

Proposal Form No: _____

Date of Proposal and Declaration: DD/MM/YYYY

INDUSIND - GROUP HOSPI CASH INSURANCE (PLAN A) - MASTER POLICY PROPOSAL FORM
INTERMEDIARY DETAILS

Intermediary Name		Code	
IMD Employee Name		Code	
IMD Branch Name		Code	

PROPOSER DETAILS (MASTER POLICY HOLDER) (To be filled in BLOCK LETTERS)

Name of Proposer	☐ 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			
City		State	
Pin Code			
Communication Address			
City		State	
Pin Code			
Business of Proposer		Annual Turnover	

MANDATORY BANK DETAILS

Bank Name	
Account Number	
IFSC Code	

POLICY DETAILS

Type of Policy	☐ Credit Linked Insurance Policy ☐ Non- Credit Linked Insurance Policy
Policy Period	Start Date DD/MM/YYYY End Date DD/MM/YYYY
Daily Cash Amount (Please specify in Rs)	_____ (Ranging from 500 to 10000)
Number of Days (Tick the required options)	☐ 30days ☐ 60days ☐ 90days ☐ 180days


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OPTIONAL COVERS (TICK/SPECIFY THE REQUIRED OPTIONS AND LIMITS)

Covers	Limits
Convalescence Cover ☐	_____ (Options- 3 times/5times /10 times of Daily Cash Amount)
Personal Accident Cover ☐	_____
Accidental Medical Expenses ☐	20% of Personal Accident Sum Insured or Rs 5 lakhs whichever is minimum
Companion Cover ☐	Daily Cash Amount *50% *Selected max. No. of days
Maternity Cover ☐	5 times of Daily Cash Amount or Rs 35000 whichever is less
Time Deductible ☐	☐ 24 hours ☐ 36 hours ☐ 72 hours
Waiver of Waiting Period for Pre-Existing Disease ☐	☐ 0 months ☐ 12 months ☐ 24 months
Waiting Period for Specified disease/procedure	Waiting Period for Specified disease/procedure shall reduce to 12 months

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

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.

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 person 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 (<https://www.indusindinsurance.com>) and the Terms of Use (<https://www.indusindinsurance.com>) 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)

Signature: _____

Date: _____

Place: _____

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 Health. 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.

Agent / Intermediary Name:		Agent / Intermediary Code:		License No.
License Validity	From	To	DD/MM/YYYY	
Signature of Agent / Intermediary		Date	DD/MM/YYYY	
Name		Name		

PROHIBITION OF REBATES- SECTION 41 OF THE INSURANCE LAWS (AMENDMENT) ACT, 2015:

- 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.
- 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.

**ANNEXURE ATTACHED TO THE PROPOSAL FORM
COVER DETAILS (For Reference Only)**

The below descriptions are indicative. Please refer the Policy Wordings for complete description, terms and conditions relating to the Covers listed below.

Daily Cash Amount: Options Ranging from Rs. 500 to Rs. 10000

Benefit Title	Payout	Sub-limits/ Deductible	Maximum Liability
Base Covers			
1. In Patient Treatment	Daily Cash Amount per day (24 hours) of continuous In-patient hospitalization This shall also include the AYUSH Treatment, maximum upto 15days of In-Patient Treatment.	Option of 30/60/90/180 days AYUSH Treatment, maximum upto 15days of In-Patient Treatment	Daily Cash Amount* Selected max. no. of days
2. ICU Cover	Additional 100% of Daily Cash Amount per day (24 hours) of continuous ICU hospitalization Amount shall be payable maximum for 15 days if Policyholder has opted 30 days of In-Patient Treatment and 30 days if Policyholder has opted 60/90/180 days of In-Patient Treatment	Option of 15/30 days	Daily Cash Amount* 100% *Selected Max. No. of Days
3. Day Care Treatments	Lump sum amount equal to Daily Cash Amount for each Incidence of Day Care Treatment	Payable five times in a Policy Period	Daily Cash Amount *5
Optional Covers			
4. Convalescence Cover	Selected Lump sum amount, where In-patient Hospitalization is for minimum 10 days. Options: 3 times, 5 times, 10 times of Daily Cash Amount	Payable once in a Policy Year	Daily Cash Amount *(3 or 5 or 10)


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5. Personal Accident Cover	Lumpsum amount up to selected Personal Accident Sum Insured for: - Accidental Death, - Permanent Total Disability, - Permanent Partial Disability Personal Accident Sum Insured Options-ranges from 5 lakhs to 100 lakhs (in multiples of 5 lakhs)	Personal Accident cover for dependent child shall be limited to 20% of selected Personal Accident Sum Insured of the Policyholder	Personal Accident Sum Insured
6. Accidental Medical Expenses*	Medical expenses on indemnity basis for: - In-Patient Treatment - Day Care Treatment - OPD	20% of the Personal Accident Sum Insured, maximum upto Rs. 5 lakhs. Deductible of Rs. 1000 applicable on each and every OPD claim.	PA Sum Insured *20%, or Rs. 5 lakhs, whichever is lower
7. Companion Cover	Additional 50% of Daily Cash Amount per day (24 hours) of continuous In-patient hospitalization	Same as opted under Benefit 1	Daily Cash Amount *50% *Selected max. no. of days
8. Maternity Cover	Lumpsum payment of 5 times of Daily Cash or Rs 35000 whichever is lower	Maximum two claims payable in a lifetime	5 times of Daily Cash Amount or Rs 35000 whichever is lower
9. Time Deductible	Selected Time Deductible shall be applicable on each and every In-Patient Hospitalization claim Time deductible Options: 24/48/72 hours Time Deductible shall not be applicable to Benefit-3 (Day Care Treatments), Benefit-4(Convalence Cover), Benefit-5(Personal Accident Cover), Benefit-6(Accidental Medical Expenses) and Benefit-8 (Maternity Cover)		
10. Waiver of Waiting Period for Pre-Existing Disease	This Cover shall reduce the Waiting Period for Pre-Existing Diseases to zero ,12 months or 24 months as the case may be.		
11. Waiting Period for Specified disease/procedure	This Cover shall reduce the Waiting Period for Specified Disease/Procedure to 12 months.		

*Benefit - 6 Accidental Medical Expenses shall only be available if Benefit - 5 Personal Accident Cover has been opted under the Policy

Note - The Total Liability of the Company with respect to any one Insured Person during a given Policy Year shall be limited to the total of the cover wise (as opted) maximum liability listed in the above table.