

**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 understand that any wrong information provided can prejudice the claim and / or can result in cancellation of the policy.

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.

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.

I further declared that

1. I am aware that the product jointly offered by Star Health and Allied Insurance Co Ltd. And IndiaFirst Life Insurance Company Limited.
2. I am aware that the coverage under Section 1 is offered by Star Health and Allied Insurance Co. Ltd and coverage under Section 2 is offered by IndiaFirst Life Insurance Company Limited.
3. I am aware that each section of the policy is serviced by two different insurers namely Star Health and Allied Insurance Co Ltd and IndiaFirst Life Insurance Company Limited.
4. I am aware that claim under Section 1 will be serviced and settled by Star Health and Allied Insurance Co Ltd and claim under Section 2 will be serviced and settled by IndiaFirst Life Insurance Company Limited.

Place : _____	<b>Signature of the Proposer</b>
Date : _____	<b>Name of the Proposer</b>
Signature of Witness : _____	
Name of Witness : _____	
Address of Witness : _____	<b>Signature or thumb impression of the Life to be assured</b>
_____	Place : _____
Phone No. of Witness : _____	Date : _____

**Declaration for signing in vernacular or for illiterate cases:**

(The Company requires that this proposal is completed by the proposer himself. However, if this is not possible as the proposer does not read, write or speak English, then this proposal form can be completed by another person who can read, speak and write English and who is not connected to the company either as an agent/employee or Insurance Intermediary)

I have explained the contents of this proposal to the proposer and done my best to ensure that the contents have been fully understood by the proposer. I have accurately recorded the proposer's responses to the information sought by the proposal form and I have read the responses back to the proposer and he/she has confirmed that they are correct.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**Signature of the declarant in English**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone No. : \_\_\_\_\_

**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.

**Section 45 of Insurance Act 1938, as amended from time to time:**

No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival, of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

**Free look Period (Applicable for Section 2) :** You can cancel your plan if you disagree with any of the terms and conditions within the first 15 days for all channels except Distance Marketing where it is 30 days from receipt of the plan document, while stating your reasons for your objection. In case of Non Linked Insurance Plans, you shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period you were covered and the expenses incurred by us on medical examination if any and stamp duty charges. In respect of Unit Linked Insurance Plan, you will be entitled to a refund of the Fund Value as on date of cancellation along with unallocated premium and charges levied by cancellation of units after deduction of prorata mortality and the expenses incurred by us on medical examination if any and stamp duty charges.

SALES MANAGER'S /AGENT'S RECOMMENDATION	
I have verified the information given in the proposal by discreet enquiries and find the information true to the best of my knowledge and belief. I am of the opinion that the Life proposed for insurance is insurable. I recommend the proposal for acceptance.	
<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> <p><b>Signature of the Agent in English</b></p>	Name of Agent : _____ Date: _____ Place: _____
Submitted the above proposal for <b>STAR FIRST CARE</b> 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.	
Place : _____ Date : _____	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> <p><b>Signature of the Proposer</b></p>
<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> <p><b>Name of the Proposer</b></p>	



**STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED**

Registered and Corporate Office  
 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,  
 Chennai - 600 034. Phone : 044 - 2828 8800, CIN : U66010TN2005PLC056649  
 Email : support@starhealth.in Web : www.starhealth.in IRDAI. Reg. No : 129



Registered and Corporate Office  
 301, (B) Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (E),  
 Mumbai - 400 097, Web : www.indiafirstlife.com Email : customer.first@indiafirstlife.com  
 CIN: U66010MH2008PLC183679, IRDAI. Reg. No. 143,

**PROPOSAL FORM - STAR FIRST CARE**

Unique ID: IRDAI / HLT / SHAI / Combi / V.1 / 4 / 2016-17

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

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

**App No:** \_\_\_\_\_

<b>POLICY ISSUING OFFICE:-</b>	<b>SALES MANAGER</b>	<b>MT/AGENT:</b>
	<b>SM CODE</b>	<b>MT/AGENT CODE:</b>
	<b>BRANCH CODE</b>	

BUSINESS TYPE	
Rural Sector Classification : <input type="checkbox"/> Urban <input type="checkbox"/> Rural	This classification is based upon the address of the proposer
Social Sector Classification* : <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes : <input type="checkbox"/> a. Unorganised Sector <input type="checkbox"/> b. Economically Vulnerable or Backward Classes	
<input type="checkbox"/> c. Other Categories of Persons <input type="checkbox"/> d. Informal Sector	
* "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, safaikamacharis, 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. / Dr. \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_ Mobile No : \_\_\_\_\_

\_\_\_\_\_

Pincode : \_\_\_\_\_ Email Id : \_\_\_\_\_

Gender: M/F \_\_\_\_\_ Marital Status: Unmarried / Married / Widow(er) / Divorced \_\_\_\_\_ Nationality: Indian / Non-Indian \_\_\_\_\_

Education: Post Grad. / Graduate/ Diploma/12th Pass/10th Pass/Below 10th /Uneducated \_\_\_\_\_

Residential Status: Resident/NRI/PIO \_\_\_\_\_ Occupation: Salaried /Professional/Self Employed/ Student /Housewife/ Retired \_\_\_\_\_

Others(Specify): \_\_\_\_\_ Annual Income: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Are you Politically Exposed Person (Proposer/Life to be Assured): Yes / No \_\_\_\_\_

Intermediary Code : \_\_\_\_\_ Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Aadhar No. : \_\_\_\_\_ GST No. : \_\_\_\_\_ PAN No. : \_\_\_\_\_

Received the proposal for **STAR FIRST CARE** policy from Mr/Mrs/Ms. \_\_\_\_\_ drawn on \_\_\_\_\_ dt. \_\_\_\_\_ 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 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.

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_

**Signature of the authorised person**

**Name & Code of the authorised person :**

along with payment of Rs. \_\_\_\_\_ /- by Cash/ vide Cheque/ DD \_\_\_\_\_

Paste Photograph	Paste Photograph	Paste Photograph	Paste Photograph	Paste Photograph
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PERIOD OF INSURANCE :		FROM :	TO:
ID PROOF	PAN CARD No. :		UNID NO :
ADDRESS PROOF			
AGE PROOF			
BANK DETAILS OF THE PROPOSER	Account Number		
	Bank Name and Branch		
	IFSC Code	MICR Code	
PAYMENT MODE :		CASH / DD / CHEQUE	
HEALTH SECTION	Type of Policy : Individual/Floater (Please tick your option)		
	Sum Insured Options for Health - Rs.1,00,000		
LIFE SECTION	Sum Assured Options for Life - Rs.3,00,000 / 4,00,000 / 5,00,000 / 6,00,000 / 7,00,000 / 8,00,000 / 9,00,000		
	Policy Term : 5 Years	Frequency: Yearly	
*- Only Proposer will be insured for Term Cover.			
No. of Insured Persons : 2A / 2A +1C / 2A+2C / 1A / 1A+1C / 1A+2C - ( A - Adult )			

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Regn No \_\_\_\_\_

Insured person details (Please fill in the respective column for each of the person proposed to be covered):-

Sl. No.	Name of the person proposed for insurance	Gender	Date of Birth	Height (cm)	Weight (Kg)	Relationship with proposer	Occupation	Annual Income	Nominee's name	Nominee's age	Relationship of the nominee
1.											
2.											
3.											
4.											
5.											
6.											

Nominee Mr/ Mrs/ Ms. \_\_\_\_\_ Given name : \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: \_\_\_\_\_ Nominee DOB: DD/MM/YYYY \_\_\_\_\_ Relationship with Proposer: \_\_\_\_\_

In case of minor: Appointee details- \_\_\_\_\_

Appointee Name: Mr/ Mrs. \_\_\_\_\_

Appointee DOB: \_\_\_\_\_ Relationship with the Nominee: \_\_\_\_\_

INSURED PERSON DETAILS (PLEASE FILL IN THE RESPECTIVE COLUMN FOR EACH PERSON PROPOSED TO BE COVERED)		1	2	3	4	5
<b>Details of other previous Insurance ,if any</b>						
1.	Name of the Insurance Company					
2.	Period of Insurance					
3.	Sum Insured(Rs)					
	Health Insurance Life Insurance					
4.	Policy No.					
<b>Details of Claims</b>						
1.	Ailment for which Claim was made					
2.	Claim Amount Paid/rejected					
3.	Year of Claim					
<b>Health History</b>						
<b>Please give answer in detail. A mere dash is not sufficient.</b>						
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/injury. If Yes, details					
3.	Any complications during / following birth. If yes, please submit all necessary documents.					
4.	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)	Disease of bones /joints, slipped disc, spinal disorder, gout, injury to ligaments- If Yes since when					
g)	Cancer, Pre Cancerous Lesion-If Yes since when					
h)	Gynecological disorder such as DUB, Fibroid Uterus, Ovarian cyst-If Yes since when					
i)	Disease of Stomach, intestine, Liver, gall bladder / pancreas, Kidney, Urinary bladder, Urinary Tract Diseases, Thyroid, Hepatitis B&C, Blood disorder, Reproductive organ, Tumor, Skin & Lymph glands, Multiple sclerosis, Speech defects, Paralysis, Tremor-If Yes since when					
j)	Disease of prostate / fistula/piles/genital diseases - If Yes since when					

INSURED PERSON DETAILS (PLEASE FILL IN THE RESPECTIVE COLUMN FOR EACH PERSON PROPOSED TO BE COVERED)		1	2	3	4	5
k)	Cataract and other diseases of the eye and ENT disease- If Yes since when					
l)	Any Other Problem (Please Specify)					
<b>5. Have any of the persons proposed for insurance</b>						
1.	Undergone any medical test?					
2.	Been prescribed any medicines? Had been consulted?					
a)	Name the illness for which medicines have been prescribed					
b)	Details of medicines and drugs prescribed.					
c)	Period for which these drugs were taken.					
3.	Been advised for any surgery?-if Yes give details					
4.	Received /receiving any payment for any disability / injury / illness / disease. Give details					
<b>6. Does the person proposed for insurance</b>						
a)	Chew Tobacco- If Yes, since when Quantity/Week.					
b)	Smoke -If Yes, since when Quantity/ Week/Day.					
c)	Consume Alcohol -if Yes, since when Quantity/ Week/Day.					
d)	Drug / Narcotics / Alcohol addiction / advised for reduction of alcohol/tobacco consumption?					
<b>7. Is the person proposed for insurance positive for HIV, if yes please mention your CD4count (pl attach proof)</b>						
<b>8. For Female Proposer only:</b>						
a.	Are you pregnant at present? If yes – Duration in Weeks					
b.	Date of Last Delivery: _____					
c.	Please state any complications during pregnancy?					
9.	Have you taken part or do you have plans to take part in any paying passenger on a licensed service or any other hazardous motor bike racing, boxing, gliding, diving, horse riding, martial arts, lifting, white water rafting, wrestling and / or flying other than as a fare hazardous / Dangerous activity such as ballooning, mountain cycling, special questionnaire provided by your advisor. motor racing, mountain climbing, parachuting, sailing, skiing, weight /dangerous activity which is not listed, if yes, please provide details in					