

**Proposal Form - 'EXPLORE'**

Proposal No.: \_\_\_\_\_

**For Office Use Only**
**Intermediary Details**

Intermediary Name :											
Intermediary Code :					Intermediary RM Code :						
Intermediary Branch Code :					Customer Acc No.:						

**Religare Health Branch Details**

RHIL RM Name :												
Branch Code :				Client ID :					Receipt No.:			

- To be filled in by Proposer in CAPITAL LETTERS only.
- Religare Health Insurance Company Limited (the "Company") is under no obligation to accept any proposal for insurance or to issue a policy on the submission of a completed proposal form and / or payment of proposal deposit towards the same. The Company retains the right in its sole and absolute discretion to issue a policy. The liability of the Company does not commence until this Proposal has been accepted and underwritten by the Company and premium received, including loadings, if any. You understand and agree that if the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions and the Company shall have no liability whatsoever if the premium is not realized, or received in full or in time. In the event the Company does not accept the proposal, you will be informed of the same and the premium received from you, if any, will be refunded without interest.
- If there is insufficient space, please provide further details on a separate sheet. All attached documents form part of this Proposal.

**Proposer Details**

<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> M/s	Gender :	<input type="checkbox"/> M	<input type="checkbox"/> F	
Name :						
	(First Name)	(Middle Name)	(Last Name)			
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Key Person Name :				
	(First Name)	(Last Name)				
Date of Birth/Incorporation :	DD/MM/YYYY					
Address :						
					City :	
State :				Pin Code :		
Landline :			-	Mobile :		
E-mail :						
PAN :	(Mandatory for premium above ₹49,999)					
Mother's Maiden Name :						
Marital Status :	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Nationality :			

**Nominee Details**

Name :										
Date of Birth :	DD	/	MM	/	YYYY	Relationship with Proposer :				
Appointee name (Only where the Nominee is of Age 18 years or less) :	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.								
Name :										

In event of the death of the proposer any payment due under the policy shall become payable to the Nominee proposed in this form. The receipt of the proceeds by the Nominee would be sufficient discharge to the Company. Nominee for all the other person(s) proposed to be insured shall be the Proposer himself.

## Policy Details

Proposed Policy Period Start Date :  /  /  (DD/MM/YYYY)

Proposed Policy Period End Date :  /  /  (DD/MM/YYYY)

Cover Type :  Individual  Family Option<sup>§</sup>

Trip Type :  Single Trip  Annual Multi-trip (45 days)  Annual Multi-trip (60 days)

Purpose of travel :  Business  Adventure Sports  Visit to Family / Friends  Pleasure  Aviation

## Details of the Person to be Insured (Including Proposer)

Plan <sup>#</sup>	Sum Insured <sup>#</sup>	Geographical Scope <sup>#</sup>	Opt for Sub-limits
<input type="checkbox"/> Explore Platinum	<input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$ 300,000	<input type="checkbox"/> Worldwide (Excluding India)	N.A. (For plan without sub-limits refer "Explore - Platinum")
<input type="checkbox"/> Explore Gold	<input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 50,000	<input type="checkbox"/> Worldwide (Excluding US, Canada and India)	N.A. (For plan with sub-limits refer "Explore - Gold")
<input type="checkbox"/> Explore Asia	<input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 25,000	<input type="checkbox"/> Asia (Excluding India)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Explore Africa	<input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 25,000	<input type="checkbox"/> Africa	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Explore Canada+	<input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 50,000	<input type="checkbox"/> Worldwide (Excluding US and India)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Explore Europe	<input type="checkbox"/> € 100,000 <input type="checkbox"/> € 30,000	<input type="checkbox"/> Europe	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Choose any one Plan along with its corresponding Sum Insured and Geographical Scope. § Valid relationship for Family Option : Self, Spouse, dependent children and parents.

Country(s) of visit : 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

## Details of the Persons to be Insured including Proposer

Details	Insured 1	Insured 2	Insured 3	Insured 4
Name	(First Name) (Middle Name) (Last Name)			
Date of Birth (DD/MM/YYYY)				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship with proposer				
Marital status				
Occupation				
Passport No.				
Is any of the member proposed to be insured suffering from any illness or disease? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note :** Where the cover type is individual, the age for entry shall be minimum 1 day and maximum as per the plan.

