<i>First diagnosed</i>	<i>Treatment taken</i>

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 Assignee - _____ Relationship _____

11) Period of Insurance: From _____ To _____

12) Declaration: I declare that the persons proposed for insurance are my family members. I also declare that I have given explicit information on *any Pre-Existing* sickness/disease/injury sustained. I further declare that the above statements in respect of myself and my family members, are true and complete. I consent and authorize the insurers to seek medical information from any Hospital/Medical Practitioner who has at any time attended me or my family members or may attend concerning any disease or illness which affects my or my family members, physical or mental health. I agree that this proposal shall form

the basis of the contract should the insurance be effected. If after the insurance is effected, 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.

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: