Health Recharge Proposal Form





URN: 011

1. Proposer Details:
Title [Name [Name] Name [N
DOB DDMMYYYYY Gender: Male Dother Nationality
Current address
Landmark City
District State Pincode Pincode
Landline number Mobile number
Email ID [
Aadhaar Number (Optional) PAN Number
Annual income (Rs) (Mandatory for premium above Rupees 50,000 in cash and Rupees 1 lac through other modes)
Employment Salaried Self-employed Student Housewife Other, please specify
Premium paid by Relationship with Proposer
Do You or any of the proposed applicants have an existing policy with Niva Bupa? Yes No
(If yes, please provide the policy number
Are you or any of the proposed applicants a PEP#? Yes No **Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e. Heads / ministers of central or state government, senior politicians, senior government, judicia
or military officials, senior executives of government companies, important party officials. (If you have ticked against PEP, kindly fill the separate PEP questionnaire)
Bank details:
Bank name Account number
Account number IFSC Code IFSC Code City Cit
Details of Electronic Insurance Account (eIA) Do you wish to have this Policy credited to an e-Insurance account? (Please select any one)
No, I do not have an e-insurance account and do not wish to open one Yes, credit this Policy to my e-Insurance account
If yes, Please share existing e-Insurance Account No.
Please select Insurance Repository Name (you have opened your account with)
[] 1. NSDL [] 2. CIRL [] 3. KARVY [] 4. CAMS (Please select any one)
Or
I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (elA form) along with relevant documents)

2. Coverage Selection:								
Are you applying for portability: Yes Yes Wes", please fill the separate portability form also). Please tick the relevant boxes: Base coverage:								
Lives to be covered: [] 1A [] 1A+1C [] 1A+2C [] 1A+3C [] 1A+4C [] 2A [] 2A+1C [] 2A+2C [] 2A+3C [] 2A+4C								
Sum Insured: (Rs.) [] 2Lac [] 3Lac [] 4Lac [] 5Lac [] 7.5Lac [] 10Lac [] 15Lac [] 25Lac [] 40Lac [] 45Lac								
65Lac								
Policy term: [] 1 Year [] 2 Years [] 3 Years								
Deductible amount: Please mention the deductible amount chosen (Rs.):								
Optional coverage under the product:								
 a. Personal Accident Cover: Yes No If yes, then please choose the lives to be covered: Primary Insured Person Primary Insured Person along with spouse Are the lives to be covered under this optional benefit involved in a job or an occupation related to working as a staff in an aircraft or a sea going vessel, underground mining or tunneling, armed forces or security forces, participating in any adventure sports (including motor speed contests)? Yes No Personal Accident Cover Sum Insured (Rs.): b. Critical Illness Cover: Yes No If yes, then please choose the lives to be covered: Primary Insured Person Primary Insured Person along with spouse 								
Critical Illness Cover Sum Insured (Rs.):								
c. Modification in room rent: [1] Yes [1] No (Note: This option is available only for Sum Insured up to Rs. 4 Lacs and deductible more than Rs. 50,000. By selecting this option, entitlement for the maximum room rent eligibility will be Single Private Room)								
3. Details Of Applicants For Insurance:								
Name Gender Male Female Other Height (ft) (inch) Weight (kg) Waistline (inch) Date of Birth D D M M Y Y Y Y Please tick if not Indian Relationship to Proposer (Please tick option): Self/Spouse/Son/Daughter-in-law/Daughter/Son-in-law/Father/Mother/Father-in-law/Mother-in-law/Grandfather/Grandson/Granddaughter/Brother/Sister/Sister-in-law/Brother-in-law/Nephew/Niece/Employee								
Name ()								
Name Male Female Other Height (ft) (inch) Weight (kg)								
Gender [] Male [] Female [] Other Height [] (ft) [] (inch) Weight [] (kg) Waistline [] (inch) Date of Birth [D D M M Y J Y J Y J Y]								
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Child 3	Name Male Gender Male Waistline Relationship: Son	(inch)	Date of Birth	leight (ft) D D M M Y Y of Adult 1	[] (inch) Y Y Please tick if not	Weight [] (kg)			
Child 4	Name Gender Malwaistline Relationship: Son	(inch)	Date of Birth	leight (ft) D D M M Y Y of Adult 1	[] (inch) Please tick if not	Weight [
In the		ninee would co				ominee named below. The receipt of nee for all other applicant(s) shall be			
	Nominee Name	Date of Birth	Relationship with the Proposer	Address and cor	ntact details of Nominee	Appointee Name (if nominee is less than 18 years of age)			
5. Medical and Habits Information IMPORTANT: Please ensure that all the questions in this section are answered truthfully and completely as the information You provide here will fo									
basis	of underwriting by N	liva Bupa. Plea		te, incorrect, partially		ffect your claim and/or coverage.			

