

RQBE DISABILITY INCOME PROTECT- GROUP**Proposal Form (URN- RQBEDIP2024-12)**

The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

All details are mandatory.

(Please fill-up this form in CAPITAL LETTERS)

For official use only		
Intermediary Code	Intermediary Name	Intermediary Contact No
Sales Channel Type Direct /Agency	Branch	Sales Manager Name and Code

PROPOSER DETAILS	
Name of the Corporate/Group and address for Communication	
Name:	
Correspondence Address:	
Landmark:	City:
District:	State:
Pin Code:	
Registered Office address: <input type="checkbox"/> Same as Correspondence address	
Landline No.	
Mobile No:	
Email ID:	
Profession, trade, business or Occupation of the proposer:	
GST number:	PAN No:
If any of the proposed applicant/insured is Politically exposed person* (PEP) or close relative of PEP: Details if PEP yes:	

*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.

Group type	“ Employer-Employee ” “ Non-Employer-Employee ” “ Affinity ”
Policy Type	Individual Basis
Period of Insurance	From DD/MM/YYYY to DD/MM/YYYY
Sum Insured (in INR)	<i>For Temporary Occupational Disability: Maximum 75% of Monthly Gross Salary</i> <i>For Permanent Occupational Disability (if opted): Maximum 75% of Monthly Gross Salary paid as a lump sum for the policy tenure</i>

Plan Type	
Plan Options <i>(Insured can opt for any one plan or a combination of plans mentioned)</i>	<p>“ Section 1 - Income Protection ”</p> <p><i>Monthly Temporary Disability Income</i></p> <p>Tenure – “ 6 months ” “ 12 months ” “ 24 months ” “ 60 months ”</p> <p>Waiting period – “ 90 days ” “ 180 days ”</p> <p><u>Optional cover -</u></p> <p>“ <i>Lump-Sum Permanent Disability Income</i> ”</p> <p>Tenure – “ 6 months ” “ 12 months ” “ 24 months ” “ 60 months ”</p> <p>“ Section 2 - Credit Card Minimum Amount Protection ”</p> <p>Tenure – “ 6 months ” “ 12 months ”</p> <p>“ Section 3 - Loan Protection ”</p> <p>Tenure – “ 6 months ” “ 12 months ”</p> <p>“ Section 4 - Personal Expenses Assistance ”</p> <p>Tenure – “ 3 months ” “ 6 months ” “ 9 months ” “ 12 months ” “ 18 months ” “ 24 months ”</p> <p>Sum insured (per month) - _____ (Rs. 5,000 to 75,000)</p>

Insured Details:

Please provide details of Insured Persons (Attach separate sheet with the following data elements).

	Insured 1	Insured 2
Unique identification No./ Employee No./ Membership no		
Employee/Member Name (as per PAN/Aadhar)		
Designation/ Category/ position		
Occupation/Nature of business or work		
If the insured is Politically exposed person (PEP)		
Details if PEP yes		
Date of Enrolment/ Joining		
Date of Birth		
Gender		
Email ID		

Mobile No.		
Marital Status		
PAN no		
Adhaar no.		
ABHA #		
Monthly salary		
Sum Insured		
Present Address		
Permanent Address		
Nominee Name 1		
Nominee 1 DOB		
Nominee 1 share %		
Relationship of Nominee 1 with Insured		
Account No.		
IFSC/MICR Code		
Name of the Bank		
Account Holder Name		
Nominee Name 2		
Nominee 2 DOB		
Nominee 2 share %		
Relationship of Nominee 2 with Insured		
Account No.		
IFSC/MICR Code		
Name of the Bank		
Account Holder Name		
Appointee Name (Details to be filled only if nominee is a minor)		
Relationship of Appointee with Nominee		
Please provide details of Pre-existing disease/s if any		
Are you currently in good health?		
Are you currently or in the past have suffered from any medical condition, impairment, chronic or critical illness resulting in a disability and/or have you been diagnosed with any such condition, undergone medical procedures or treatments, or are you under the care of a physician or healthcare provider for any disability that could prevent you from engaging in your regular occupation and/or have you been hospitalized or undergone surgery, within the last 4 years for a disability and/or are you currently taking any prescription medications that may impair your ability to perform the essential functions of your job and/or have you received advice from a healthcare professional to stop working or reduce your work hours due to health reasons?		
I hereby affirm that the information furnished in my application is correct.		
I consent to the use of my data for compliance with regulatory and legal requirements related to Disability Income Protection insurance. I acknowledge that my data will be handled in accordance with applicable data protection laws and regulations. I am aware that my data will be stored securely and will not be disclosed to third parties without my explicit consent, except as required by law. By providing this consent, I release Insurance Company from any liability arising from the use of my personal data for the specified purposes.		

If any other existing insurance with similar coverages (Income protect/EMI protect/Credit card protect): If Yes, answer below:		
Name of insurance Company		
Sum Assured		
Claim Lodged Amount		

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	Date: DD/MM/YYYY
Bank Name		Amount (INR):
Amount (in words)		
Account Holder Name:		
Instrument Number:	Instrument Amount:	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	PAN No (if premium is 1 Lac and above):	

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. xxxxxxxxxxxxxxxxxxxxxx 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.

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/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.

10. 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.
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.
- 12. 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 give 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.

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

Signature of the Proposer

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application.

STATUTORY WARNING**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 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 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 prospectus or tables of the insurers.

2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to 10 Lakhs.