

## LIBERTY GROUP HEALTH POLICY Proposal Form

URN - LH015V32021

### Company/Proposer Details

Name of Insured/ Proposer:

Address of Insured/ Proposer:

Business of Insured/ Proposer:

Contact Person at Insured:  Contact No. :

Email Id:

Employer-Employee relationship :  Yes  No If No, specify relationship: \_\_\_\_\_

### Intermediary Details:

Name of the Intermediary:

Contact Person at Insured:  Contact No. :

Email Id:

### TPA Details (incase of Renewal Business):

Name of TPA:

Contact Details:

### Policy Details

Period of Insurance	Risk Start Date	dd/mm/yyyy	Risk End Date	dd/mm/yyyy
Policy Type	Fresh / Own Renewal / Other Renewal		For how many years policy has been active <input type="checkbox"/> <input type="checkbox"/>	
<b>Expiring Policy Details</b>				
Existing Insurer Name				
Premium paid at inception (Exclusive of GST)				
Premium addition during the year (Exclusive of GST)				
Premium deletion during the year (Exclusive of GST)				
Final Premium (Exclusive of GST)				

### Member Details

Basis of Premium Charging to be specified whether per Family or per Member covered.			
	No of Members	No of Dependents	Total
No. of Members at inception			
Addition during the year			
Deletion during the year			
Final no. of Members at expiry			
Members to be covered on Renewal / New <i>(Age band wise and Sum Insured wise demography to be provided as per attached format for each location)</i>			
Claim Details as on	dd/mm/yyyy		
	<b>Reimbursement</b>	<b>Cashless</b>	
Claims Paid as on date (Rs)			
Claims outstanding as on date (Rs)			
If OPD cover given, then mention OPD claims separately		Claim paid under Corporate Buffer Facility as on _ dd/mm/yyyy	
Total claims paid during the last two policy years immediately preceding the expiring year.		Total claims paid during the last three months of the preceding two years of policy immediately preceding to the expiring year.	

### Family Details

Family Definition and Size			
Whether Additional Children Covered		Family/ Floater Sum Insured	
Whether Additional Relationships Covered, like brother/sister etc.		Age Limit for Primary Members	

UIN: UIN: LIBHLP22010V032122

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### Coverages / Benefits Details

Whether Existing Benefits covered under the expiring year policy to be continued as it is - Yes or No			
If No - Then changes required in the Coverage and Limit of benefits to be specified.			
List of Coverages / Benefits	Existing Policy	Renewal Policy	Revised terms of coverage, if any
Basic Cover			
Restrictions in Coverages			
Cappings applicable, if any			
Co-payment, if any			

### Individual Member Details

Sr. No.	Emp No.	Name of Employee/ Primary member	Name of Dependent	Relationship	DOB	DOJ	Designation	Gender	SI

Nominee Name & Relationship	Pre-existing If Yes, disease/Injury (Y/N) details of the same	*Whether Pregnant(Y/N) If Yes, please give no. of months pregnancy	Ac No	IFSC	Bank Name	Branch

\*Applicable to female members and if opted for Maternity benefits.  
 (Individual member details to be furnished by way of annexure provided)  
 Is any of the member or their family member a politically exposed person? If yes please provide details: \_\_\_\_\_



## LIBERTY GROUP HEALTH POLICY Proposal Form

### Annexure – 1

Sr. No.	Emp No.	Name of Employee/ Primary member	Name of Dependent	Relationship	DOB	DOJ	Designation	Gender	SI

Nominee Name & Relationship	Pre-existing If Yes, disease/Injury (Y/N) details of the same	*Whether Pregnant(Y/N) If Yes, please give no. of months pregnancy	Ac No	IFSC	Bank Name	Branch

\*Applicable to female members and if opted for Maternity benefits.