

PROPOSAL FORM FUTURE AAROGYA BIMA

IO No	
App No	
Client Code	
Receipt No	
Payer ID	
SB/CA Acc No	
Journal no/ Bank name	

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 DESIRED*:

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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1. PROPOSER DETAILS*

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	Aadhaar Number		
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 <small>(e-Insurance Account Number)</small>	If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form		
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.:		

2. FAMILY DOCTOR DETAILS*

Name of the Dr* Sur Name First Name Middle Name		
Full Address*			
State			Pin code
Contact Number	Landline:	Mobile:	
Email Id			

3. DETAILS OF INSURED*

* Individual Plan: - Family means – Self, Spouse, Your 4 dependent Children (unmarried and up to the age of 25 years) and dependent Parents.

* Family Floater Plan: - Family means – Self, Spouse, Your 3 dependent Children (unmarried and up to the age of 25 years).

Note: - * For Individual plan kindly indicate the details of all the members to be covered in the table below

* For Family Floater plan, the Plan option and Sum Insured will float over the family members covered under the policy. Please do not fill anything in Premium Computation Column.

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Name								
Gender								
Date of Birth/ Age								
Relationship with Proposer								
Height								
Weight								
Occupation								
Income								
Nominee Name								
Relationship of Nominee with Insured								
Plan option [#] (Individual)	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C
Sum Insured option (Individual)	<input type="checkbox"/> ₹ 200000 <input type="checkbox"/> ₹ 300000 <input type="checkbox"/> ₹ 500000	<input type="checkbox"/> ₹ 200000 <input type="checkbox"/> ₹ 300000 <input type="checkbox"/> ₹ 500000	<input type="checkbox"/> ₹ 200000 <input type="checkbox"/> ₹ 300000 <input type="checkbox"/> ₹ 500000	<input type="checkbox"/> ₹ 200000 <input type="checkbox"/> ₹ 300000 <input type="checkbox"/> ₹ 500000	<input type="checkbox"/> ₹ 200000 <input type="checkbox"/> ₹ 300000 <input type="checkbox"/> ₹ 500000	<input type="checkbox"/> ₹ 200000 <input type="checkbox"/> ₹ 300000 <input type="checkbox"/> ₹ 500000	<input type="checkbox"/> ₹ 200000 <input type="checkbox"/> ₹ 300000 <input type="checkbox"/> ₹ 500000	<input type="checkbox"/> ₹ 200000 <input type="checkbox"/> ₹ 300000 <input type="checkbox"/> ₹ 500000
Plan option [#] (Family Floater)	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C					
Sum Insured option (Family Floater)	<input type="checkbox"/> ₹ 200000	<input type="checkbox"/> ₹ 300000	<input type="checkbox"/> ₹ 500000					
Premium computation (including GST) [#]								

([#] Plan Options:

1. Plan A – with Mandatory co-payment of 10%

2. Plan B – with Mandatory co-payment of 10% and additional co-payment of 20%

3. Plan C – with Mandatory co-payment of 10% and additional co-payment of 30%

The above co-payment shall be applicable on each and every claim on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation.)

Premium for floater will be as per the age of the eldest member)

4. Policy term* (please tick the term opted):

1 Year 2 Years 3 Years

Instalment option is available for all the policy terms. Please tick any one option in case you want to opt for: Monthly Quarterly Half Yearly

Note: Duly filled and signed ACH/ECS/E-Mandate form shall be submitted for instalment option.

Please tick in case you opt for single premium payment (available for 2 years and 3 years policy period), with long term discount: 2 years 3 years

5. Health Questions* (Please answer "Y" for Yes or "N" for No against each of the questions.)

Sr. no	Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	Are / were you a regular smoker? (Yes/No)	Does any person to be insured suffer or had suffered in the past or in present from any health complaints, signs or symptoms, or were taking treatment or were hospitalized for any illness, or met with an accident/ injury or were hospitalized or taking treatment for any accidental injury, undergone any surgery in the past or is going for any planned surgery at present/ recent future? If 'yes', please give details	Disease/ illness/ injury suffering since when/ when first treated	Treatment/ medication received/ receiving	Are you fully cured? (Yes/No)
Insured 1	Yes/No	Yes/No	Yes/No			Yes/No
Insured 2	Yes/No	Yes/No	Yes/No			Yes/No
Insured 3	Yes/No	Yes/No	Yes/No			Yes/No
Insured 4	Yes/No	Yes/No	Yes/No			Yes/No
Insured 5	Yes/No	Yes/No	Yes/No			Yes/No
Insured 6	Yes/No	Yes/No	Yes/No			Yes/No
Insured 7	Yes/No	Yes/No	Yes/No			Yes/No
Insured 8	Yes/No	Yes/No	Yes/No			Yes/No

Please confirm if any of the persons to be insured is pregnant (For females only) _____

6. DETAILS OF OTHER CONCURRENT HEALTH INSURANCE POLICIES*:

Insured Person	Do you have any other Health Insurance policy with Future Generali India Insurance or any other insurance company?	Policy No	Name of the insurer	Policy sum insured	Period of Insurance	Claims Received/ Receivable (in ₹)
Insured 1	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured 2	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured 3	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured 4	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured 5	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured 6	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured 7	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured 8	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Note: - In case of Portability/ Migration, kindly fill Portability/ Migration Request Form along with this form.

7. 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.

Optional Declaration

- 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 empaneled third party vendors Yes / No

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/ Thumb Impression:

Vernacular declaration

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:

*applicable only when proposer has signed in thumb impression and is witnessed by someone other than agent/ employee of the company.

I hereby declare that, I have clearly explained the content of this form to the proposer thereafter the proposer has fixed the thumb impression above after fully understanding the content thereof.

Intermediary / Agent Name:

Intermediary / Agent Signature:

Witness Name:

Witness Signature:

Date:

Place

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)	
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/-	

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.



ISO No. FGH/UW/RET/212/04

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.

Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Call us at: 1800-220-233 / 1860-500-3333 / 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 - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.