Edelweiss | GENERAL INSURANCE

This health policy will pass the strictest check-up with flying colours!

Instructions for filling up the form (to be filled by Proposer)

1. Please give us complete information about yourself by answering all the questions correctly. If a question is not related to you, just write that it is not applicable.
2. We are issuing you this Insurance cover with the best intentions of serving you. We hope you have not only given us all the important information related to you, but also any other information which you think can be of real importance. If there is any such information, please provide it.
3. If we come to know that you have not given correct information and / or have hidden some important fact in this Form, personal statement and / or any other related document, the Policy will be cancelled and your insurance cover will stop immediately.
4. If you have any doubts and want more information, kindly contact our office nearest to you, or your Agent.
5. We request you to use the original Proposal Form only, because photocopies will not be accepted.

NOTE: The insurance cover will start only after we accept your Proposal Form and receive the full premium.

Servicing Branch Code: ______________ **Servicing Branch Name:** ______________

About your Intermediary, who's looking out for you!

Intermediary name: ______________ Intermediary reference code: ☐☐☐☐☐☐☐☐☐☐

Intermediary Contact: ☐☐☐☐☐☐☐☐☐☐ Intermediary Email: ______________

Intermediary Sales Person's name: ______________ Intermediary Sales Person's contact: ☐☐☐☐☐☐☐☐☐☐

Intermediary Sales Person's code: ☐☐☐☐☐☐☐☐☐☐ Source code: ☐☐☐☐☐☐☐☐☐☐

POS UID Aadhaar No./PAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The Proposer: the most important person here!

Name:(Mr./Ms./Mrs.): (First Name) (Middle Name) (Last Name)

Postal Address: ______________

Locality: ______________ City: ______________

Pin Code: ☐☐☐☐☐☐ State: ______________ Landmark: ______________

Permanent Address: (If same as above, please tick here:) ______________

Locality: ______________ City: ______________

Pin Code: ☐☐☐☐☐☐ State: ______________

Telephone: ☐☐☐☐☐☐☐☐☐☐☐ Mobile: ☐☐☐☐☐☐☐☐☐☐☐ Email: ______________

Date of Birth: D D M M Y Y Y Y Gender: Male ☐ Female ☐ Third gender ☐ Marital Status: ______________

Annual Income: ______________

ID Proof Type: *PAN ☐ Passport ☐ Driving License ☐ EPIC ☐ Form 60 ☐

Nationality: Indian ☐ Other (Pl. Specify): ______________

Occupation: Salaried ☐ Self Employed ☐ Others ☐ Details (if others): ______________

Do you have any active Policy with us (For example, Motor, Health, Fire, etc)? Yes ☐ No ☐

If Yes, Provide the policy number & Customer ID: ______________

Any other active Policy With any other Edelweiss Group Company? Yes ☐ No ☐ Is yes, Please provide the below details:

1. Policy Number: ______________ 2. Group Company Name: ______________ Product Details: ______________

Are you an Edelweiss Group Employee? Yes ☐ No ☐ If Yes, please provide the Employee number: ☐☐☐☐☐

Are you applying for Portability? Yes ☐ No ☐ If Yes, please fill the Portability Form separately and also (Annexure A).

Details of the Policy you're applying for.

Sum Insured	
Pre-hospitalization	Please select any one option: 0 days,30 days, 60 days , 90 days, 120 days
Post-hospitalization	Please select any one option: 0 days,30 days, 60 days, 90 days, 120 days ,180 days
Day Care Treatment	Please select any one option: 25 %, 50%,75%, 100% of Sum insured
AYUSH	Please select any one option: 25 %, 50%,75%, 100% of Sum insured
Domiciliary Hospitalization	Please select any one option: Sum insured - 25 %, 50%,75%, 100% of Sum insured Number of days – 0 days, 7 days,10 days ,14 days , 21 days

Zone of Cover	Zone 1 ☐ Zone II ☐ Zone III ☐ Zone to be Selected by the Customer: Selection of Zone will enable you to get wider hospital network access. Please tick against the Zone of cover you would like to opt. Note: For complete details on classification of zone and applicable conditions please refer to the prospectus. Note: Zone I: Delhi, NCR, Mumbai (including Navi Mumbai) , Kalyan , Thane Zone II: Bangalore, Kolkata, Hyderabad, Secunderabad, Chennai, Pune, Vadodara, Ahmedabad, Surat Zone III: All citiies apart from Zone I & Zone II Note : Not Applicable if world wide Cover is opted
Premium Zone	Treatment Zone
Zone I	(All over India) No Co-Pay
Zone II	All India Cover excluding cities in Zone I)- Co-pay applicable of 10% if Treatment taken in Zone I
Zone III	(Rest of India excluding cities in Zone I & II) Co-pay applicable if Treatment taken in Zone I (20%) and Zone II (10%)
Proposed Policy Period	D D M M Y Y Y Y To D D M M Y Y Y Y
Policy Term (In Years)	1 ☐ 2 ☐ 3 ☐
Instalment Premium Payment mode	Single ☐ Half Yearly ☐ Quarterly ☐ Monthly ☐
Cover Type	Individual ☐ Floater ☐

If you already have an e-Insurance Account (eIA) number, kindly provide e-Insurance Account (eIA) number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Want to take optional covers? Smart thinking!	
Hospital Cash Insurance	Yes ☐ No ☐ If Yes: Please provide number of days: From 1 day to 30 days If yes, select Sum Insured per day: 500 ☐ 1000 ☐ 1500 ☐ 2000 ☐ 2500 ☐ 3000 ☐ If yes, select the deductible: 0 Hrs ☐ 24 Hrs ☐ 48 Hrs ☐ 72 Hrs ☐ 96 Hrs ☐ 120 Hrs ☐
Convalescence Benefit	Yes ☐ No ☐ If yes, select from the options below: Block: Day 6 to Day 10 ☐ Day 6 to Day 15th ☐ Day 10th to Day 15th ☐ Day 10th to Day 20th ☐ If yes, select the Amount: 1000/- per day ☐ 2000/- per day ☐ 3000/- per day ☐ 5000/- per day ☐ 7500/- per day ☐ 10000/- per day ☐
Restoration	Yes ☐ No ☐
Recharge	Yes ☐ No ☐
Emergency Ambulance	Yes ☐ No ☐ If yes, select one option: 2500/- per event ☐ 3500/- per event ☐ 5000/- per event ☐ 10000/- per Event ☐ 50000/- per event ☐ 100000/- per event ☐
Organ Donor Cover	Yes ☐ No ☐ If yes, select one option for the amount: 25% of Sum Insured ☐ 50% of Sum Insured ☐ 75% of Sum Insured ☐ 100% of Sum Insured ☐

Special Optional Covers, for really special people like you!	
Unlimited Restoration	Yes ☐ No ☐
Worldwide Cover	Yes ☐ No ☐
241 option	Yes ☐ No ☐
Policy Extension	Yes ☐ No ☐

Adventure Sports Cover	Yes ☐ No ☐ If yes, select one option: 25% of Sum Insured ☐ 50% of Sum Insured ☐ 75% of Sum Insured ☐ 100% of Sum Insured ☐
Prosthetics Cover	Yes ☐ No ☐ If yes, select one option: 25% of Sum Insured ☐ 50% of Sum Insured ☐ 75% of Sum Insured ☐ 100% of Sum Insured ☐
Reconstructive Surgery	Yes ☐ No ☐ If yes, select one option: 25% of Sum Insured ☐ 50% of Sum Insured ☐ 75% of Sum Insured ☐ 100% of Sum Insured ☐
Accidental Booster	Yes ☐ No ☐
Pre-existing Disease Waiting Period Reduction/ Increase in Pre-existing disease waiting period (Not applicable for Critical Illness Benefit and Personal Accident Cover)	Yes ☐ No ☐ If Yes Please select any one option 24 Months ☐ 48 Months ☐

Pandemic Benefit Cover: you can never be too careful.	
Pandemic Disease Benefit Cover	Yes ☐ No ☐ If yes, select one option: 5000/- ☐ 10000/- ☐ 25000/- ☐ 50000/- ☐ 100000/- ☐ 150000/- ☐ 200000/- ☐ 250000/- ☐
Home Care Treatment Expenses	Yes ☐ No ☐ If yes, select one option: 25% of Sum Insured ☐ 50% of Sum Insured ☐ 75% of Sum Insured ☐ 100% of Sum Insured ☐

Outpatient Cover: when just a visit is enough.	
Outpatient Consultation	Yes ☐ No ☐ If Yes, Number of Consultations: 5 upto 20 Co-pay: 0 upto 25%
Out-Patient Dental	Yes ☐ No ☐ If Yes, Number of Consultations - 5 upto 20 Co-pay: 0 to 25%

Infertility Maternity and Baby Care: this Add-on is good news'!	
Maternity Cover	Yes ☐ No ☐ If yes, select the Sum Insured: 25000/- ☐ 50000/- ☐ 75000/- ☐ 100000/- ☐ 200000/- ☐ 300000/- ☐ 500000/- ☐
Pre-natal and Post-natal	Yes ☐ No ☐ If yes, select one option: Within Maternity Limit Within the Sum Insured up to 10000/- ☐ 20000/- ☐ 30000/- ☐
Infertility	Yes ☐ No ☐ If yes, select the Sum Insured: 100000/- ☐ 200000/- ☐ 300000/- ☐ 400000/- ☐ 500000/- ☐
Surrogacy (Surrogate Mother)	Yes ☐ No ☐ If yes, select the Sum Insured: 100000/- ☐ 200000/- ☐ 300000/- ☐ 400000/- ☐ 500000/- ☐
Newborn Baby Cover	Yes ☐ No ☐ If yes, select one option: Within Maternity Limit Within the Sum Insured
Vaccination Cover	Yes ☐ No ☐ If yes, please select one option: 5000/- up to 25000

Personal Accident Cover: stay in the safe lane!	
Accidental Death Benefit	Yes ☐ No ☐ Please select range from Rs 5000/- to 5 Cr
Permanent Total Disability (PTD)	Yes ☐ No ☐
Permanent Partial Disability (PPD)	Yes ☐ No ☐
Temporary Total Disability (TTD)	Yes ☐ No ☐ Any one option has to be selected from each of the below 3 categories: **1) Sum Insured per week –** ☐ a) 1% of the Accidental Death SI not exceeding Rs. 6,000/- per week ☐ b) 1% of the Accidental Death Sum Insured not exceeding Rs. 8,000/- per week ☐ c) 2% of the Accidental Death Sum Insured not exceeding Rs. 12,000/- per week ☐ d) Fixed Benefit 500-50,000/ per week **2) Number of Weeks (Minimum Absence)-** ☐ a) 1 week to 104 weeks (Not Exceeding Accidental Death SI) ☐ b) Irrespective of no. of weeks, Maximum upto Basic Sum insured. **3) Elimination Period Option -** Please select range from 0 days to 30 days ☐☐

Note for Personal Accident Cover:

If single/only child between 4 years to 18 years of age are proposed for insurance, then please provide Personal Accident Policy details of either of the parent.

Critcal Illness Cover: when bad becomes worse, this is good.	
Double Sum insured for Critical Illness	Yes ☐ No ☐ If Yes, please select the number of CI Options a. 9 ☐ b. 12 ☐ c. 15 ☐ d. 18 ☐ e. 25 ☐
Critical Illness Benefit Not Applicable for policy taken on Floater basis	Yes ☐ No ☐ If yes, you can choose the Sum Insured from Rs 5000 to Rs 50 Lakhs. If Yes, please select the number of CI Options a. 9 ☐ b. 12 ☐ c. 15 ☐ d. 18 ☐ e. 25 ☐

Other Covers: we've thought of it all for you.	
Room Rent Capping	Yes ☐ No ☐ If yes, select one option: Room Rent: 1% of Sum Insured ☐ 2% of Sum Insured ☐ 3% of Sum Insured ☐ 4% of Sum Insured ☐ 5% of Sum Insured ☐ ICU/ICCU/NICU Charges: 1% of Sum Insured ☐ 2% of Sum Insured ☐ 3% Of Sum Insured ☐ 4% of Sum Insured ☐ 5% of Sum Insured ☐ 6% of Sum Insured ☐ 7% of Sum Insured ☐ 8% of Sum Insured ☐ 9% Of Sum Insured ☐ 10% of Sum Insured ☐
Voluntary Co-pay	Yes ☐ No ☐ If yes, select one option: 1) 10% Co-pay ☐ 2) 20% Co-pay ☐ 3) 30% Co-pay ☐
Voluntary Deductible	Yes ☐ No ☐ If yes, select one option: 1)Top Up Deductible ☐ 2) Super Top Up deductible ☐ Select Deductible Amount: 1)10000 ☐ 2)20000 ☐ 3) 30000 ☐ 4)40000 ☐ 5)50000 ☐ 6)100000 ☐ 7)150000 ☐ 8)200000 ☐
Assistance services (Domestic and Worldwide) If Customer opts for worldwide cover, then he/she would be entitled to Worldwide Assistance services, provided, the customer opts for this cover.	Yes ☐ No ☐

It pays to nominate a nominee.

