

Application Number: _____

 Customer : ☐ New ☐ Existing

**INDUSIND - GROUP MEDICLAIM SUPER TOP UP INSURANCE (PLAN A)
 MASTER POLICY PROPOSAL FORM**

(Group Master Policy Holder)

PROPOSER'S DETAILS (MASTER POLICY HOLDER)

1. Name of Proposer* (IN CAPITAL LETTERS)	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T									
CIN Number:						GSTIN.:				
Entity Details:										
Mobile No.:						Email:				
Alternative Mobile No.:						Alternative Email:				
Permanent Address:										
Pin Code				State			City			
Communication Address:										
City				State			Pin Code			
Business of Proposer:										
Annual Turnover						Date of Birth: (Mandatory)				
PAN No.:	(Mandatory) If not provided Form 60 required.									
CKYC No.:	(for Individual customer)									

PROPOSER'S BANK DETAILS

1. Name of the Bank Account Holder	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T									
2. Bank Account No.:						3. Account: ☐ Saving ☐ Current				
4. Name of the Bank:										
5. Branch										
6. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)										
7. IFSC Code (11 character code appearing on your cheque leaf)										
☐ I understand that any refund due on the premium payment I any payment I claims to be directly credited to my aforesaid Bank Account. *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.										

Annual Deductible Lacs (in INR)	Sum Insured Lacs (in INR)					
1 Lac	2 Lacs	3 Lacs	4 Lacs	5 Lacs	9 Lacs	
1.5 Lacs	3.5 Lacs	6 Lacs	8.5 Lacs			

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2 Lacs	3 Lacs	5 Lacs	8 Lacs					
2.5 Lacs	2.5 Lacs	5 Lacs	7.5 Lacs	10 Lacs	12.5 Lacs	17.5 Lacs	22.5 Lacs	47.5 Lacs
3 Lacs	7 Lacs	12 Lacs	17 Lacs	22 Lacs	27 Lacs	47 Lacs		
5 Lacs	5 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	45 Lacs	95 Lacs	
7.5 Lacs	7.5 Lacs	15 Lacs	17 Lacs	22.5 Lacs	27 Lacs	30 Lacs	42.5 Lacs	92.5 Lacs
10 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	40 Lacs	90 Lacs	
15 Lacs	15 Lacs	30 Lacs	35 Lacs	45 Lacs	60 Lacs	85 Lacs		
20 Lacs	20 Lacs	30 Lacs	40 Lacs	55 Lacs	60 Lacs	80 Lacs	130 Lacs	
30 Lacs	30 Lacs	45 Lacs	60 Lacs	70 Lacs	90 Lacs	120 Lacs		

Optional Covers	Optional Covers	Sum Insured
Personal Accident(Tick the required option)	1. Accidental Death-Mandatory Cover under Optional PA Cover 2. Permanent Total Disability 3. Permanent Partial Disability	From 1 lakh to 25lakhs (in multiples of 1 lakh)
Burns and Broken	Bones Burns and Broken Bones	Broken Bones Option (i): Rs. 2.5 lakhs Option (ii): Rs. 1.5 lakhs Option (iii): Rs. 1 lakh Sum Insured for Burns shall be the same as the Personal Accident Sum Insured

The coverage's under IndusInd-Group Mediclaim Super Top Up Insurance are listed below

Built in Covers*		
Sr. No.	Benefits	Short Description
1	Medical Expenses	Coverage up to the Sum insured for medical expenses incurred against illness/injury that requires Inpatient or Day Care Treatment. It also covers Pre and Post Hospitalization for 60 and 90 days respectively.
2	Domiciliary Hospitalization	Coverage for medical expenses incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days.
3	Maternity Cover	Coverage up to Rs 1 lakh for the maternity expenses including pre-natal and post-natal hospitalization expenses incurred on Inpatient Treatment during the Policy Period. Benefit shall become available only after the expiry of 12 months from the date of inception of the first Policy with the Company. The payment under this benefit is limited to maximum two deliveries or termination(s) or either, during the lifetime of the Insured Person. This cover is available for Aggregate Deductible Rs 2 lakhs and above
4	Organ Donor	Coverage for the medical expenses (up to the S.I) incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on insured person during the Policy period
5	AYUSH treatment	Coverage for Medical Expenses which are incurred on treatment under Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy up to the Sum Insured

