FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

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

PROPOSAL FORM
FUTURE VARISHTA BIMA

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.*

PERIOD OF INSURANCE DESIRED*: 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*	D D / M M / Y Y Y Y	Gender*	☐ Male ☐ Female ☐ 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 (e-Insurance Account Number)	*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*	☐ Married ☐ Single ☐ Widow/Widower ☐ Divorced
Nationality*	
Occupation*	☐ Service ☐ Self Employed ☐ Others: _____
Are you an existing Future Generali customer*? If yes, please provide: Existing Policy No.: _____ Customer ID No.: _____	☐ Yes ☐ No

POLICY OPTION* (please tick the policy option opted): ☐ Individual Plan ☐ Family Floater Plan

Please tick for waiver of co-payment for claims other than pre-existing conditions: ☐

Note: - # For Individual plan kindly indicate all the details of all the members to be covered as per the table below
 # For Family Floater please do not fill anything in Sum Insured & Premium Computation Column. Premium for floater will be as per the age of the eldest member
 # Waiver of co-payment for claims other than pre-existing conditions is available on payment of additional premium.

DETAILS OF INSURED*

Details	Insured 1	Insured 2
Name		
Gender		
Date of Birth/ Age		
Relationship with Proposer		
Nominee Name		
Relationship of Nominee with Insured*		
Height		
Weight		
Sum Insured option required in case of Individual		
Sum Insured option in case of Floater (a single sum insured to be selected)	☐ ₹200000 ☐ ₹300000 ☐ ₹400000 ☐ ₹500000 ☐ ₹750000 ☐ ₹1000000	
Medical reports (2 D Echo, Blood Pressure report, Glycosylated hemoglobin, blood urea & serum creatinine) within 15 days of the tests done submitted. Applicable for Sum Insured options of ₹ 2L, 3L, 4L and 5L	☐ Yes ☐ No	☐ Yes ☐ No
Premium computation		
Final Premium inclusive of GST		

*In case the nominee is a minor, please provide the name of the guardian also.

POLICY TERM* (please tick the term opted): ☐ 1 Year ☐ 2 Years ☐ 3 Years

Please tick any one option in case you want to opt for instalment option: ☐ 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: ☐

HEALTH DETAILS* (Please answer by writing "Yes" or "No" against each of the questions.)

Sr. no	Description	Insured 1	Insured 2
1	Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	Yes/No	Yes/No
2	Are / were you a regular smoker? (Yes/No)	Yes/No	Yes/No
3	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	Yes/No	Yes/No

	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, met with an accident/ injury, if yes please mention the details		
4	Name of disease/ illness/ injury suffering from, in the past or at present		
5	Disease/ illness/ injury suffering since when/ when first treated (applicable to question 3 and 4, both)		
6	Treatment/ medication received/ receiving		
7	Are you fully cured? (Yes/No)	Yes/No	Yes/No

OTHER CONCURRENT HEALTH INSURANCE INFORMATION*:

Description	Policy No.	Name & address of insurance company	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 ₹)
Insured 1						
Insured 2						

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

DECLARATION

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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

1. 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 thereafter the proposer has fixed the thumb impression above after fully understanding the content thereof.

Intermediary / Agent Name:
Witness Name:
Date:

Intermediary / Agent Signature:
Witness Signature:
Place

Payment Details

Premium paid by Cash/ Cheque No		Date:	D D M M Y Y Y Y
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.