Nominee's Name: ____________________ Date of Birth: D D M M Y Y Y Y Relationship with Proposer: ____________________

If the Nominee is of age 18 years or less, kindly fill the details below

Guardian's Name: ____________________ Date of Birth: D D M M Y Y Y Y Relationship With Minor: ____________________

In case the insured person passes away, payment due, if any, will be paid to the nominee mentioned in this Proposal Form. This payment will count as sufficient discharge by us. The nominee for all the other person(s) who are insured will be the proposer him/herself.

Annexure A - Coming to us from another insurer? Welcome!

Portability details*

Name of the Previous Insurer	First Policy number	Pre-existing diseases	Expiring Policy Sum Insured (Original sum insured):	Expiring Policy No claim bonus if any	Date of first Inception of Policy

* We reserve the right to modify or amend the terms and the applicability of the Portability benefit according to the regulations and guidance issued by the IRDAI and as amended from time to time.

So who will this policy be covering? We can't wait to know about them.

Name of Insured	Gender	Date of Birth	Relationship with Policy Holder	Occupation				Insured Blood Group	Height	Weight	Nationality
				Employer Name or Self Employed (whichever is applicable)	Designation and Nature of Work	Risk Class ***	Income				

Name of Insured	Nominee Name	Relationship With Insured	Nominee's DOB	If Nominee is Minor	
				Guardian Name	Relationship with Insured

Name of Insured	Sum Insured	Fresh / Renewed / Ported	Deductible	Date of Inception	No-Claim Bonus	Insured with US SINCE	Pre-existing disease

Note: For any additional members, kindly use a separate sheet in the above format.

Edelweiss | GENERAL INSURANCE

How will you be paying your premium? Thanks in advance!

Payment by Cash / Cheque / Demand Draft / Card (Strike out whichever is not applicable):

Cheque / Demand Draft no. / Authorisation ID:

Payment Amount (Rs.): Premium Amount in words (Rupees.): ______

Date: D D M M Y Y Y Y Bank Name: ______

In case you're paying by Cheque/Demand Draft, please write it in favour of "Edelweiss General Insurance Company Limited"

Your Bank Details

Account Number: Account Type : ______

IFSC: Bank Name: ______

Branch Name: ______ Name of Account Holder: ______

NOTE: Please submit copy of cancelled cheque along with Proposal Form.

I declare that the information given above is true and correct. I hereby authorise Edelweiss General Insurance Company Limited to directly credit pay-out/refund, if any, to the above mentioned account and I shall not hold Edelweiss General Insurance Company Limited responsible for non-credit/non-payment of pay-out or refund, if any, due to any reason including, but not limited to incorrect/incomplete information. Edelweiss General Insurance Company Limited reserves right to use any alternative pay-out option such as cheque/demand draft in spite of providing above information.

Date: D D M M Y Y Y Y

Place: ______

Signature of the Proposer:
(On behalf of all the persons to be insured under the Policy)

Let's learn a little more about the people being insured!

Particulars	Insured Person (Yes = Y, No = N)							
	1	2	3	4	5	6	7	8
Does any proposed insured currently or in past diagnosed/suffered/treated/taken medication for any of the following conditions: If yes, please provide details in the additional information section below:								
1. Diabetes								
2. Hypertension/High BP								
3. Epilepsy								
4. High Cholesterol								
5. Thyroid Disorder								
6. Asthma								
7. Kidney Disorder (Stone, Infection, Failure, Polyp)								
8. Cancer								
9. Heart Disease								
10. Liver Diseases (Cirrhosis, Jaundice, Hepatitis)								
11. Is any of the proposed insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/-disability? (Yes/No)								
12. Does any of person proposed to be insured the proposed insured has have any allergies / reaction to any drug?								
13. *Whether insured / Spouse is pregnant if yes please provide expected delivery date of baby. If expected delivery date of baby falls less than or equal to 9 months from first inception of this add on, then please attach copies of antenatal check-up reports /first consultation paper/ USG/ any screening test done.								
14. *If self or spouse is not insured then please provide health status details (If receiving any treatment/medication, or has in the past received treatment or undergone surgeries for any medical condition/disability.?)								
**Mandatory question if New-born Baby cover is chosen.								

ADDITIONAL INFORMATION (IF YOUR ANSWER WAS 'YES' TO ANY OF THE ABOVE QUESTIONS, OR THE PROPOSED INSURED PERSONS ARE SUFFERING FROM ANY OTHER PRE-EXISTING DISEASE, WHICH IS NOT MENTIONED IN THE ABOVE LIST).

Name of Insured Person	Details of Disease/ Condition

Details of your Family Doctor

Name of Physician: ______________________ Contact Number: |_|_|_|_|_|_|_|_|_|_|

Address: ______________________

Email ID: ______________________

Details of your Previous/Existing Health Insurance

Please fill out the following details with respect to health insurance proposals/policies with us or any other insurance company.

