

DETAILS OF COVERAGE/BENEFITWhether existing benefits covered under the expiring year policy to be continued as it is or not? Yes No

If No – then changes required in the coverage and limit of benefits to be specified: _____

List of Coverages / Benefits	Existing Policy	Renewal Policy	Revised terms of coverage, if any
Basic Cover:			
Restrictions in Coverages:			
Cappings applicable, if any:			
Co-payment, if any:			

Please select any one of the below options for disease-wise sub-limits

Disease	Sub-limit options (in ₹)				
	20,000	25,000	30,000	35,000	40,000
Cataract					
Hysterectomy					
Removal of Gall Bladder					
Surgery for Piles					
Surgery for Fissure, Fistula					
Angiography Invasive					
PTCA					
Appendectomy					
D & C					
Hernia					
Deviated Nasal Septum and Sinus					
Surgery for Renal Stone					
Prostate Surgery TURP					
CABG					
Bilateral Total Knee / Hip Replacement					

INCLUSION OF TREATMENTS EXCLUDED IN BASE POLICY (Please select the Options Required)**Type of Add-on:** Addition of Modern Surgeries Excluded in Base Policy**Please select the Options Required:** LASIK Surgery Sub Limit (indemnity cover) Infertility Treatment Cochlear Implant Sleep Apnoea **ANNEXURE – 1**

Sr. No.	Emp. No.	Name of Employee / Primary Member	Name of Dependent	Relationship	DOB	DOJ	Designation	Gender	SI	Nominee Name & Relationship	Bank a/c No.	IFSC	Bank Name	Bank Branch

(Individual member details to be furnished by way of Annexure - 1)

Is any of the member or their family member a politically exposed person? If yes, please provide details through Annexure – 1.

DECLARATION & AUTHORIZATION

- a. I/We hereby declare, on my behalf and on behalf of all person(s) proposed to be insured, that the above statements, answers and/ or particulars given by me/us are true and complete, in all respects, to the best of my/our knowledge and that I/we am/are authorized to propose on behalf of these other persons .
- b. I/We understand that the information provided by me/us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable .
- c. 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.
- d. I/We declare that I/We consent to the Company seeking medical information from any doctor or hospital, who/ which , 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 insured/proposer and seeking information from any insurer to which an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- e. I/We authorize the Company to share information pertaining to my/our proposal including the medical records, of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement with any Governmental and/or regulatory authority.

Date:

Place: _____

Signature of Proposer/Authorized signatory

Stamp, where the proposer is a juristic person
(On behalf of all the persons to be insured under the policy)

OTHER IMPORTANT DECLARATIONS

- a. I/We agree to receive service related information from Edelweiss General Insurance Co. Ltd. and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.
- b. I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to availing the insurance policy from the Company.
- c. I/We hereby agree that this declaration shall form the basis of the contract between me/ us and Edelweiss General Insurance Company Limited. I/We, hereby, further declare that this proposal form is signed with my own free will/consent and no person has directly and/or indirectly misguided and/or induced me/us to enter into the said insurance Contract
- d. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab initio and the premium paid shall be forfeited to the Company.

VERNACULAR DECLARATION

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the company).

Name of the Proposer:

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:

Signature of the Proposer

Signature of the witness:

Date:

Name of witness:

Place: _____

DECLARATION BY INSURANCE AGENT/ INTERMEDIARY

I _____, in my capacity of an insurance agent/ specified person of the corporate agent/ authorised employee of the broker/ person authorized to solicit on behalf of Edelweiss General Insurance Co. Ltd., do, hereby, declare that I have explained the product features, including its suitability, the contents of this form and the nature of the questions contained in this form, to the proposer, including statement(s), information and response(s) submitted by him/her/them in this form to questions contained herein; and that any details sought will herein form the basis of the contract of insurance between Edelweiss General Insurance Co. Ltd. and the proposer, if this Proposal is accepted by Edelweiss General Insurance Co. Ltd. for issuance of the policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/ are contained in this form, including addendum(s), affidavit(s), statement(s), submission(s), furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the policy issued in his/her/its favour, pursuant to this proposal, may be treated as null and void at the option of Edelweiss General Insurance Co. Ltd. and all premium amounts paid under the policy may stand forfeited to Edelweiss General Insurance Co. Ltd.

Name of intermediary: _____ Date: Signature: _____

Place: _____ SP Name: _____

SP Code: _____ License No. (Agency/ Corporate Agency/ Broking/ Authorized person): _____

Prohibition of Rebates as per Section 41 of the Insurance Act, 1938 (as amended from time to time)

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 prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

As a go-green initiative, Edelweiss General Insurance Co. Ltd. shall be sending the policy documents to your e-mail address, as provided by you in this proposal form.

I do not want the physical copy of my policy documents.

I want the physical copy of the policy documents to be sent to my address, as mentioned in this proposal form.

ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal dated towards Edelweiss Group Health Insurance Policy of employees/beneficiaries of _____.

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised or the requirement for pre-policy check-up is not fulfilled.

Date:

Signature of the Receiver
and Official Seal

