Complete Healthcare Insurance

PROPOSAL FORM

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

Application No: _____ Agent Code: _____

Instructions for Filling up the Form: -

1.This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2.The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully and in BLOCK letter. Any incomplete, incorrect, or partially correct answers may lead to rejection of the proposal.

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

1. PROPOSERS DETAILS

Name of the Proposer			
Gender	Male ☐ Female ☐ Third Gender ☐	**Date of Birth**	DD/MM/YYYY
Martial Status	Married ☐ Single ☐ Others ☐	**Annual Income**	
E Mail ID		**Mobile No.**	
ID Type	Voter Id ☐ Driving License ☐ Passport ☐ Pan Card ☐	**ID Number**	
CKYC No.			
Occupation	Salaried ☐ Self Employed ☐ Other ☐	**Policy Type**	Individual ☐ Family Floater ☐
Address			
Landmark			
City	Pin code	State	
Nationality			
Do you have eIA account? If Yes, Account details	**I would like to apply for eIA with :**	Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐	

2. POLICY DETAILS

Policy Type	New ☐ Renewal ☐ Roll Over ☐	**Policy Tenure From**	DD/MM/YYYY
Policy Period	1 year ☐ 2 year ☐ 3 year ☐	**Policy Tenure To**	DD/MM/YYYY

3. PLAN DETAILS

Basic	Essential	Privilage	Plus	Premier	Executive
1 L ☐ 2 L ☐	3 L ☐ 4 L ☐ 5 L ☐	6 L ☐ 7 L ☐ 8 L ☐ 9 L ☐ 10 L ☐	15L ☐ 20L ☐	25L ☐ 30L ☐	40L ☐ 50L ☐

4. DETAILS OF THE PERSON TO BE INSURED

Sl. No	Insured Name (First, middle, Last)	Date of birth (DD/MM/YYYY)	Gender (M/F/T)	Relationship with proposer	Height (cm)	Weight (kg)	Occupation

ABHA ID (Ayushman Bharat Health Account)

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

5. NOMINEE DETAILS

The nominee must be an immediate relative of the proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

Sr No	Name of Insured	Name of Nominee	Relationship	Gender(M/F/TG)	Address of the Nominee

*If the Nominee is Minor, Name and relationship with minor.

Name of the Appointee	Relationship	Gender(M/F/TG)	Address of the Appointee

6. DISCOUNT

Does any person proposed to be insured presently hold any Insurance Policies (for Loyalty Discount) from Universal Sompo? ☐ **YES /** ☐ **NO**
if Yes, please provide Policy Details below

Sr No	Policy No./ Application No.	Period of Insurance	Sum Insured	Claim lodged during the preceding years

7. BASE COVERS

1.In-patient Treatment	6.Organ Donor	11.Vaccination
2.Day Care Procedures	7.Ambulance	12.Out-patient treatment
3.Pre-Hospitalization	8.Dental Treatment (In case of Accident)	13.Convalescence Benefit
4.Post-Hospitalization	9.AYUSH Benefit	14.Mother and Child Care Benefit
5.Domiciliary Treatment	10.Daily Cash for Accompanying an Insured Child	

8. ADDITIONAL BENEFITS & VALUE-ADDED BENEFITS

Additional Benefit	Value Added Benefits (Applicable only for Basic, Essential & Privilege plans)	
Restore Benefit	Dial a Doctor	Specialist Consultation with Two follow up session (Not Applicable for Basic plan)
	Health Educational Library for People (HELP)	Wellness Package
	Second Option (Not Applicable for Basic plan)	24x7 Customer Service, Newsletter

