

IMPORTANT GUIDELINES:

- 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.
- It is important to fill all questions, information for fields marked with asterisk [*] is mandatory
- Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

PERIOD OF INSURANCE*:

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Name of the Proposer*		
	Sur Name	First Name	Middle Name
Full Address*			
State		Pin code	
Contact Number	Landline:	Mobile*:	
Email Id			
Date of Birth*	DD/MM/YYYY		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
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. If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form			
e-IA Number (e-Insurance Account Number)			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced		
Nationality*			
Occupation*	<input type="checkbox"/> Service <input type="checkbox"/> Self Employed <input type="checkbox"/> Others: _____		
Are you an existing Future Generali customer*? If yes, please provide:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Policy No.:	Customer ID No.:		

DETAILS OF INSURED*

Note: Proposer can propose cover only for self, spouse, up to 3 dependent child/children and 2 dependent parents

Details	Insured	Spouse	First Child	Second Child	Third Child	Father	Mother
Name							
Gender							
Date of Birth/ Age							
Relationship with Proposer							
Nominee Name #							
Relationship of Nominee with Insured							
Sum Insured opted ##							
Premium computation							
Premium with GST							
Total Premium (including GST) ₹							

Nominee needs to be above 18 years only. Please provide the name of the appointee in case the nominee is a minor.

You can choose sum insured options as ₹ 10000, ₹ 25000, ₹ 50000 and ₹ 75000.

Policy term* (please tick the term opted):

1 Year 2 Years 3 Years

For Long term policies (2 and 3 years), long term premium discount is applicable and premium has to be paid as single payment

HEALTH DETAILS* (Please tick "yes" or "no" against each of the questions and provide the details wherever required. A mere dash is not sufficient.)

Insured Person (s)	Have you in the last 60 days or are you presently suffering from or undergoing any treatment or medical consultation or investigation for below disease/s. Please tick Yes/ No						
	Malaria	Dengue	Lymphatic Filariasis	Kala-azar	Japanese Encephalitis	Chikungunya	Zika Virus
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you or any of the insureds mentioned in the proposal have concurrent Future Vector Care policy: (please provide details) *

Description	Policy No.	Sum Insured	Period of insurance (first inception date -dd/mm/yy)	From: dd/mm/yy to: dd/mm/yy	Claim details, claim amount received or receivable (in ₹)
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Insured					
Spouse					
First Child					
Second Child					
Third Child					
Father					
Mother					

Please note that in case multiple Future Vector Care policies are opted by single insured person, Our maximum liability for claim towards a single hospitalisation shall be restricted to Sum Insured of ₹ 75,000/- (all policies put together)
In case of portability, kindly fill portability request form along with this form

DECLARATION

- 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 authorised 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 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.

*Note: I hereby acknowledge that I 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 (*To download a copy of the Prospectus and for further details about the product, please visit our website <https://general.futuregeneral.in/>)*

Date: DD / MM / YYYY 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 vernacular language/or is not literate)

Intermediary / Agent Name: Intermediary / Agent Signature: Prospect's Thumb Impression:

Payment Details

Premium paid by Cash/ Cheque No		Date:	DD	MM	YYYY
Bank Name		Amount (INR):			
Amount (in words)					
GSTIN (If more than one GSTIN, kindly attach an annexure with details)					
<i>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 ₹25000/-</i>					

For Office Use Only

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:

SECTION 41 SUB-SECTION (2) OF INSURANCE LAWS (Amendment) ACT, 2015 - PENALTY FOR ACCEPTING AND/OR OFFERING OF REBATE:
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.



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