

Health Bharosa, Raheja QBE General Insurance Company Limited
PROPOSAL FORM (URN- RQBEHB2023-04)

GUIDELINES FOR COMPLETION OF THE FORM

- This policy is specially designed for Persons with Disability and Persons with HIV/AIDS.
 - a. Persons with Disability shall be covered if 40% disability is certified by the competent authority as per the Disability Act 2016.
 - b. Persons who are HIV/ AIDS positive Individuals.
- Please answer all questions correctly and completely.
- Information for fields marked with asterisk (*) are mandatory.
- Only Indian Nationals can be covered under this policy.
- Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by Raheja QBE General Insurance Company Limited.

INTERMEDIARY DETAILS (For official use only)

| | | | |
|---------------------------|--|-------------------|--|
| Intermediary Name | | Intermediary Code | |
| Sales Channel | | Branch | |
| Sales Manager name & Code | | | |

PROPOSER DETAILS:

| | | | |
|--|--|----------------|--|
| Name | | | |
| Communication Address | | | |
| | | | |
| | City: | State: | |
| | Pin-code: | Landmark: | |
| Permanent Residence Address | <input type="checkbox"/> Same as Correspondence address | | |
| Contact Details | Phone | Email | |
| Profession: | <input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Details: _____ | | |
| Occupation and Nature of Business/ Work: | | Annual Income: | |
| If any of the proposed/insured is | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | | | | | | | | | | |
|--|--|---|---|--------|---|---|---------------------|-----------|---|---|--|--|--|--|
| Politically exposed person (PEP)*: | Details if PEP yes: _____ | | | | | | | | | | | | | |
| PAN No./ form 60/61 | | | | | | | | | | | | | | |
| AADHAAR No. | x | x | x | x | - | x | x | x | x | - | | | | |
| Date of Birth | DD/MM/YYYY | | | | | | | | | | | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | | | | | | | | | | | | |
| Correspondence Address: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Landmark: | | | | | | | City: | | | | | | | |
| District: | | | | State: | | | | Pin code: | | | | | | |
| Permanent Residence Address: <input type="checkbox"/> Same as Correspondence address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Is differently abled person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| If yes, Type of Disability: _____ | | | | | | | Disability %: _____ | | | | | | | |
| Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> NRI <input type="checkbox"/> Others (Please specify) _____ | | | | | | | | | | | | | | |
| Landmark: | | | | | | | City: | | | | | | | |
| District: | | | | State: | | | | Pin code: | | | | | | |

*Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

COVERAGE DETAILS:

| | |
|-----------------------------|--|
| Policy Type | Individual Basis |
| Policy period | 1 year |
| Period of Insurance | From DD/MM/YYYY to DD/MM/YYYY |
| Sum Insured (in INR) | <input type="checkbox"/> 400000 <input type="checkbox"/> 500000 |
| Coverage opted: | Pre-existing HIV/AIDS <input type="checkbox"/> Pre-existing Disability <input type="checkbox"/> Pre-existing Mental illness <input type="checkbox"/> |

DETAILS OF PERSONS TO BE INSURED:

| Sr No | Name of the Insured | Date of Birth | Age | Gender | Height | Weight | Occupation | Marital Status | Relation with Proposer | Abha ID# |
|-------|---------------------|---------------|-----|--------|--------|--------|------------|----------------|------------------------|----------|
| 1 | | DD/MM/YY | | M/F/O | In cms | In Kg | | | | |

I agree to share my medical records with Raheja QBE / TPA through ABHA: Yes No

#Please generate your ABHA No. by visiting the official website <https://healthid.ndhm.gov.in/register> and share the same with us.

Do you wish to avail a physical copy of your policy documents? Yes No

NOMINEE DETAILS# :

| | 1 st Nominee | 2 nd Nominee | 3 rd Nominee | 4 th Nominee |
|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Name of Nominee | | | | |
| Date of Birth of Nominee | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY |
| Percentage of Nomination | % | % | % | % |
| Relation with the Proposer | | | | |
| Mobile No. | | | | |
| Email ID | | | | |
| Present Address | | | | |
| Permanent Address | | | | |
| Bank details | | | | |
| Account No. | | | | |
| IFSC/MICR Code | | | | |
| Name of the Bank | | | | |
| Account Holder Name | | | | |

Note: In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee as specified above, in accordance with the Policy terms and conditions. For all other persons covered under the Policy, the Proposer will be the nominee, unless differently advised.

In case you wish to add more nominees, please attach the list# with this form.

Where Nominee is a minor, give the details of Appointee

| Name of the Appointee* | Date of Birth | Age | Relationship with Nominee |
|------------------------|---------------|-----|---------------------------|
| | | | |
| Bank details | | | |

| | | | |
|------------------|--|---------------------|--|
| Account No. | | IFSC/MICR Code | |
| Name of the Bank | | Account Holder Name | |

Note: A Minor should not be declared as Appointee.

PREVIOUS/EXISTING HEALTH DETAILS OF THE INSURED:

| | | |
|---|---|---|
| Do you suffer from HIV/AIDS? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, please enclose a recent certificate of your current CD4 count (within past 30 days) |
| Current CD 4 count | _____ | |
| Has your CD4 Count gone below 500 in the past 4 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when and How many times: | |
| Do you suffer from any disability as per the listed conditions mentioned below: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Disability % _____ (Please enclose Disability certificate mentioning percentage of disability wherever applicable) |
| 1. Blindness <input type="checkbox"/> | 2. Muscular Dystrophy <input type="checkbox"/> | |
| 3. Low vision <input type="checkbox"/> | 4. Chronic Neurological conditions <input type="checkbox"/> | |
| 5. Leprosy Cured persons <input type="checkbox"/> | 6. Specific Learning Disabilities <input type="checkbox"/> | |
| 7. Hearing Impairment (deaf and hard of hearing) <input type="checkbox"/> | 8. Multiple Sclerosis <input type="checkbox"/> | |
| 9. Locomotor Disability <input type="checkbox"/> | 10. Speech and Language disability <input type="checkbox"/> | |
| 11. Dwarfism <input type="checkbox"/> | 12. Thalassemia <input type="checkbox"/> | |
| 13. Intellectual Disability <input type="checkbox"/> | 14. Haemophilia <input type="checkbox"/> | |
| 15. Mental Illness <input type="checkbox"/> | 16. Sickle Cell disease <input type="checkbox"/> | |
| 17. Autism spectrum disorder <input type="checkbox"/> | 18. Multiple Disabilities including deaf/ blindness <input type="checkbox"/> | |
| 19. Cerebral Palsy <input type="checkbox"/> | 20. Acid Attack victim <input type="checkbox"/> | |
| 21. Parkinson's disease <input type="checkbox"/> | | |

Have you been suffering from any illness or disease other than Disability or HIV AIDS mentioned above?
 Yes No

If Yes, please specify details and the no of years you are suffering: _____

LIFESTYLE DETAILS:

Do you consume alcohol: Yes No If Yes, _____ (Quantity/ml per day)

Do you Smoke: Yes No If Yes, _____ (Quantity per day)

Have you ever or currently addicted to any habit-forming substance? Yes No

If Yes, please give details (name and quantity per day) _____

PREVIOUS/EXISTING HEALTH INSURANCE DETAILS

Are you having existing Health Policy of Raheja QBE General Insurance Company Limited or are you insured under any other Health Insurance Policy? Yes No (If YES, please provide details in the table below)

| Insured name | Policy number | Period of Insurance | Sum Insured | Claims lodged during policy period (Yes/No) |
|--------------|---------------|---------------------|-------------|---|
| | | | | |
| | | | | |

Electronic Insurance Account Details Section:

I want _____ related information in –
 Physical Format- Yes/No e-Format (electronic) as & when applicable- Yes/No

Choose your Insurance Repository (For those selecting e-Format)

- (a) NSDL Data Management Ltd.
- (b) CDSL Insurance Repository Ltd
- (c) Karvy Insurance Repository Ltd.
- (d) CAMS Repository Services Ltd

I have e Insurance Account & the No. is _____

Additional KYC details

CKYC number (Mandatory for KYC update request):

Identity Proof: (tick anyone)

- Passport
- Aadhar card
- PAN card
- Driving License
- Voter ID card
- Others (any document notified by the central

XXXX-XXXX- 0000

| | |
|---|---|
| government) | |
| Proof of address: (tick any one) <input type="checkbox"/> Passport <input type="checkbox"/> Driving license <input type="checkbox"/> Voter ID card <input type="checkbox"/> Electricity or Telephone Bill <input type="checkbox"/> Others | Please specify the document name and details if Others: |

PREMIUM PAYMENT DETAILS

| | | |
|--|--|------------------|
| Payment Option | <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> ASBA (Application Supported by Blocked Amount) | Date: DD/MM/YYYY |
| Bank Name | | Amount (INR): |
| Amount (in words) | | |
| Account Holder Name: | | |
| Instrument Number: | Instrument Amount: | |
| UPI ID (If, ASBA option is opted): | | |
| GSTIN (If more than one GSTIN, kindly attach an annexure with details) | PAN No (if premium is 1 Lac and above): | |
| Frequency: | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual | |

Please provide copy of a cancelled cheque if premium is paid through NEFT /ECS /RTGS

CONSENT FOR ECS

I wish to avail the Electronic clearing facility and hereby express my unconditional consent to debit premium for my Health insurance policy applied vide proposal form no. xxxxxxxxxxxxxxxxxxxx through participation in Electronic Clearing System (ECS).