SECTION A: Please share information on medical conditions													
Please answer the following questions for each applicant.	Applicant Number												
Please circle Yes (Y) or No (N)	A1		A2		C1		C2		С3		C4		
 i. Have you ever been hospitalized for more than 5 days, undergone / advised to undergo any surgical procedures, or taken any medication/ had any symptoms for more than 14 days? Medication is including but not limited to inhalers, injections, oral drugs and topical applications. 	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	
ii. Have you ever had adverse findings to any diagnostic tests or investigations such as Thyroid Profile, Lipid Profile, Treadmill test, Angiography, Echocardiography, Endoscopy, Ultrasound, CT Scan, MRI, Biopsy and FNAC?	Υ	N	Υ	N	Υ	N	Υ	N	Υ	Z	Υ	Z	
iii. Do you have diabetes or high blood pressure?	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	
iv. Do you have any pre-existing diseases / conditions?	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	
v. Have you ever been diagnosed or treated for any genetic / hereditary disorders or HIV / AIDS?	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	
vi. Have you ever been diagnosed or treated for any mental/ psychiatric disorders?	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	

SECTION B: (Please fill this section only if	Applicant Number											
the applicant smokes or consumes tobacco/ gutkha/ pan masala or alcohol)	A1	A2	C1	C2	C3	C4						
i. Chewable tobacco/Gutkha/Pan Masala - please specify number of pouches per day												
ii. Alcohol - please specify ml per week and/or Daily Drinker	Daily Drinker	Daily Drinker	Daily Drinker	Daily Drinker	Daily Drinker	Daily Drinker						
iii. Cigarettes/Bidi/Cigar - please specify consumption per day												

Applicant Number		symptom(s) or procedure			Medication(s)	Dosage			tatus	Treating doctor's			Documents attached	
Hamber	If Diabetes HbA1c	If High bloc	od pressure evel					(e.g. Complete/ partial recovery or ongoing					(Yes/No)	
	Level	Systolic	Diastolic	Details	(DD/MM/ YYYY)			tr	reatm	ent)	de	tails		
Past Propos	sals													
	1.6 116													
						nt or critical tponed, loaded or	A1	Δ	A 2	pplica C1	nt Nui		C3	C4
subjected to	any specia	l conditions	such as excl	usions by	any insurar	nce company?	YN			YN		N Y	_	Y 1
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Signature of the Proposer

10. Proposer Declaration (Certification where for any reason, the proposal and other connected papers are not filled in by the Proposer). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the under my instruction and I found it to be correct. proposed contract. The Proposal Form is filled by Signature of the Proposer 11. Premium Details (for office use only) 12. Additional details for Bancassurance channel only (for office use only) Premium payment option **Demand Draft** Cheque **Branch Code** SP Code Credit card RM/LG code Premium amount Customer account number Online payment transaction ID: 13. Insurance advisor's report (for office use only) Date 1. Are you related to the Proposer? Yes/No; If yes, nature of relationship? Bank name/branch 2. For how long have you known the Proposer? Years Months Niva Bupa branch location 3. Are you satisfied with the identity of the Proposer? Yes Code No. 4. Does the Proposer or any applicant have any physical deformity/defect or Business sourced by: mental retardation? Advisor/DST/Corporate Agency/Other Channels 5. Have you explained the terms of the proposed policy, conditions for Code No renewability, exclusions, waiting periods of the Policy and has the Proposer personally completed the health declaration? Yes No Name 6. Do you recommend acceptance of this proposal form considering all the factors including moral hazard? 7. Have you dispassionately advised the Proposer and provided all information Proposal received on: to enable the Proposer to decide in the best cover that would be in his/her

14. Statutory Warning

Is Proposer or the applicant a staff?

Customer ID:

Prohibition of Rebates (Under Section 41 of the Insurance Act 1938)

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.

interest?

Yes

Signature of the

Insurance Advisor

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.

Niva Bupa Health Insurance Company Limited; Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024

Disclaimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Customer Helpline: 1860-500-8888. Website: www.nivabupa.com. CIN: U66000DL2008PLC182918. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.

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Health Recharge Key Feature Document (KFD)

Niva Bupa is dedicated to being fair and transparent with its customers. This document summarizes the key features of your Policy, however it does not replace your Policy contract and we encourage you to read all the details of your Policy before you conclude the purchase of this product.

Niva Bupa Health Recharge provides you with a range of benefits at a competitive price, ranging from hospitalization to multiple optional benefits like personal accident cover and critical illness cover, to better meet your needs.

You have to mandatorily choose an annual aggregate claim deductible amount in this Policy. Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted.