6	Ambulance Cover	Coverage up to an amount of Rs 3500 per Hospitalization for Expenses incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider
7	Modern Treatment Methods	Coverage up to 50% of S.I under this benefit for the medical expenses incurred during the Policy Period on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of mentioned Modern Treatment Methods in the policy wordings
Optional Covers(Personal Accident)**		
1	Accidental Death	This Cover compensates the Insured Person / Nominee / Legal Heir / Assignee, with the opted Personal Accident Sum Insured for the Death of an Insured Person caused by an Accident
2	Permanent Total Disability	This Cover compensates the Insured Person / Nominee / Legal Heir / Assignee, with the Personal Accident Sum Insured, for the Permanent Total Disability of an Insured Person caused by an Accidental injury
3	Permanent Partial Disability	This Cover compensates the Insured Person, upto the Personal Accident Sum Insured, as per pre-defined payout grid, for the Permanent Partial Disability caused by an Accident
4	Burns and Broken Bones	This Cover compensates the Insured Person, for Broken Bones and Burns caused by an Accident, as per pre-defined payout grid.

Please refer the policy wordings for detailed information and understanding of the coverages.

Note

* Insured Person can claim under the Built in Covers only after the medical expenses incurred during the Policy Period exceed the annual Aggregate Deductible under this Policy.

** The covers listed as Optional Covers (Personal Accident) are available to the Insured persons except dependent children as defined under the Policy

**Payment for Permanent Partial Disability, Burns and Broken Bones is as per pre-defined benefit table under the Policy Wordings

GENERAL EXCLUSIONS:

This is only a brief summary of the exclusions in your policy, for full list of general exclusions please refer to policy terms and conditions:

Investigation & Evaluation, Rest Cure, rehabilitation and respite care, Obesity/ Weight Control, Change-of-Gender treatments, Cosmetic or Plastic Surgery Hazardous or Adventure sports, Breach of law, Excluded Providers, Drugs or treatments, Wellness and Rejuvenation, Dietary Supplements & Substances, Refractive Error, Unproven Treatments, Sterility and Infertility, Aggregate Deductible, Dental Treatments, External Congenital Anomaly, Treatment other than Medically Necessary Treatment, Non-medical expenses, Nuclear and radiological emissions, acts of terrorism, Outpatient treatment, Overseas treatment, Charges other than Reasonable & Customary Charges, Self-injury or suicide, Treatment outside discipline, War, Wilful Act/Negligence

(Note- Please refer policy wordings for details of exclusions)

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

 Signature of Proposer

DECLARATION & WARRANTY ON BEHALF OF MASTER POLICYHOLDER

- I/We hereby declare, on behalf of Master Policyholder, 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, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full payment 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 life to be insured / 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 hospital who at any time 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 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.
- 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 hereby authorize IndusInd General Insurance Company Limited to collect the information provided by me. The Company may deal with this information for the purposes as detailed under the Company's Privacy Policy


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022 4890 3009 (Paid)



74004 22200 (WhatsApp)



[<https://www.indusindinsurance.com/Insurance/Home.aspx>] and the Terms of Use

[<https://www.indusindinsurance.com/Insurance/Home.aspx>] which I acknowledge to have been understood by me and shall be bound by the same. I shall have the right to withdraw such consent at any given time by intimating as such to the Company in writing.

- I have read & understood the full texts, features, disclosures, terms, conditions & exclusions under the product(s)

Place: _____

Date: _____

Signature of Proposer

AGENT / INTERMEDIARY'S DECLARATION [IN CASE BUSINESS IS SOURCED THROUGH AN AGENT / INTERMEDIARY] / EMPLOYEE [IN CASE BUSINESS IS SOURCED BY AN EMPLOYEE]

Agent / Intermediary confirmed using a tick box provided for recording following consent

☐ I, (Full Name) _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/ IndusInd General Insurance Company Limited, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between IndusInd General Insurance Company Limited and the Proposer, if this Proposal is accepted by IndusInd General Insurance Company Limited for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by IndusInd General Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to IndusInd General Insurance Company Limited. The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name	Code
IMD Employee Code	Code
IMD Branch Name	Code

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. 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 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 prospectuses or tables of 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.