Disease(s) : E.g. Cancer/Tumor Coronary Artery Heart disease Insulin Dependent Diabetes Paralysis/Stroke Congenital Disease HIV/AIDS/STD Liver Disease Kidney Disease Thalassemia Major Other (Please Specify)				
Month & Year when such Pre-existing Disease was first detected				
Has anyone been diagnosed/hospitalized or under any treatment for any illness/ injury during the last 48 months? If yes, please specify details on a separate sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever claimed under any travel policy? If yes, please give details under the section claimed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Declaration

- 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/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.
- I/We declare and consent to the Company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer 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 of the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 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 authority.
- I have read and understood the Sales Literature, Prospectus, Customer Information Sheet, Terms and Conditions of the Policy and Grievance redressal procedure of the Company and confirm to abide by the same. These documents were made available to me at the stage of signing this Proposal Form.
- I understand that receipt of proposal form by the Company shall not be construed as acceptance of proposal. Commencement of risk under the Policy shall be subject to realization of full premium and individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal. Policy would start from the date as specified in the Policy Certificate.
- I understand that the Policy Period Start Date as specified in the Policy Certificate shall be from the 00:00 hours of the next day of the Proposal receipt at branch, proposed policy period start date as opted by me or cheque date, whichever is later.
- I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the proposal form/ personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- I understand and agree that this Policy does not cover any Claim out of any Pre-existing Disease/Illness/Injury except for those which result from life threatening medical condition that too arising out of a declared and accepted pre-existing disease/illness/injury subject to sublimit as applicable.

- j. I/we will not be traveling for the purpose of obtaining medical treatment or against the advice of a medical practitioner.
- k. I consent to provide a valid age proof, a valid passport copy and identity proof at the time of claims or any other time when required by the Company.
- l. I/We consent to recording telephone calls and sharing those recordings with the Assistant Service Provider and any other information obtained about me/us, for any purposes relating to my/our insurance, or relating to training and quality assurance.
- m. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- n. Bonafide Source of funds for payment
  - (i) I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
  - (ii) I understand that the Company has the right to call for documents to establish sources of funds.
  - (iii) The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

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.

Date :  /  /

Signature of the Proposer : \_\_\_\_\_

Place :

(On behalf of all the persons to be insured under the Policy)

### Statutory Warning

#### Prohibition of Rebates

(Under Section 41 of Insurance Act 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 prospectuses or tables of the Insurer.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

### Premium Payment Information

Payment By :  Cheque/ Demand Draft/ Card (Strike out whichever is not applicable)

Cheque/Demand Draft No./Authorization ID :

Date :  /  /  (DD/MM/YYYY) Premium Amount (₹) :

Bank Name :

Sources of Funds :  Salary  Business  Others (if others, please specify) \_\_\_\_\_

In case of payment through Cheque/Demand Draft, the instrument should be made in favour of "Religare Health Insurance Company Ltd."

**Note :** Attention is drawn to Sec. 64VB of the insurance contract by virtue of which the proposer is obliged to pay the premium in advance for acceptance the risk.

### Acknowledgement for Customers

Please retain this counterfoil for your records

(On behalf of Religare Health Insurance Company Limited)

We acknowledge the receipt of payment of ₹ \_\_\_\_\_ vide Cheque/DD No./Authorization ID \_\_\_\_\_ from Mr./Ms. \_\_\_\_\_ Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of policy. Religare Health Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal & issuance of Policy shall be subject to receipt of completed proposal form, premium payment, medical reports (wherever applicable) and underwriting decision of the Company.

NOT VALID AGAINST CASH

Proposal No.: \_\_\_\_\_

Signature of the Representative : \_\_\_\_\_

Name of the Representative : \_\_\_\_\_

Insurance is a subject matter of solicitation. IRDA Registration No. 148

#### Religare Health Insurance Company Limited

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 CIN: U66000DL2007PLC161503 UIN: IRDA/NL-HLT/RHI/P-T/V/I/23/13-14

IRDA Registration No. - 148