



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROPOSAL FORM - STAR CARDIAC CARE INSURANCE POLICY

Unique Identification No. : IRDAI/HLT/SHAI/P-H/V.III/397/2016-17

Ref. No.

Policy No.

The company will not be on risk until the proposal has been accepted and full payment of premium has been received.
Please fill up the form in block letters. Also submit photographs of each of the person proposed for insurance for issuance of identity cards

| | | |
|-------------------------|------------|------------|
| Policy Issuing Office : | SM CODE | SM NAME |
| | AGENT CODE | AGENT NAME |

BUSINESS TYPE

If Yes : a. Unorganised Sector b. Economically Vulnerable or Backward Classes c. Other Categories of Persons d. Informal Sector

Social Sector Classification* : Yes No

Rural Sector Classification : Urban Rural
This classification is based upon the address of the proposer

* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas.

a. "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons;.

b. "Economically Vulnerable or Backward Classes" means persons who live below the poverty line;

c. "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability;

d. "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship;

| | | | |
|--|--|-----------------------------|-------|
| Name of the Proposer Mr / Mrs / Ms. | Date of Birth : | | |
| Occupation of the Proposer | Annual Income Rs.: | | |
| Residence Address | Pin Code : | | |
| Office Address | Pin Code : | | |
| Email ID : | Mobile Number | | |
| Aadhar (UID) Number | Period of Insurance To | | |
| GST Number | PAN Number | | |
| NOMINATION | Nominee's Name | | |
| | Relationship to the Proposer | Date of Birth | Age : |
| | Name of the Appointee (if nominee is a minor) | Relationship to the Nominee | Age : |

(In case of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)

| GOLD PLAN | |
|---|---|
| Hospitalisation Expenses incurred as an in-patient for: | |
| Sec. I : Illness / Sickness / Disease / Accidental Injuries | |
| Sec.II: Any Cardiac related complications which necessitate surgery / intervention and Cardiac medical management. | |
| Sum Insured Opted (Please tick your option) | |
| Rs. 4,00,000/- <input type="checkbox"/> | Rs. 3,00,000/- <input type="checkbox"/> |

| SILVER PLAN | |
|--|---|
| Hospitalisation Expenses incurred as an in-patient for: | |
| Sec. I : Illness / Sickness / Disease / Accidental Injuries | |
| Sec.II: Any Cardiac related complications which necessitate surgery / intervention | |
| Sum Insured Opted (Please tick your option) | |
| Rs. 4,00,000/- <input type="checkbox"/> | Rs. 3,00,000/- <input type="checkbox"/> |

Please affix
your recent passport
size photo

| Insured Person Details | | | |
|---|--|----------------------|--------------------------------|
| Name of the person proposed for Insurance: Mr / Ms : | | | |
| Gender : M <input type="checkbox"/> F <input type="checkbox"/> | Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> | Age: (yrs) | Height: (cms) Weight: (Kgs.) |
| Relationship with proposer: | | | |
| Occupation (pl; specify nature of work): | | Annual Income: (Rs.) | |
| Details of other Insurance policies held in the past / holding at present, if any (Please attach photocopies) | | | |
| 1. Name of the Insurance Company: | | Policy No.: | |
| 2. Period of Insurance: | | Sum Insured (Rs.) | |
| Please furnish details of claims under your existing and / or previous insurance policy, if any | | | |
| 1. Ailment for which claim was made: | | 3. Year of Claim: | |
| 2. Claim amount paid / rejected: | | | |
| Health History - Please answer all the questions in detail. A mere dash will not suffice. | | | |
| Name of consulting Cardiologist: | | Contact No.: | Regn. No.: |
| Name of family physician: | | Contact No.: | Regn. No.: |
| 3. Has the person proposed for insurance undergone any Surgery/PTCA/CABG/- Atrial Septal Defect Closure (ASD) /Ventricular Septal Defect Closure (VSD) /Patent Ductus Arteriosus (PDA) /RF Ablation / Conventional Angiogram If Yes give details and date of surgery/procedure | | | |
| 4. Is the person proposed for insurance in good health and free from physical and mental disease or infirmity.If not give details | | | |
| 5. Has the person proposed for insurance consulted /taken treatment/been admitted for any illness/injury/disease/surgery. If Yes | | | |

| Bank Details of the Proposer | |
|--|-------------|
| Account Number : | IT PAN No : |
| Type of Account : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others please specify | |
| Name of the Bank : | |
| Name of the Branch : | |
| IFSC Code : | |

