

IO No	
App No	
Client Code	
Receipt No	
Payer ID	

FUTURE HOSPICASH PROPOSAL FORM FOR INDIVIDUAL AND FAMILY FLOATER

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.

Received Date: _____ **Branch Code:** _____ **Branch Name:** _____
Period of Insurance desired: From: dd/mm/yyyy **To** dd/mm/yyyy

SECTION I: DETAILS OF THE INSURED/ PROPOSER

1. PROPOSER DETAILS*: Name: Mr. Ms. M/s

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2. ADDRESS AND OTHER DETAILS:

State			Pin code
Mobile no*.		Fax no.	
Email id			
PAN			

Note: PAN number is mandatory where the premium is Rs.50000/- and above in cash and additionally PAN copy is mandatory where premium is more than One Lakh in any mode.

e-IA Number (e-Insurance Account Number)	<i>If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form</i>
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- 3. GENDER*:** Male Female Third Gender **4. DATE OF BIRTH*:** ___/___/___
- 5. AGE*:** _____ **6. NATIONALITY*:** _____
- 7. MARITAL STATUS*:** Married Single Widow Divorced **8. OCCUPATION*:** Service Self Employed Others: _____
- 9. EDUCATIONAL QUALIFICATION:** _____ **10. MONTHLY INCOME*:** _____

SECTION II: DETAILS OF INSURED MEMBERS*

Sr. No.	Name	Relationship with Proposer	DOB (dd/mm/yy)	Gender	Occupation	Height (cm)	Weight (Kg)	Nominee Name	Relationship with insured
1									
2									
3									
4									

11. Please confirm, if any of the persons to be insured is pregnant (For Females Only)*: Yes No

If yes please state how many months? _____

12. Do you or any of the family members to be covered have / had any health complaints / met with any accident in the past 4 years and have been taking treatment / hospitalisation? Please provide the details in the table given below*. Yes No

13. Has any of the persons to be insured suffer from / or investigated for any of the following?*

Disorder of heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer, tumor, lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, back ache, any congenital / birth defects/ urinary diseases, AIDS or positive HIV. If yes, indicate in the table given below. Illness / injury details of the past 4 years & prior to 4 years

Sr. No	Name of the Person	Name of the illness / injury suffered / suffering in the past 4 years	Treatment details	Date of First treated	Name of the illness / injury suffered at anytime in the past (prior to 4 years)	Treatment details	Date first treated
1.							
2.							
3.							
4.							

14. Has any proposal for life, critical illness or health related insurance on your life ever been postponed, declined or accepted on special terms?*

Yes No If yes, give details: _____

SECTION III: PRODUCT DETAILS*

Type of Policy: Individual Family Floater

For Individual as well as Family floater plan select only one hospitalisation benefit plan across all members

Option (30 days / 60 days / 90 days / 180 days)	Hospitalisation benefit (A/ B/ C/ D)	Premium

SECTION IV: DECLARATION*

- I/We 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.
- I/We 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.
- 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.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime 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 assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share 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."
- I/We also authorise the insurer to pay claim in case of the insured person's death or if he/she is incapacitated, to the nominee mentioned in the proposal form.
- I/We hereby acknowledge that I/we have read and understood the contents of the prospectus and have been explained the features ,contents and terms of the *Prospectus/Product by the Intermediary/Agent to my/our satisfaction
- 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
- I hereby authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose
 - 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.
I/we am/are (please tick all that are applicable)
- High Net Worth Individual/s
 Non Residential Indian/s
 Politically Exposed Person/s
 Jeweller/s
 Non Governmental Organization
 Film Actor/s
 Producer/s

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.

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.) _____

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:	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/V.I/75/13-14

BAP UIN: FGIHLIP14005V021314

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FGH/UW/RET/55/12