

Important guidelines: 1. Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
2. It is important to fill all questions, information for fields marked with asterisk [*] is mandatory
3. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.
4. This form is to be completed by the Group/ Association/ Institution/ Corporate Body. The Company will not be on risk until the Proposal has been accepted by Company and the full premium paid

Received date: _____ Branch code: _____ Branch name: _____

Period of Insurance

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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1. Name of the Proposer (in full)

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2. Address

State										Pin code				
Telephone no					Mobile no									
Email id														

3. Description of the Proposer's Business

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4. Relationship of the insured person(s) with the proposer

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5. Please mention the Total number of persons to be covered: _____
(Please attach the list of persons to be covered as per the format attached)

6. Please state whether all eligible members of the Group/ Association/ Institution/ Corporate Body are proposed for Insurance? YES NO

7. PRODUCT DETAILS

Option: 5 days 10 days 15 days 20 days 25 days
 Policy Type: Individual basis Family Floater basis (Self, Spouse and maximum up to three dependent children up to 25 yrs)
 Daily Cash Amount (Rs): 100 200 300 400 500 600 700 800 900 1000
 Optional Covers: Convalescence Benefit (available for plan options of 15 days, 20 days and 25 days)
 Pre-existing Disease Cover
 Maternity Benefit Expense Cover with 9 months waiting period
 Maternity Benefit Expense Cover without 9 months waiting period

Deductible opted: 1 day 2 days 3 days

DECLARATION

1. I hereby declare on my behalf and on behalf of all persons proposed to be insured 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.
2. 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 receipt of the premium chargeable.
3. I 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.
4. I declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured proposer has been made for purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share the 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.
6. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD
7. I/we hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empanelled third party vendors Yes No
 I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR
 I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Date: _____

Place: _____

Signature of the Proposer: _____

IMPORTANT NOTE: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer or persons associated with him/her, found to be named in any recognized black list.

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate)

Intermediary/Agent Name _____ **Intermediary/Agent Signature** _____ **Prospect's Thumb Impression** _____

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 Person who has explained the particulars: _____

Signature of Person who has explained the particulars: _____

Proposer's Signature/ Thumb Impression: _____ **Date:** _____ **Place:** _____

Witness Signature: _____ **Witness Name:** _____

PAYMENT DETAILS:

Premium paid by Cash/Cheque No _____ **Date** _____ **Bank** _____

Amount (Rs.) _____

GSTIN: _____ (If more than one GSTIN, kindly attach an annexure with details)

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than Rs 25000/-

FOR OFFICE USE ONLY

Intermediary's Name:

Sales Manager's Name:

Intermediary's Code:

Sales Manager's Code:

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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 punishable with fine, which may extend to Ten Lakh Rupees.

ISO NO.: FGH/UW/GRP/34/05



Future Generali India Insurance Company Limited

Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083

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<https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in

IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287

Acknowledgement

Application No: _____

Date: _____

Name of Proposer: _____

We acknowledge with thanks the receipt of your application and amount by

cash/ cheque _____ of amount of Rs. _____.

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 a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realised. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Signature of the receiver and official seal

Future Generali India Insurance Company Limited

(IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287

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/ 022-67837800 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Società Per Azioni and used by Future Generali India Insurance Co Ltd. under license.