9. ADD ON COVERS

Sr.No	Coverage	Sum Insured
1.	☐ Personal Accident	☐ Option 1 – 100% of Base SI
		☐ Option 2 – 200% of Base SI (Not Applicable for Basic, Essential & Privilege)
2.	☐ Critical Illness	☐ Option 1 – 100% of Base SI maximum upto 5Lacs
3.	☐ Hospital Daily Cash	Base SI / Limit up to: 1,2 lakhs – 200; 3,4,5 Lakhs – 500; 6,7,8,9,10 lakhs – 1000; 15 lakhs – 2,000; 20 lakhs – 2,000 / Base SI / Limit up to: 25 lakhs – 3,500; 30 lakhs – 3,500; 40 lakhs – 5,000; 50 lakhs – 5,000
4.	☐ Sub Limits Applicability	☐ A ☐ B ☐ C
5.	☐ Treatment in Tiered Network	Covered
6.	☐ Extension under Pre-Hospitalization	90 Days
7.	☐ Extension under Post-Hospitalization	120 Days
8.	☐ Maternity (and Childcare Benefit) Waiting Period	24 Months
9.	☐ Coverage for Non-Medical Items	Base SI / Limit up to: 1,2 lakhs – 1,000; 3,4,5 Lakhs – 2,000; 6,7,8,9,10 lakhs – 5,000; 15 lakhs – 7,500; 20 lakhs – 7,500 / Base SI / Limit up to: 25 lakhs – 10000; 30 lakhs – 10000; 40 lakhs – 20000; 50 lakhs – 20000
10.	☐ Condition waiver under Restore Benefit	Covered
11.	☐ Pre-Existing Disease Waiting Period Waiver	PED Waiting Period will be 12 Months
12.	☐ Outpatient Dental Waiting Period	Waiting Period will be 24 Months
13.	☐ Emergency Travelling Allowance	Base SI / Limit up to: 1,2 lakhs – 1,000; 3,4,5 Lakhs – 2,000; 6,7,8,9,10 lakhs – 3,000; 15 lakhs – 5,000; 20 lakhs – 5,000 / Base SI / Limit up to: 25 lakhs – 10000; 30 lakhs – 10000; 40 lakhs – 25000; 50 lakhs – 25000
14.	☐ Second Opinion	Base SI / Limit up to: 1,2 lakhs – 2,500; 3,4,5 Lakhs – 2,500; 6,7,8,9,10 lakhs – 2,500; 15 lakhs – 5,000; 20 lakhs – 5,000 / Base SI / Limit up to: 25 lakhs – 5000; 30 lakhs – 5000; 40 lakhs – 10000; 50 lakhs – 10000
15.	☐ Rest Cure, Rehabilitation and Respite Care [Nursing Care] Expenses Extension	Base SI / Limit up to: 1,2 lakhs – 1000; 3,4,5 Lakhs – 1000; 6,7,8,9,10 lakhs – 1000; 15 lakhs – 2,000; 20 lakhs – 2,000 / Base SI / Limit up to: 25 lakhs – 5000; 30 lakhs – 5000; 40 lakhs – 5000; 50 lakhs – 5000
16.	☐ Obesity/ Weight Control Expenses Extension [24 months waiting period]	Base SI / Limit up to: 1,2 lakhs – 25000; 3,4,5 Lakhs – 25000; 6,7,8,9,10 lakhs – 50000; 15 lakhs – 100000; 20 lakhs – 100000 / Base SI / Limit up to: 25 lakhs – 100000; 30 lakhs – 100000; 40 lakhs – 100000; 50 lakhs – 100000
17.	☐ Sterility and Infertility Treatment Expenses Extension [24 months waiting period]	Base SI / Limit up to: 1,2 lakhs – NA; 3,4,5 Lakhs – NA; 6,7,8,9,10 lakhs – NA; 15 lakhs – 50000; 20 lakhs – 50000 / Base SI / Limit up to: 25 lakhs – 50000; 30 lakhs – 50000; 40 lakhs – 100000; 50 lakhs – 100000
18.	☐ Enhanced Organ Donor	Base SI / Limit up to: 1,2 lakhs – 50000; 3,4,5 Lakhs – 100000; 6,7,8,9,10 lakhs – 200000; 15 lakhs – 500000; 20 lakhs – 500000 / Base SI / Limit up to: 25 lakhs – 500000; 30 lakhs – 500000; 40 lakhs – 500000; 50 lakhs – 500000
19.	☐ Premium Waiver	Covered
20.	☐ Global Cover	Covered (Not Applicable for SI Upto 10 L)
21.	☐ Medically Advised Support Devices	Base SI / Limit up to: 1,2 lakhs – 15000; 3,4,5 Lakhs – 15000; 6,7,8,9,10 lakhs – 15000; 15 lakhs – 25000; 20 lakhs – 25000 / Base SI / Limit up to: 25 lakhs – 50000; 30 lakhs – 50000; 40 lakhs – 100000; 50 lakhs – 100000
22.	☐ Co-Payment	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50%
23.	☐ Home Care treatment	5% of Base SI or Rs 25,000, whichever is lower
24.	☐ Wellness Benefit ☐ Disease Management Programme (Additional Premium)	Covered
25.	☐ Modern Treatment	Covered
26.	☐ Emergency Assistance Services	Covered

10. MEDICAL AND LIFESTYLE INFORMATION

Please answer the below mentioned questions accurately to the best of your knowledge in respect of each person proposed to be insured.
If the answer to any of these questions is YES, please provide the complete details in the table for additional medical information.
Important: You must answer these questions truthfully.

Sl. No	Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1.	Within the last 2 years have you consulted a doctor or healthcare professional? (other than Preventive Health Check-up or Pre Employment Health Check-up)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
2.	Within the last 2 years have you underwent for any detailed investigation (e.g. X-ray, CT Scan, biopsy, MRI, Sonography, etc) (other than Preventive Health Check-up or Pre Employment Health Check-up)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
3.	Within the last 5 years have you been to a hospital for an operation/medical treatment?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4.	Do you take tablets, medicines, or drugs on a regular basis?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
5.	Within the last 3 months have you experienced any health problems or medical conditions which you/ proposed insured person have/has not seen a doctor for	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
6.	Have any of the person proposed to be insured ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations/ medication/surgery or undergone a surgery for any of the following – Diabetes; Hypertension; Ulcer/Cyst/Cancer; Cardiac Disorder; Kidney or Urinary Tract Disorder; Disorder of muscle/bone/joint; Respiratory disorder; Digestive tract or gastrointestinal disorder; Nervous System disorder; Mental Illness or disorder, HIV or AIDS	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes ☐ No ☐**

Addition to the above, we may have additional questions for you or may ask you to undergo medical tests to complete your full medical assessment.
Does any person proposed to be insured consume any of the following

Substance		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Alcohol		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes ☐ No ☐**
	Quantity**						
	No. of Years						
Smoking		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes ☐ No ☐**
	Quantity(No./Day)						
	No. of Years						
Any other substance like Tobacco/Guthka/Pan/ Pan Masala, etc		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes ☐ No ☐**
	Quantity(Pouch/Day)						
	No. of Years						
Narcotics		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	**Yes ☐ No ☐**
	Quantity(Pouch/Day)						
	No. of Years						

**Beer – No. of Pints per week, Wine & Spirit – ml/week)
If any of these habits has been in the past please mention the year of stopping it and the reason for doing the same habit_____
_____

11. ADDITIONAL MEDICAL INFORMATION

If you have answered YES to any of the questions in section 4, please give full details here. If you need more space please use extra sheets.
If you are unsure whether any details are relevant, please include them

Substance	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of illness/injury suffering from or suffered in the past						
Date of first diagnosis (Month & Year)						
Treatment/medication received/receiving						
Treatment outcome (fully cured/partially cured/ ongoing, etc)						

Note:
Company may apply an exclusion/risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the members proposed to be insured). These loadings would be applied from the policy period start date including all subsequent renewals with the company. Any exclusion/loadings, if applicable, shall be suitably intimated to the proposer based on the assessment of the proposal form and medical tests. Proposer shall be required to pay the additional premium within stipulated time of such intimation. Company shall not be at any risk during this period. In the event of the decline of proposal due to non-receipt of this additional premium within the stipulated time or due to any reason, Company shall cancel your proposal and refund the premium amount after deducting charges as per policy terms and conditions.

12. PREGNANCY INFORMATION

1	Is anyone currently pregnant? If yes, please mention expected date of delivery_____(DD/MM/YYYY)_____	☐ Yes ☐ No
2	Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy? If you answered "Yes" to any of the questions in Medical History above, then please provide details in the table below	☐ Yes ☐ No

GENERAL INFORMATION

1. Family Physician details:

Family Physicians name_____ Contact Number_____

2. Existing Insurance Details

Is the proposer or any of the persons proposed to be insured already insured under or proposed for a health insurance policy with Universal sompo General Insurance Co. Limited or any other insurance company Yes ☐ No ☐
If YES, please indicate below the Policy/Application number(s). (Please mention application number in case of pending proposal) Since when have you been continuously insured DD MM YYYY

Sr No	Policy No	Name of insured person	Insurer	Period of Insurance		SI & Cumulative bonus /Rs	Claims details if any
				From (DD/MM/YYYY)	To (DD/MM/YYYY)		
1							
2							
3							
4							
5							
6							

If you want to avail the portability benefit from your existing insurance policy, please also submit to us (as an annexure to this proposal form) all the policy documents relating to the existing policy in addition to the information given above

3. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue policy or the terms on which it is issued and you must not misrepresent any information to us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then may render any policy issued void.

4. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

☐ I hereby consent that the policy documents may be sent to me by email at_____ (Please provide us your e-mail id)

☐ I hereby consent to and authorize Universal Sompo General Insurance Co. Limited (" Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time.

☐ Auto Debit Authorization For Current and Future Payments
I hereby Authorize Bank to debit my account number_____ with the bank of Rs._____ towards premium for availing the said Universal Sompo Health Insurance Cover.

☐ I hereby request and authorize Bank to debit my Account number_____ on the yearly due date with the applicable Renewal Premium.

Date : _____ Signature of the Proposer: _____

Place : _____ Name of Proposer : _____

13. PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount_____ in words_____

Premium Payment Options: Monthly ☐ Quarterly ☐ Half YearAnnual ☐

Premium Payment Options: Cash ☐ Cheque ☐ DD ☐ Card ☐

Cheque No. _____ Date: _____

Bank Name _____ Amount _____

Credit Card / Debit Card No. _____ Card Type Master ☐ Visa ☐

Expiry Date _____ Relationship with Proposer _____

Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Universal Sompo General Insurance Company Limited' only

14. MEDICAL EXAMINATION

We may ask You or any of the beneficiaries to undergo below mentioned medical tests for purpose of consideration of Your proposal in the following events

- You or any of the beneficiaries is/are above 45 years of age as on Your last birthday.
- On basis of above medical conditions/ health status declaration.

15. DECLARATION ☐

1."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.

2.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.

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 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.

5.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."

Date : _____ Signature of the Proposer: _____

Place : _____ Name of Proposer : _____

16. VERNACULAR DECLARATION ☐

I hereby declare that I have fully explained the contents of the Proposal Form and all other documents incidental to availing the health insurance from Universal Sompo General Insurance Company Limited to the Proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Proposer and the replies have been read out to fully understood and confirmed by the Proposer.

Date : _____ Signature of the Proposer: _____

Place : _____ Name of Proposer : _____

17. AGENT DECLARATION ☐

I, _____ (Full Name) _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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 favour 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.

License No. (Advisor/Corporate Agent/Broker/Relationship Officer): _____

Date: _____ Place: _____ Signature of Agent _____

18. INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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 or 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

19. CHECK LIST

Please check the following documents are attached along with the proposal form

☐ ID Proof : Passport/ PAN Card/ Voter ID/ Driving License/ Letter from a recognized public authority

☐ Proof of residence: Telephone Bill/ Bank Account Statement/ Letter from any recognized public authority/Electricity Bill/ Ration Card

☐ Age Proof: Proof of Age

☐ Certification of previous insurer for previous claim details

☐ Renewal Notice with claim details

☐ Photocopies of all previous policies and endorsements

Universal Sompo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free No : 1800 200 4030 / 1800 22 4030, for Senior Citizen : 1800 267 4030 I Tel No.: 022 41690888/41690999

Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093,Maharashtra.

Tel. : 022-41659800 / 900, Email : contactus@universalsompo.com

CIN: U66010MH2007PLC166770, URN No: USGIHP059

Version No: USGI173_H007

Complete Healthcare Insurance UIN : UNIHLIP23006V032223 IRDAI Reg No:134

20. ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs_____ Cheque No_____

Dated_____ Drawn on _____ Bank for a sum of_____

Towards payment of premium on behalf of Universal Sompo General Insurance Co Ltd

Date:_____Signature & seal:_____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Insured person may contact the company through
Universal Sompo General Insurance Co. Ltd.
Unit no: 601 & 602, A and B Wing, 6th Floor, Reliable Tech Park, Cloud-City Campus, Gut No:31, Mouje Elthan, Thane-Belapur Road, Airoli, Navi-Mumbai-400708
www.universalsompo.com, Toll free No : 1800 200 4030/1800 22 4030 for senior citizen : 1800 267 4030, email : contactus@universalsompo.com