Please attach a photo copy of cancelled cheque leaf of the above Bank Account.

| Payment Details | | | | |
|--|--|-----------------------------------|--|---|
| Annual Premium Rs. | Mode of Payment: Cash <input type="checkbox"/> | Cheque <input type="checkbox"/> | Demand Draft <input type="checkbox"/> | Credit Card <input type="checkbox"/> |
| DD / Cheque No: | Date | Amount Rs. | Drawn on: | Branch |
| Please attach any of the following IDs as proof of Date of Birth | | | | |
| Birth Certificate <input type="checkbox"/> | Voter ID <input type="checkbox"/> | PAN Card <input type="checkbox"/> | Driving License <input type="checkbox"/> | Aadhar ID Card (UID) <input type="checkbox"/> Any other Govt. recognized proof <input type="checkbox"/> |

| | |
|--|--|
| Has the person proposed for insurance 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) Stroke, epilepsy, fainting attack, chronic headache - If yes, since when | |
| d) Tuberculosis, asthma ,other respiratory infections - If yes, since when | |
| e) Disease of bones / joints, slipped disc, spinal disorder ,injury to ligaments - If yes, since when | |
| f) Cancer, Pre Cancerous Lesion - If yes, since when | |
| g) Any gynecological disorder such as DUB, Fibroid Uterus,Ovarian cyst - If yes, since when | |
| h) Disease of Stomach, intestine, Liver, gall bladder / pancreas, Kidney, Urinary bladder Urinary Tract Diseases - If yes, since when | |
| l) Disease of prostate / fistula / piles / genital diseases - If yes, since when | |
| j) Cataract and other diseases of the eye and ENT disease - If yes, since when | |
| k) Any Other Problem (Please Specify) | |
| Has the person proposed for insurance | |
| 1. Undergone any medical test? | |
| 2. Been prescribed medicines? | |
| a) Name the illness for which medicines have been prescribed. | |
| b) Details of medicines and drugs prescribed. | |
| c) Period for these drugs were taken. | |
| 3. Received / receiving any payment for any disability / injury / illness / disease. | |
| 4. Does the person proposed for insurance | |
| a) Chew Tobacco- If Yes, since when | |
| b) Smoke -If Yes, since when | |
| c) Consume Alcohol -If Yes, since when | |

Received the proposal for **STAR CARDIAC CARE INSURANCE POLICY** from Mr/ Mrs/ Ms. _____ drawn on _____ dt. _____ along with payment of Rs. _____/- by Cash / vide Cheque/ DD No. _____ . 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. 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. Contact our office, in case policy is not received within 15 days from the date of payment of premium.

Signature of the authorised person

Personal & Caring Insurance

Name & Code of the authorised person : / / / s t

Place :

Date :

Declaration of the Intermediary : I / We confirm that the product has been explained to the proposer and is suitable for the proposer

Name : _____ **Code :** _____ **Signature of the Intermediary** _____

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 product are explained to me .

I confirm that the payment is made through my card / bank account.

I also confirm that the source of funds for premium paid under this policy is legal.

Submitted the above proposal for **STAR CARDIAC CARE INSURANCE POLICY** along with payment of Rs. _____ /

by cash/vide cheque /DD no _____ dated _____ drawn on _____. I understand that the cash/ cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.

Date: _____ **Name :** _____

Place : _____

Signature of the Proposer : _____

Prohibition of Rebates: 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 liable for a penalty which may extend to ten lakh rupees.