I, understand and agree that premium amount to be debited from my account may vary due to change in age bracket of the senior most member insured under the policy, claims history in expiring policy, change in applicable premium rates by the insurer, taxes and other statutory levies as may be applicable from time to time.

(Please refer to sales brochure for approximate premium details due to change in age applicable at the time of renewal)

I, hereby declare that the particulars given are correct and complete. I understand and accept that

the transaction will be effected on the due date as opted by me in this form subject to the payment of premium on the policy (provided the day is a working day). If the transaction is delayed or not effective at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We have read all the terms and conditions as are applicable for availing of this ECS Debit service from/through the user institution and agree to discharge the responsibility expected of me/us as a participant under the scheme.

I/We also hereby authorize representative of Raheja QBE General Insurance Company Ltd. carrying this ECS Debit Mandate Form to get it verified and executed by my/our Bank.

Place:

Date: DD/MM/YYYY

Signature of Proposer/Authorized representative[#][#]Only applicable where proposer is a person with a disability and who has appointed an authorized representative.**BANK ACCOUNT DETAILS FOR PROCESS OF REFUND**

Cheque will be issued in the name of the Proposer only.

In case of cancellation of policy, if premium was paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account:(Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly).

| | |
|------------------------|--|
| Name of Account holder | |
| Bank Name | |
| Branch Name | |
| Bank Account No | |
| IFSC Code | |
| MICR Code | |

Note: The Proposer agrees and undertakes to intimate in writing to Raheja QBE General Insurance Company Limited about any change in bank account details.

Place:

Date: DD/MM/YYYY

Signature of Proposer/Authorized representative[#][#]Only applicable where proposer is a person with a disability and who has appointed an authorized representative.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

1. I/ We hereby understand that the information provided by me will form the basis of 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.
2. 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. and that there is no other information which is relevant to my application for insurance for myself or the other persons to be insured that has not been disclosed to you.
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 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.
5. I/We declare and consent to the company seeking medical information from any 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 and 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.
6. I agree that this proposal and the declarations shall be the basis of the contract between me and/or the other persons to be insured and Raheja QBE General Insurance Company Limited and I/We and/or the other persons to be insured agree to accept a policy, subject to the conditions prescribed by Raheja QBE General Insurance Company Limited.
7. I consent and authorize Raheja QBE General Insurance Company Limited to seek medical information from any Hospital/Medical Practitioner who has at any time attended or may attend concerning any disease or illness, which affects my physical or mental health.
8. I/We provide my/our consent to access my/our (all insured) medical and personal records/details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of Raheja QBE General Insurance Company Limited and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/Regulations.
9. I hereby accord my consent to authorize 'Raheja QBE General Insurance Company' to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the

proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount. If Amount of initial premium blocked is less than the premium to be collected, then I agree to pay the differential premium amount.

10. I/We hereby declare that the source of funds for the premium paid for obtaining this insurance cover is through legitimate funds from our Bank Account.
11. I/We agree to be contacted by Raheja QBE to make welcome calls / Underwriting/ service calls or any other communication with respect to this proposal or an existing policy of Raheja QBE.

Place:

Date: DD/MM/YYYY

Signature of Proposer/Authorized representative#

#Only applicable where proposer is a person with a disability and who has appointed an authorized representative.

INTERMEDIARY DECLARATION

I, _____ (Full Name), in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date: DD/MM/YYYY

Place: _____

Signature of Agent:

License No _____

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from 'Raheja QBE General Insurance Company Limited' to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in the language known to me, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Place

Date: DD/MM/YYYY

Signature of Proposer/Authorized representative[#][#]Only applicable where proposer is a person with a disability and who has appointed an authorized representative.**DECLARATION FOR COMPLIANCE WITH ANTI-MONEY LAUNDERING REGULATIONS**

I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder.

I understand that "Raheja QBE General Insurance Company Limited" has the right to call for documents and information to establish the source of funds and has also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law.

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place

Date: DD/MM/YYYY

Signature of Proposer/Authorized representative[#][#]Only applicable where proposer is a person with a disability and who has appointed an authorized representative.

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application. The following documents are accepted as:

| Proof of Identity | Proof of Address |
|--|--|
| Passport PAN Card Driver's License Voter's Identity Card Letter from Recognized Public Authority | Telephone/Mobile bill not older than six months on the date of commencement of insurance Bank A/c Statement with Residential address not older than six months on the date of commencement Electricity Bill Ration Card Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk Employer's Certificate Letter from Recognized Public Authority |

SECTION 41 OF INSURANCE ACT, 1938

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

1. 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 prospectuses or tables of the Insurer.

2. 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.