

EDELWEISS HEALTH TOP UP INSURANCE E-PROPOSAL FORM & COUNTER OFFER

Servicing Branch Name:	Servicing Branch Code:
------------------------	------------------------

Your Intermediary – the only one who can come between us!

Intermediary Name:	Intermediary Contact No.:
Intermediary Reference Code:	Intermediary Email:
Intermediary Sales Person's Name:	Intermediary Sales Person's Contact:
Intermediary Sales Person's Code:	Source Code:
POS UID Aadhaar No./PAN:	

About the Proposer – the most important person here!

Name (Mr./Ms./Mrs.):		
Postal Address:		
Locality:	City:	Pin Code:
State:	Landmark:	
Telephone:	Mobile:	Email:
Permanent Address:		
Locality:	City:	Pin Code:
State:	Landmark:	
Telephone:	Mobile:	Email:
Date of Birth:	Gender:	Marital Status:
Annual Income:	Occupation:	
ID Proof Type:	Nationality:	Edelweiss Group Employee number:

Policy Details - So what are you looking for in this policy?

Plan:		
Sum Insured (In Lacs)	(in Rs.)	
Deductible (In Lacs):	Proposed Policy Period: DD/MM/YYYY TO DD/MM/YYYY	
Policy Term (In Years):	Premium Payment Mode:	Cover Type:
Any Existing active Policy with Us (EGIC) (For eg, Motor, Health, Fire Etc):	Policy number & Customer ID:	

Any other active policy With Edelweiss Group Entity:

1. Policy Number:
2. Group Entity Name:
3. Product Details:
Are you applying for Portability:

Optional Covers: Want to take Optional Covers too? Good thinking!

Plan Name:	
Pre-existing Disease Waiting Period Waiver/ Reduction	
Base Policy Co-pay Support	
Base Policy Higher Room Rent Support	

New Born Care	
Vaccination Cover	
Double Sum Insured for Critical Illness (CI)	
Assistance services (Domestic and Worldwide)	
Hospital Cash	
Dental OPD Cover	
Restoration Benefit	
Recharge Benefit	
Worldwide Coverage (Extended Coverage)	
Maternity	
Organ Donor	
Emergency Ambulance	
241 Optional Cover	
Voluntary Co-Pay	

WHAT IS NOT COVERED, NOT MUCH

Name of Insured:	Specific Exclusions /Conditions

NOMINEE DETAILS

Nominee Name:	
Date of Birth:	Relationship with Proposer:
Guardian Name:	
Date of Birth:	Relationship with minor:

Annexure A - Moving 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.

Insured Details - Who are the wonderful people this policy will cover?

Name of Insured:		Gender:	Date of Birth:	
Relationship with Policy Holder:		Insured Blood Group:	Height:	Weight:
Nationality:		Nominee Name:		
Relationship With Insured:		Nominee's DOB:		
If Nominee is Minor, Guardian Name:		Relationship with Insured:		
Sum Insured	Fresh <input type="checkbox"/>	Renewed <input type="checkbox"/>	Ported <input type="checkbox"/>	Plan:
Deductible:	Date of Inception:		No-Claim Bonus:	
Insured with US SINCE:	Pre-existing disease			

Details of your (very reasonable) premium.

Cheque / Demand Draft no. / Authorisation ID:

Payment amount (₹):

Premium amount (₹):

Premium amount in words(Rs.):

Date:

Bank Name:

Your Bank Account – in case we need to pay you!

Account Number:

Account Type:

IFSC:

Bank Name:

Branch Name:

Name of Account Holder:

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: DD/MM/YYYY

Place:

Are the people to be insured in good health?
Medical/Lifestyle Related Information

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. Please provide details of hereditary medical history, if any:					
13. Does any of person proposed to be insured the proposed insured has have any allergies / reaction to any drug?					
14. *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 optional cover , then please attach copies of antenatal check-up reports /first consultation paper/ USG/ any screening test done.					
15. *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 Newborn Care optional cover option					

ADDITIONAL INFORMATION

Name of the Proposed Insured	Details of Disease/Condition

Details of Family Doctor

Name of Family Physician:	Contact Number:
Address:	
Email ID:	

DETAILS OF PREVIOUS/EXISTING HEALTH INSURANCE

Have any of the proposed insured person(s) ever filed a claim with their current/previous insurer? If Yes, please provide details on a separate sheet.					
Has any of your proposal(s) for health insurance been declined, cancelled, charged a higher premium or issued with special condition(s)?					
Is any of the proposed insured person(s) covered under any other health insurance policy with the Company?					

Detail of your (really reasonable) premium.

Base Premium(₹)	Loadings(₹)
Premium for below optional covers, if Applicable(₹)	Voluntary Co-pay(₹)
<ul style="list-style-type: none"> • Pre-existing Waiting Period Waiver/Reduction • Base Policy Co-pay Support • Base Policy Higher Room Rent Support • New Born Cover • Vaccination cover • Double Sum Insured for Critical Illness • Assistance Service • Hospital Cash • Dental OPD Cover • Restoration Benefit • Recharge Benefit • Worldwide Coverage (Extended Coverage) • Maternity • Organ Donor • Emergency Ambulance • 241 Optional Cover 	Premium after voluntary co-payment discount (₹) Discount <ul style="list-style-type: none"> • Family discount • Online Discount • Edelweiss Group Employee Discount • Long Term Discount • Renewal Discount • Loyalty Discount • Edelweiss Customer Discount • Total Maximum Allowable Discount:
Sub-Total (Taxable Value of Services)(₹)	
Total Premium Amount(₹)	
CGST(₹):	
UGST/SGST(₹):	
IGST(₹):	
Total premium after Taxes(₹):	

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 prospectus 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.

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.

Name of witness: _____

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.

Affirmed by the insurance agent/intermediary named herein.

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

Agency Code/ License No.:

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.

This proposal has been successfully verified and submitted through OTP/Email.

Proposal generation date & time: