

Liberty General Insurance Ltd.
 15th Floor, Unit-1501&1502, Tower 2,
 One International Center,
 Senapati Bapat Marg,
 Prabhadevi, Mumbai- 400013
 IRDAI Reg. No.150, CIN: U66000MH2010PLC269656

URN: LH014V12023

<p>GUIDELINES TO FILL THE FORM</p> <p>1. Please answer all the questions completely. If a particular question is not applicable to you, please mark that question as not applicable “N/A”.</p> <p>2. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable.</p> <p>3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.</p>	<p>GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.</p> <p>CONSENT FOR ELECTRONIC DISPATCH OF POLICY PACK</p> <p><input type="checkbox"/> I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorize Liberty General Insurance Limited to provide me an Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.</p>
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Liberty Health Connect Policy Proposal Form

The acceptance of the proposal is subject to receipt of the total premium and realization of payment will be as per the policy terms and conditions. Kindly fill the form completely in CAPITAL LETTERS to help us to serve you better. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment & medical reports, if applicable, does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance. Coverage is as per the terms and conditions of our Standard Policy Wordings. The Policy shall become voidable at the option of the Insurer, in the event of submission of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

1. Proposer Details

Proposer(Mr/Mrs/Ms)																												
	First Name									Middle Name									Last Name									
Address:																												
															City/Town:													
District:															State:													
Pin Code:															Mobile:													
Telephone:															E Mail:													
Date of Birth:															Gender:													
Nationality:															Marital Status:													
Annual Income:															Educational Qualification:													

Profession: Salaried Self Employed Others Details: _____
 Liberty Employee No. (if applicable): _____

Confirmation for Issuance of e-Insurance Policy:

E Insurance account no. _____ . I would like to open E insurance account with _____ Insurance Repository.

*PAN number:
 *Aadhar number:

GSTIN:

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2. Plan Details

Business Type: New Renewal Rollover Policy Type: Individual Family Floater Policy Tenure: 1 Yr 2 Yrs 3 Yrs

If Family floater, then persons to be covered: 2Adults 2Adults+1Child 2Adults+2Children 1Adult+1Child 1Adult+2 Children 1Adult+3Children

Plan: E-Connect Sum Insured: 3lacs 4lacs 5lacs 7.5lacs
 Basic Sum Insured: 2lacs 3lacs 4lacs 5lacs 6Lacs 7.5lacs 10lacs
 Elite Sum Insured: 3lacs 4lacs 5lacs 6Lacs 7.5lacs 10lacs 15lacs
 Supreme Sum Insured: 2lacs 3lacs 4lacs 5lacs 6Lacs 7.5lacs 10lacs 15lacs
 Supreme Plus Sum Insured: 5lacs 7.5lacs 10lacs 15lacs 20lacs 30lacs 40lacs

Optional Covers:

Zero Deduct Cover Vector Borne Disease Benefit Super Booster EMI Protector Benefit: 3EMI's 5EMI's
 PED Protector Global Cover Domestic Travel Plus Reload of Sum Insured Co-Pay: 5% 10% 20%
 Modern Surgeries limit Room Rent limit Cataract Capping

Kindly provide below details, if EMI Protector Benefit has been opted.

Proposed Insured Name	Type of Loan	Loan Account Number	Loan Tenure	Loan Amount	Loan disbursement Date	Bank/NBFC Name	Monthly EMI Amount	Outstanding Loan amount

Installment Option Yes No If Yes, premium payment frequency Monthly Quarterly Half Yearly

Proposed Policy Period: From To

D	d	m	M	y	y	y	y
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d	d	m	m	y	Y	y	y
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3. Proposed Insured(s) Details

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Name					
Relationship with proposer					
Gender					
Date of Birth					
Height					
Weight					
Profession	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="checkbox"/>	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="checkbox"/>	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="checkbox"/>	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="checkbox"/>	Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="checkbox"/>

First Policy Inception Date of any other Insurer: (dd-mm-yyyy)					
Nominee Name					
Relationship of Nominee					
Nominee Address					
Please affix a passport size photograph against corresponding Proposed Insured Person Name	Photograph Proposed Insured I	Photograph Proposed Insured II	Photograph Proposed Insured III	Photograph Proposed Insured IV	Photograph Proposed Insured V
ABHA ID					

If ABHA ID is not available, we urge you to visit abdm.gov.in for creation of ABHA ID and inform the same to us once created.

4. Medical & Lifestyle Information

Medical History: Please tick the relevant disease and provide details.

In case of no medical history please mention 'No' against the respective column of the proposed Insured member

Section A: Have any of the proposed insured ever suffered from/currently suffering from any of the following	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Hypertension, Chest Pain or any other cardiac disorder					
Tuberculosis, asthma or any other lung/respiratory disorder					
Kidney stone/failure, urinary tract/prostate disorder					
Dizziness/stroke/paralysis/epilepsy or any brain/nervous system disorder					
Diabetes/thyroid or any hormonal disorder					
Tumor – benign/malignant, any cyst/ulcer/growth					
Arthritis/spondylosis or any other bone/muscle/joint disorder					
Disease of the nose/throat/ear/eye/dental					
Anaemia/leukemia or any other blood disorder					
HIV/AIDS/any sexually transmitted disorder					
Psychiatric/mental illness or sleep disorders					
DUB, Fibroid, Cyst, Fibroadenoma or any other Gynaecological disorder, menopause & GPAL History(to be filled for female lives only)					
Section B: Have any of the proposed insured persons					
Been addicted to alcohol/narcotics/habit forming drugs or under any detoxication therapy					
Been under any regular medication (self/prescribed including hormones or OC Pills)					
Undertaken any lab tests like blood/urine/stool or any imaging tests like sonography/MRI/CT/X-Rays in the last 5 yrs					
Undertaken any surgery or advised any surgery in the last 10 yrs or is a surgery pending?					
Suffered from any other illness/disease/accident/injury					

Is any of the proposed insured pregnant? If yes please specify expected date of delivery					
Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy?					
Section C: Does any person proposed to be insured consume					
Alcohol (Please mention quantity per week)					
Smoke (Please mention quantity per week)					
Pan Masala/Gutka (Please mention quantity per week)					
Others (Please mention name & quantity per week)					

If answer to the above questions is Yes, please elaborate:

Sr. No	Name of the Proposed member	Name of illness/injury suffering from or suffered in the past	Date of first diagnosed/detected	Treatment/medication received/ receiving	Details of Hospitalization (If any)	Is it fully cured
1						
2						
3						
4						

Please provide details of hereditary medical history, if any:

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5. Additional Information (if any)

6. Previous/Existing Insurance Details (if any)

Is the proposer or the persons proposed, already insured under or proposed for a health insurance policy for in-patient hospitalisation with Liberty General Insurance Limited or any other insurance company? If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal)

Since when are you continuously insured? _____

Do you want Us to consider these details for portability? Yes No

Policy No/Apppl no	Insured Name	Insurance Company	From (date)	To (date)	Sum Insured	Cumulative Bonus if any earned	*Claim Details (if any)
			d D m m y y y y	d D m m y y y y			
			d D m m y y y y	d D m m y y y y			
			d D m m y y y y	d D m m y y y y			
			d D m m y y y y	d D m m y y y y			

***Please provide claim details:** _____

7. Existing Insurance policy Details (if any) with Liberty

Type of Insurance	Policy Number	Proposer Name	From (date)	To (date)	Policy Status (Active/In-Active)
Motor			DD/MM/YYYY	DD/MM/YYYY	
Critical Connect			DD/MM/YYYY	DD/MM/YYYY	
Personal Accident Policy			DD/MM/YYYY	DD/MM/YYYY	

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 authorized 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 anytime 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/We hereby give voluntary consent to Liberty General Insurance Limited/Company to process/share my/our personal information and data provided in this form with its group companies or any other person/ Service Provider of Company in connection with the Insurance Policy/ claims made there under or otherwise, including for providing other products of the Company that may be of interest to me/us, to be used in accordance with their respective privacy policies.

I/We hereby provide my/our consent in accordance with Aadhar Act, 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter therein and Rules/Regulations made thereunder including amendments thereafter for validating/authenticating my/our Aadhar details and updating the same in all my polices held with the company.

Date

Signature of Proposer

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of 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 any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer’. Violations of Section 41 of the Insurance Act 1938 r/w Insurance Laws (Amendment) Act, 2015, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

DECLARATION BY INTERMEDIARY/PROPOSER

I, the intermediary/ proposer hereby declare and confirm that I have explained/understood the features, terms and conditions of the policy and questions contained in the proposal form. I have also explained/understood that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.

IMD name:
IMD Code:
IMD Sign*:

Proposer name:
Proposer sign:

*Stamp in case of Company

DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER

(To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant/proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in _____ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

Declarant's Name:

Signature:

Proposer Name:

Signature/thumb impression

11. For Office Use Only

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

12. Acknowledgement

ApplicationNo:

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Date:

d	d	m	m	Y	y	y	y
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We acknowledge with thanks the receipt of your application and amount by Cash/Cheque/Demand Draft/Others _____ of the amount of Rs. _____ dated _____ drawn on _____.

The Company will have no liability until the proposal is accepted by the Company and communicated so to the proposer and on receipt of full premium against the proposal.

Please note the following:

1. This acknowledgment letter confirms only receipt of premium towards insurance policy. Issuance of this receipt neither confirms assumption of risk nor guarantees issuance of policy.
2. Assumption of risk is subject to realization of full premium amount and acceptance of risk in form of issuance of an insurance policy as per underwriting policy of the Company.
3. In case premium is not realized by the company due to any reason, Company shall not be on cover and contract of insurance shall be treated as void ab-initio.
4. In the event of any refund of premium or claim amount being payable under the policy, the same shall be paid directly to the Proposer/Insured/Nominee (as applicable), as per the details mentioned in duly filled proposal form.

Signature of the receiver & office Seal:

Liberty General Insurance Limited
Registered Office: