

C. LIFESTYLE DETAILS OF INSURED*: (Please answer by ticking either "yes" or "no" against each of the questions)

S. No.	Question	Primary Insured	Spouse	Father	Mother	Child 1	Child 2
1	Is your occupation associated with any specific hazard (e.g. chemical factory, mines, explosives, radiation, corrosive chemicals etc)?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2	Are you employed in the armed, paramilitary or police forces?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
3	Do you take part in activities or have hobbies that could be dangerous in any way?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
4	Do you regularly consume tobacco/ alcohol/ narcotic? (If yes, specify the details separately in the format below)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Substance	Quantity/ day	No of years since consuming
Tobacco		
Alcohol		
Narcotic		

D. QUESTIONS TO BE ANSWERED BY FEMALE INSUREDS* (Strike off for all Male Insured)

a. Please confirm if any of the persons to be insured is pregnant – Yes/No

E. DETAILS OF THE TREATING/ FAMILY DOCTOR*:

Name: _____
Address & Contact No.: _____

SECTION III: OTHER INSURANCE INFORMATION*

Please provide details of any Critical illness Insurance cover that you or your family members hold or have applied for Future Generali India Insurance Company Ltd. or any other Life or Non-Life Insurance Company

Policy or Proposal No	Company Name	Year of Issue	Medical tests conducted for the Policy (Y/ N)	Basic Sum Insured	Decision (Standard/ With Extra Premium/ Postpone/ Decline)	Policy Status: In Force/ Lapsed (Mention year of lapse / Revival Applied For)

SECTION IV: DECLARATION & AUTHORIZATION*

- 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 am authorized to propose on behalf of these other persons
 - 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
 - I further declare that I 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.
 - I declare that I 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 whom 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.
 - I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority
- 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: _____ Proposer's Name _____ Proposer's Signature: _____

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 _____

SECTION V: PAYMENT DETAILS:

Premium paid by Cash/Cheque No _____ Date _____ Bank _____
Amount (Rs.) _____

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:	Intermediary's Code:
Sales Manager's Name:	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 liable for a penalty which may extend to ten lakh rupees.

UIN: IRDA/NL-HLT/FGII/P-H(C)/V.I/74/13-14

BAP UIN: FGIHLIP14004V021314



FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED
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Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgicare@futuregenerali.in Website:- www.futuregenerali.in
IRDA Regn. No. 132, CIN - U66030MH2006PLC165287, Service Tax Registration Number: AABCF0191RSD002

FGH/UW/RET/119/04