Proposal Form No:

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

STAR Personal & Caring | Health Insurance
The Health Insurance *Specialist*

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in

PROPOSAL FORM FOR STAR COMPREHENSIVE INSURANCE POLICY

The company will not be on risk until the proposal has been accepted and full payment of premium has been received.

Policy Issuing Office				
	Sales Manager		MT/ Agent:	
	SM Code:		MT / Agent Code:	

Business: Urban / Rural

Please fill up the form in block letters. Also submit photograph of each person proposed for insurance for issuance of identity cards.

Name of the Proposer			
Occupation of the Proposer		Annual Income Rs.	
Residence Address			
		Pin Code:	
Office Address		Pin Code:	
Mobile No.	Email ID	IT PAN No.	
Period of Insurance	From	To	

Family Size	Please Tick ☑
1 A + 1 C	☐
1 A + 2 C	☐
1 A + 3 C	☐
2 A	☐
2 A + 1 C	☐
2 A + 2 C	☐
2 A + 3 C	☐

Sum Insured (Rs.)	Please Tick ☑
Rs. 5,00,000 /-	☐
Rs. 7,50,000 /-	☐
Rs. 10,00,000 /-	☐
Rs. 15,00,000 /-	☐
Rs. 20,00,000 /-	☐
Rs. 25,00,000 /-	☐

A = Adult, C = Child

Annual Premium Rs.	Payment Details			
Cash	Cheque No.	Date	Drawn on	Branch

Please attach any of the following proof of Date of Birth

❑ Birth Certificate ❑ Voter ID ❑ PAN Card ❑ Driving License ❑ Aadhar ID Card (UID) ❑ Any other Govt. Recognised proof

Please affix recent photographs of persons proposed for insurance

Please affix photograph of Insured Person - 1	Please affix photograph of Insured Person - 2	Please affix photograph of Insured Person - 3	Please affix photograph of Insured Person - 4	Please affix photograph of Insured Person - 5

Family Physician's Name _____ **Phone No.** _____ **Regn. No.** _____

Insured Person Details (Please fill in the respective column for each of the person proposed to be covered)					
	1	2	3	4	5
Name of the person proposed for insurance					
Sex					
Date of Birth					
Height (cms)					
Weight (kgs)					
Relationship with proposer					
Occupation					
Annual Income (Rs.)					
Nominee's name					
Nominee's age					
Relationship of the nominee to the insured Person					
Details of other/Previous Insurance, if any 1. Name of the Insurance Company					
2. Period of Insurance					
3. Sum Insured (Rs.)					
4. Policy No:					
Details of Claims: 1. Ailment for which claim was made.					
2. Claim amount paid / rejected					
3. Year of claim					
Health History : **Please provide answer in detail.** **A mere dash is not sufficient.** 1. Are you in good health and free from physical and mental disease or infirmity. If not, give details.					
2. Have you consulted/taken treatment/been admitted for any illness/diseases/injury. If yes, details.					

Insured Person Details (Please fill in the respective column for each of the person proposed to be covered)					
	1	2	3	4	5
3. Have you ever suffered or suffering from any of the following :- a) Diabetes Mellitus - If yes, since when					
b) High BP, Cholesterol - If yes, since when					
c) Heart Disease - If yes, since when					
d) Stroke, epilepsy, fainting attack, chronic headache - If yes, since when					
e) Tuberculosis, asthma, other respiratory infections - If yes, since when					
f) Any disease of bones/joints, slipped disc, spinal disorder, injury to ligaments - If yes, since when					
g) Cancer, Pre cancerous Lesion - If yes, since when					
h) Any gynaecological disorder such as DUB, Fibroid Uterus, Ovarian cyst - If yes, since when					
i) Diseases of stomach, intestine, liver, gall bladder/pancreas, Kidney, urinary bladder, Urinary Tract Diseases - If yes, since when					
j) Disease of prostrate/ fistula/piles/ Genital diseases - If yes, since when					
k) Cataract, diseases of eye and ENT diseases - If yes, since when					
l) Any other problem (Please specify)					

420 x 280mm

Star Health And Allied Insurance Company Limited

Proposal Form No.

Acknowledgment

Received the proposal for Star Comprehensive Insurance Policy from Mr./Mrs.Ms._____ along with payment of Rs. _____/- by Cash/ vide Cheque No. _____dated _____ drawn on _____. The cash/cheque given by you is banked for operational convenience and banking of the cash/cheque does not mean acceptance of risk by us. The receipt of the cash/cheque will also be acknowledged by our office vide advance premium receipt in respect of proposer/s referred for medical examination. If the proposal is accepted, the cover will commence from the date of the advance premium receipt subject to realization of the cheque. If the proposal is not accepted, the amount paid will be refunded by our cheque.

Signature of the Insurer/Authorised Representative

Signature of the Proposer ⌦

Insured Person Details (Please fill in the respective column for each of the person proposed to be covered)

	1	2	3	4	5
Have any of the persons proposed for insurance:					
1. Undergone any medical test?					
2. Prescribed any medication i) Name of the illness for which medicines have been prescribed.					
ii) Details of Drugs and Medicines prescribed.					
iii)Period from which these drugs are taken.					
3. Been advised for any surgery? If yes, please give details					
4. Received / Receiving payment for any disability / injury / illness / disease					
5. Does any of the persons proposed for insurance: i) Chew Tobacco - If yes, more than 10 yrs or less than 10yrs ii) Smoke - If yes, more than 10 yrs or less than 10yrs iii) Consume Alcohol - If yes, more than 10 yrs or less than 10yrs					
6. Are you positive for HIV. If yes, please mention your CD 4count (Pl. attach proof)					

Prohibition of rebates : (Section 41 of the Insurance Act) No person shall allow or offer to allow either directly or indirectly as inducement to take out 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 on the premium shown on the policy nor shall any person taking out 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. Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

Declaration : 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 insurance company and that the policy will come into force only after full receipt 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 and consent to the company seeking medical information from any doctor or from a hospital who at anytime 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. I 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. The terminology in the proposal form with the terms and conditions of the policy and schedule are explained to me in vernacular language (mother tongue). I also confirm that the source of funds for premium paid under the policy is legal. In case of single Adult being covered along with children/child: I hereby confirm and warrant that I am single parent of the Child/Children proposed.

Place:
Date:

Signature of the Proposer ⌦

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