

| | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|---------|--|----------|--|--|--|--|--|
| 10. Family doctor details: Dr. | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| State | | | | | | | | | | Pin code | | | | | |
| Telephone no. | | | | | | | | Fax no. | | | | | | | |
| Email id | | | | | | | | | | | | | | | |

11. Are you an existing Future Generali customer*? Yes / No. If yes, please provide:

Existing policy no: _____ Customer id no: _____

12. Plan details*: (please refer to the brochure for details of the plan before choosing the plan)
 Options: Individual (in case sum insured opted on individual basis kindly fill details in table number 19 below)
 Floater (in case sum insured opted on floater basis kindly tick the required plan below)

| Plans | | | |
|-----------------|-------------|-------------|-------------|
| Vital | ₹ 300,000 | ₹ 500,000 | ₹ 1,000,000 |
| Superior | ₹ 1,500,000 | ₹ 2,000,000 | ₹ 2,500,000 |
| Premiere | ₹ 5,000,000 | | ₹ 10000000 |

13. Voluntary deductible:

Deductible amount in ₹ Per claim (please tick any one deductible as per the plan opted)

Discount in % in lieu of voluntary deductible

| Options | | A | B | C |
|----------------------|------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Vital plan | Deductible | <input type="checkbox"/> ₹ 10,000 | <input type="checkbox"/> ₹ 25,000 | <input type="checkbox"/> ₹ 50,000 |
| | Discount | 10.00% | 15% | 20.00% |
| Superior plan | Deductible | <input type="checkbox"/> ₹ 50,000 | <input type="checkbox"/> ₹ 75,000 | <input type="checkbox"/> ₹ 1,00,000 |
| | Discount | 15.00% | 20.00% | 25.00% |
| Premiere plan | Deductible | <input type="checkbox"/> ₹ 1,00,000 | <input type="checkbox"/> ₹ 2,50,000 | <input type="checkbox"/> ₹ 5,00,000 |
| | Discount | 15.00% | 20.00% | 25.00% |

14. Policy term *(please tick the term opted): 1 year 2 years 3 years

In case policy term more than one year, installment option is available. Please tick any one option in case you want to opt for:

Monthly Quarterly Half yearly

Please Note: Under installment option, for policies issued from 1st to 15th of the month, 5th of month shall be the Automated Clearing House (ACH) debit date. For policies issued from 16th to 31st of the month, 25th of the month shall be the ACH debit date.

15. Family definition:

- **Vital plan:** - Family means - self, spouse, dependent children (unmarried and up to the age of 25 years) and dependent parents
- **Superior plan & Premiere plan:** Family means-self, spouse, dependent (unmarried and up to the age of 25 yrs) or non - dependent children, dependent or non - dependent parents, dependent siblings, daughter in law, son in law, parents in law, grandparents and grandchildren

Note - any of the above plans can be opted either on individual basis or on floater basis.

*For Individual and Family Floater cover kindly indicate details of all the members to be covered as per the table below.

*Please note for Family Floater cover do not fill anything in sum insured & premium computation column since sum insured and Voluntary deductible option (if opted) is common for all members.

16. Details of persons to be insured* (in case the nominee is a minor, please provide the name of the appointee)**

| Sr. No | Name | Gender | Date of birth | Relationship with proposer | Height | Weight | Occupation | Nominee name** | Relationship of nominee with insured | Plan & sum insured/ Voluntary Deductible opted | Premium computation individual or floater (for office use only) |
|--------|-----------------|--------|---------------|----------------------------|--------|--------|------------|----------------|--------------------------------------|--|---|
| 1 | Primary insured | | | Self | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |

17. Section applicable for females only:

- a. Please confirm if any of the persons to be insured is pregnant - Yes / No
- b. Please indicate obstetric details in below table for all females insured:

| Sr. No | Insured name | Number of living children as on date | Any maternity related complications in present or past , For example miscarriage, gestational diabetes, ectopic pregnancy or any other, please provide details |
|--------|--------------|--------------------------------------|--|
| | | | |
| | | | |
| | | | |