Details	Insured Person (Yes = Y, No = N)							
	1	2	3	4	5	6	7	8
Is any of the proposed Insured Person(s) covered under any other health insurance policy with us?								
If Yes - Please provide the policy number								

Statutory Warning

Prohibition of Rebates

(Under Section 41 of 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.
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.

Declaration

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: D D | M M | Y Y Y Y

Place: ____________

Signature of proposer/authorized signatory
(On behalf of all the persons to be insured under the policy)

Other Important Declarations : **(On behalf of all the persons to be insured under the Policy)**

1. 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.
2. 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.
3. 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
4. If any information/statement given in proposal is found to be untrue, the policy shall be treated as null and void and the Premium paid shall be forfeited to the Company.

Date: D D M M Y Y Y Y

Place: ____________________

Signature of the Proposer:
(On behalf of all the persons to be insured under the Policy)

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: D D M M Y Y Y Y

Name of witness:

Place: ____________________

Declaration By Insurance Agent/ Intermediary

I, ______________________, in my capacity as an Insurance Agent/ POSP/ Specified Person of the Corporate Agent/ authorised person of the Broker/ IMF, do hereby declare that I have explained the product features, including its suitability, and 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 the Proposer, in this Proposal Form, to the questions contained herein and that any details sought herein shall form the basis of the contract of insurance between the Company and the Proposer, if this Proposal is accepted by the Company. I have further explained that if any untrue statement(s)/ information/ response(s) is/ are contained in this Proposal Form, including addendum(s), affidavit(s), statement(s), submission(s), or if there has been a non-disclosure of any material fact, the Policy issued thereon shall, at the option of the Company, be treated as null and void and the Premium amount paid against the Policy may be forfeited by the Company.

Name of Insurance Agent/ POSP/ Specified Person of the Corporate Agent/ authorised person of the Broker/ IMF: ___________

Agency Code/ License No.: ____________________

Date: D D M M Y Y Y Y

Place: ____________________

*** Note: Risk Class applicable for Personal Accident Cover Section

Class 1 – Students, Housewives, Accountants, Doctors, Lawyers, Architects, Consulting Engineers, teachers, Bankers, person engaged in Administrative, Clerical, Secretarial and Managerial functions, shopkeepers, Shop assistants not using machinery, Commercial Travellers and persons employed in occupations of similar nature. Builders, Contractors and Engineers engaged in superintending functions only

Class 2 - Paid drivers of Motor Cars and Light Motor Vehicles and persons engaged in occupations of similar hazard. Persons engaged in Hazardous goods, chemicals, grains elevator, shooting gallery, Motor Driving Instructor, Public Transport. Construction work, Geologists, Surveyors for Oil companies, Heavy equipment Operators, Security Guards, Forestry, Civil Engineer, Crew of Aircraft, Ocean going Vessels, Offshore works, Persons engaged in Sports Duty, Film show and shooting except as Stunt.

Class 3 - Persons working in underground mines, explosives, magazines, workers involved in Electrical installation with high-tension supply. Circus personnel, persons engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, winter sports, skiing, ice hockey, ballooning, hand gliding, river rafting, polo, Stuntman in Film and persons engaged in occupations / activities of similar hazard.

Note: The above classification is illustrative and not exhaustive. The company reserves its right to change the above classification from time to time based on change in the underlying risks.

Edelweiss General Insurance Company Limited, Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400 070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000 (Toll-Free) or 022 42312000 (Call charges applicable), Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license. Insurance is the subject matter of solicitation. URN: EDL/HL/PR/007

ACKNOWLEDGEMENT

Thanks for your proposal dated_(Date) for Edelweiss HealthPlus Policy of_____________________________________and _________persons.

We're grateful for the Premium you sent us, by way of cash/ cheque/ demand draft/ others, via instrument no. ______________________________________, for an amount of ₹ ______________________________ .

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

If we accept the proposal, it will be subject to the Policy Terms & Conditions and we will have no liability to make any payment if the appropriate Premium amount is not paid in full and in time, or is not realised or the requirement for pre-Policy check-up is not fulfilled.

If we do not accept the proposal, we will inform you within 15 days from the date of getting this proposal and refund any payment received from you without interest.

Signature of the receiver and official seal

Edelweiss General Insurance Company Limited, Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400 070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000 (Toll-Free) or 022 42312000 (Call charges applicable), Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license. Insurance is the subject matter of solicitation. URN: EDL/HL/PR/007