



**FUTURE GENERALI**  
TOTAL INSURANCE SOLUTIONS  
**PROPOSAL FORM**  
**FUTURE HEALTH SURAKSHA**

|  |  |
|--|--|
| IO No  |  |
| App No   |  |
| Client Code  |  |
| Receipt No   |  |
| Payer ID   |  |
| SB/CA Acc No   |  |
| Journal no/ Bank name                                    |  |
| <input type="checkbox"/> For POS                         |  |
| <input type="checkbox"/> For Other distribution channels |  |

**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.

**DESIRED PERIOD OF INSURANCE\*:**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

**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 |   |
| <b>Note:</b><br>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.<br>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<br>(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*?  |   |                | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, please provide:<br>Existing Policy No.:   |   |                | Customer ID No.:  |

Note: Pin code is mandatory. The premiums for respective Zones will be based on Proposer's residence

**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\***

**Note: Proposer can propose cover only for self, spouse, child/children and dependent parents.**

**DEFINITION:-**

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

\* For 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 all the Plan and Sum Insured details of all the members to be covered

\* 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                                 | Self          | Spouse  | First Child   | Second Child  | Third Child   | Fourth Child  | First Dependent Parent  | Second Dependent Parent   |   |
|---|---------------|---|---|---|---|---|---|---|---|
| Name                                    |               |   |   |   |   |   |   |   |   |
| Gender                                  |               |   |   |   |   |   |   |   |   |
| Date of Birth/ Age                      |               |   |   |   |   |   |   |   |   |
| Relationship with Proposer              |               |   |   |   |   |   |   |   |   |
| Height                                  |               |   |   |   |   |   |   |   |   |
| Weight                                  |               |   |   |   |   |   |   |   |   |
| Occupation                              |               |   |   |   |   |   |   |   |   |
| Nominee Name                            |               |   |   |   |   |   |   |   |   |
| Relationship of Nominee with Insured    |               |   |   |   |   |   |   |   |   |
| Plan/ Sum Insured options# (Individual) | Gold Plan     | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 150000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 250000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 350000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 450000<br><input type="checkbox"/> 500000 | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 150000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 250000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 350000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 450000<br><input type="checkbox"/> 500000 | <input type="checkbox"/> 50000**<br><input type="checkbox"/> 100000**<br><input type="checkbox"/> 150000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 250000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 350000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 450000<br><input type="checkbox"/> 500000 | <input type="checkbox"/> 50000**<br><input type="checkbox"/> 100000**<br><input type="checkbox"/> 150000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 250000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 350000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 450000<br><input type="checkbox"/> 500000 | <input type="checkbox"/> 50000**<br><input type="checkbox"/> 100000**<br><input type="checkbox"/> 150000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 250000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 350000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 450000<br><input type="checkbox"/> 500000 | <input type="checkbox"/> 50000**<br><input type="checkbox"/> 100000**<br><input type="checkbox"/> 150000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 250000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 350000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 450000<br><input type="checkbox"/> 500000 | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 150000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 250000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 350000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 450000<br><input type="checkbox"/> 500000 | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 150000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 250000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 350000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 450000<br><input type="checkbox"/> 500000 |
|   | Topaz Plan    | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 500000   | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 500000   | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 500000   | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 500000   | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 500000   | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 500000   | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 500000   | <input type="checkbox"/> 100000**<br><input type="checkbox"/> 200000<br><input type="checkbox"/> 300000<br><input type="checkbox"/> 400000<br><input type="checkbox"/> 500000   |
|   | Platinum Plan | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 800000<br><input type="checkbox"/> 900000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 800000<br><input type="checkbox"/> 900000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 800000<br><input type="checkbox"/> 900000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 800000<br><input type="checkbox"/> 900000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 800000<br><input type="checkbox"/> 900000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 800000<br><input type="checkbox"/> 900000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 800000<br><input type="checkbox"/> 900000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 800000<br><input type="checkbox"/> 900000<br><input type="checkbox"/> 1000000  |
|   | Ruby Plan     | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 1000000  | <input type="checkbox"/> 600000<br><input type="checkbox"/> 750000<br><input type="checkbox"/> 1000000  |

|  |               |                                 |                                 |                                  |                                 |                                  |                                 |                                 |  |
|--|---------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|----------------------------------|---------------------------------|---------------------------------|--|
| Plan/ Sum Insured option# (Family Floater) | Gold Plan     | <input type="checkbox"/> 200000 | <input type="checkbox"/> 250000 | <input type="checkbox"/> 300000  | <input type="checkbox"/> 350000 | <input type="checkbox"/> 400000  | <input type="checkbox"/> 450000 | <input type="checkbox"/> 500000 |  |
|  | Topaz Plan    | <input type="checkbox"/> 200000 | <input type="checkbox"/> 300000 | <input type="checkbox"/> 400000  | <input type="checkbox"/> 500000 |                                  |                                 |                                 |  |
|  | Platinum Plan | <input type="checkbox"/> 600000 | <input type="checkbox"/> 750000 | <input type="checkbox"/> 800000  | <input type="checkbox"/> 900000 | <input type="checkbox"/> 1000000 |                                 |                                 |  |
|  | Ruby Plan     | <input type="checkbox"/> 600000 | <input type="checkbox"/> 750000 | <input type="checkbox"/> 1000000 |                                 |                                  |                                 |                                 |  |
| Premium computation##                      |               |                                 |                                 |                                  |                                 |                                  |                                 |                                 |  |
| Premium (including GST)                    |               |                                 |                                 |                                  |                                 |                                  |                                 |                                 |  |

Note: a) Sum insured of ₹ 50000, 100000, 150000 for all Zones is available only for Children up to age of 25 years.

b) Sum insured of ₹ 100000, 150000 from Zone C is available for Rural Areas only.

## 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, with long term discount for 2 years / 3 years policy period:

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

| Sr. no | Description  | Insured | Spouse | First Child | Second Child | Third Child | Fourth Child | First Dependent Parent | Second Dependent Parent |
|--------|--|---------|--------|-------------|--------------|-------------|--------------|------------------------|-------------------------|
| a      | Are / were you a regular smoker? (Yes/No)  |         |        |             |              |             |              |                        |                         |
| b      | Does any person to be insured suffer or has suffered from any of the following? Disorder of the heart, or circulatory system, chest pain high blood pressure, stroke, asthma, any respiratory condition, cancer or 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, backache, any congenital / birth defects / disease, AIDS or tested positive for HIV, or any other disease, if yes please mention details |         |        |             |              |             |              |                        |                         |
| c      | Name of disease/ illness/ injury suffering from, in the past or at present   |         |        |             |              |             |              |                        |                         |
| d      | Disease/ illness/ injury suffering since when/ when first treated (applicable to question b and c, both)   |         |        |             |              |             |              |                        |                         |
| e      | Treatment/ medication received/receiving   |         |        |             |              |             |              |                        |                         |
| f      | Are you fully cured? (Yes/No)  |         |        |             |              |             |              |                        |                         |

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

6. A) Do you want to get a Loyalty Discount\*:  Yes /  No

A loyalty discount will be applicable if the insured already has a separate Retail health insurance policy (other than Future Health Suraksha/ Personal Accident/ Travel) from Future Generali India Insurance Co. Ltd. The loyalty discount shall continue only if the insured maintains the separate health insurance policy with us. Please provide the complete details in the below table along with the policy copy to avail the discount. In case the policy copy is not submitted, discount shall not be allowed.

B) 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                 | <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                     |                    |                     |                                    |
| Spouse                  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                     |                    |                     |                                    |
| First Child             | <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                     |                    |                     |                                    |
| Second Child            | <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                     |                    |                     |                                    |
| Third Child             | <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                     |                    |                     |                                    |
| Fourth Child            | <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                     |                    |                     |                                    |
| First Dependent Parent  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                     |                    |                     |                                    |
| Second Dependent Parent | <input type="checkbox"/> Yes <input type="checkbox"/> No   |           |                     |                    |                     |                                    |

Note: -1) 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.futuregenerali.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 there after 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/202/05  
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](mailto: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.