18. Health questions*: please answer „Yes“ or „No“. If „Yes,“ please provide details below.

| Sr no | A | B | C | D | E | F | G |
|------------|---|---|--|--|---|---|---|
| | Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity? | Do you regularly consume tobacco / alcohol or smoke - (please specify - yes/no. If yes please mention - quantity / day, number of years since consuming/ smoking) | Does any person to be insured suffer or has suffered in the past from any of the following? Disorder of the heart including ischemic heart disease / rheumatic heart disease, or circulatory system, chest pain, high blood pressure, stroke, asthma, any respiratory condition, cancer or tumour / 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 - yes / no. If „yes“, indicate in the table given below. | Name of disease / illness / injury suffering from, in the past or at present. Any other diseases or ailments not mentioned? If „yes“, give details in the table given below. | Disease / illness / injury / suffering since when / when first treated (applicable to question 21-c and d both). If applicable please mention details. If not applicable please mention "no" in the table given below | Treatment / Medication received / receiving. If applicable please mention details. If not applicable please mention "no" in the table given below | Are you fully cured? (Yes /No) - applicable only if any of the points „c“ to „f“ is „Yes“ |
| 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 | | | |
| Insured 9 | Yes/no | Yes/no | Yes/no | Yes/no | | | |
| Insured 10 | Yes/no | Yes/no | Yes/no | Yes/no | | | |
| Insured 11 | Yes/no | Yes/no | Yes/no | Yes/no | | | |
| Insured 12 | Yes/no | Yes/no | Yes/no | Yes/no | | | |
| Insured 13 | Yes/no | Yes/no | Yes/no | Yes/no | | | |
| Insured 14 | Yes/no | Yes/no | Yes/no | Yes/no | | | |
| Insured 15 | Yes/no | Yes/no | Yes/no | Yes/no | | | |

19. Other concurrent health insurance information*(please provide details of any health insurance cover that you or your family members hold for Future Generali Insurance Company Limited Or any other health insurance)

| 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 Rs) |
|-------------|-----------|-------------------------------------|-------------|--|-----------------------------|---|
| Insured 1 | | | | | | |
| Insured 2 | | | | | | |
| Insured 3 | | | | | | |
| Insured 4 | | | | | | |
| Insured 5 | | | | | | |
| Insured 6 | | | | | | |
| Insured 7 | | | | | | |
| Insured 8 | | | | | | |
| Insured 9 | | | | | | |
| Insured 10 | | | | | | |
| Insured 11 | | | | | | |
| Insured 12 | | | | | | |
| Insured 13 | | | | | | |
| Insured 14 | | | | | | |
| Insured 15 | | | | | | |

20. In case of portability/ migration, kindly fill portability/ migration request form along with this form.

21. Attach age proof document for each insured. Please tick whichever is applicable: Passport PAN Card

- Driving license School/college leaving certificate Letter from recognized public authority
 Others, please specify.

22. Declaration*:

1. "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.
2. 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.
3. 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.
4. I/we declare and consent to the company seeking medical information from any doctor or from a hospital who at any time 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.
5. 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."
6. 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 to undergo medical tests as advised by the Insurance Company. I agree to a medical underwriting loading as per underwriting guidelines of the Company (* To download a copy of the Prospectus and for further details about the product, please visit our website www.futuregenerali.in)
7. 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.
8. 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 Jewelers/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/ 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

23. Payment details*:

Premium paid by cash/cheque no (s) _____

Date _____ Bank _____

Amount (₹) _____

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/-

24. 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 either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or risk relating to lives or property in India, any rebate of the 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 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.



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. Fax: 022-4097 6900 | Email: fgcare@futuregenerali.in. | Website: https://general.futuregenerali.in/ | Toll free no.: 1800 220 233 Future Group's and Generali Group's liability is restricted to the extent of their shareholding in Future Generali India Insurance Company Limited. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under License.

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