The following base benefits are provided, subject to some limits and exclusions as specified in the Policy contract:

- Inpatient care at a hospital, including room rent and ICU charges
- Pre and post hospitalization expenses for 60 and 90 days respectively
- Alternative Treatment
- Day Care Treatment
- Living organ transplant
- Domiciliary hospitalization
- Emergency ground ambulance
- Unlimited tele / online consultations
- Pharmacy and Diagnostic booking services
- Loyalty Additions (applicable only for Base Sum Insured <= Rs.25 Lacs): For each Policy Year, We offer an additional 5% of expiring Base sum insured up to at any time a maximum of 50% of base Sum Insured of that Policy Year. There will be no increase in sub-limits (if applicable) for any of the benefits.
- Expenses incurred for inpatient treatment for mental illness are covered under the policy up to Sum Insured subject to sub-limit for specific conditions as specified in the policy document.
- Expenses incurred for Hospitalization (including Day Care Treatment) due to condition caused by or associated with HIV / AIDS are covered under the policy.
- Artificial Life Maintenance.
- Modern treatments including oral chemotherapy, robotic surgeries etc. covered up to Sum Insured subject to sub-limits applicable on few treatments.

The following optional benefits are provided subject to some limits and exclusions as specified in your Policy:

- Personal accident coverage against accidental death, permanent total and partial disability
- Critical illness coverage for 20 major illnesses*.
- Room rent can be modified to single private room; covered up to Sum Insured (available only for deductible more than INR 50,000 and Sum Insured up to INR 4 Lacs)

Please note that an additional annual premium is charged for the optional benefits.

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Product Name: Health Recharge | Product UIN: NBHHLIP22156V032122

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Note that waiting periods are applicable as per the Policy:

- Pre-existing Disease waiting period of 36 months since inception of the policy and subject to continuous renewal. For Critical Illness cover, pre-existing disease waiting period would be 48 months.
- Initial Waiting Period of 30 days unless the treatment needed is the result of an Accident. For Critical Illness cover, initial waiting period would
- Specific Waiting Period of 24 months, since the inception of the First Policy with us, for some listed illnesses, unless the condition is directly caused by Cancer (covered after Initial Waiting Period of 30 days) or an Accident (covered from day 1).
- Please note that Waiting Periods shall not apply to e-Consultation, Personal Accident Cover and Critical Illness Cover, unless mentioned

Note that standards exclusions are applicable as set out in the Policy contract. In addition, based on the underwriting results, some specific exclusions or personal waiting period might also apply to your Policy.

Other key features of your Policy are as follows:

- Individual or family floater cover (up to 2 adults and 4 children), with any addition or deletion of member(s) in the Policy being done only at the time of renewal.
- Lifelong renewability of your Policy subject to your confirmation and timely payment of the due premium.
- Your renewal premium will increase based on your age band but will not alter based on your claim experience. Renewal premium rates for the product may be revised in future subject to IRDAI approval and in accordance with the IRDAI's rules and regulations as applicable from time to time.
- In case your proposal is declined for issuance, you will bear 100% of the cost incurred towards the cost of Pre Policy Medical Check-up (PPMC).

Notes:

Free look provision: If you do not agree to the terms and conditions of the policy, you may cancel the policy, stating your reasons within 15 days of receipt of the policy document provided no claims have been made under any benefits. The premium shall be refunded after deducting charges for medical check-up, stamp duty and proportionate risk premium for the cover period. The free look provision is not applicable at the time of renewal of the policy.

Premium: kindly deposit the premium amount through a secure mode of payment in the name of niva bupa health insurance company limited.

In case of any query or claim, please contact our Customer Helpline Number 1860-500-8888.

I hereby consent to and authorize the Company to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time.

Renewal payment sign-up

(ACH) / Standing Instructions (SI) with the Company. Under this option	de every year through continuing your existing Automated Clearing House, your Policy can be renewed promptly, but subject to you completing all equired by the Company. This will ensure continuity of your policy benefits.
I want to opt for the ACH/SI renewal option.	
Date:	Signature of Proposer:
Place:	Name of Proposer:
Niva Bupa Health Insurance Company Limited; Registered office:- C-98, First Fl	loor, Lajpat Nagar, Part 1, New Delhi-110024
,	rance Company Limited (formerly known as Max Bupa Health Insurance Company ed trademarks of their respective owners and are being used by Niva Bupa Health

Insurance Company Limited under license. Customer Helpline: 1860-500-8888. Website: www.nivabupa.com. CIN: U66000DL2008PLC182918. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.

Product Name: Health Recharge | Product UIN: NBHHLIP22156V032122 **Acknowledgment By The Company** Application No. We acknowledge with thanks the receipt of your proposal and amount by Cheque/Demand Draft/Others __ of amount of Rs. _ dated ______ drawn on _______. Neither the submission to us of a completed proposal for Insurance nor any payment made towards issuance of a Policy obliges us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy's terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment after deducting cost of medical tests, if any, received from you without interest.

Name and signature of the receiver and office seal

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