

Received the proposal for **STAR WEDDING GIFT INSURANCE POLICY** from Mr/ Mrs/ Ms. \_\_\_\_\_ along with payment of Rs. \_\_\_\_\_/- by Cash / vide Cheque/ DD No. \_\_\_\_\_ 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 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.

Date : \_\_\_\_\_ Place : \_\_\_\_\_ **Name & Code of the authorised person :** \_\_\_\_\_ **Signature of the authorised person**

**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 WEDDING GIFT 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.

**Place :** \_\_\_\_\_ **Date :** \_\_\_\_\_ **Name :** \_\_\_\_\_ **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.



**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 WEDDING GIFT INSURANCE**

Unique Id : IRDA/NL-HLT/SHAI/P-H/V.II/133/13-14

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 MAME |

|   |   |   |
|---|---|---|
| <b>BUSINESS TYPE</b>  | Social Sector Classification* : <input type="checkbox"/> Yes <input type="checkbox"/> No            | Rural Sector Classification : <input type="checkbox"/> Urban <input type="checkbox"/> Rural |
| 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 | 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;

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

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

|                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     |
| Affix<br>Photographs  | Affix<br>Photographs  | Affix<br>Photographs  |
| Name : _____<br>_____ | Name : _____<br>_____ | Name : _____<br>_____ |

Insured person(s) 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 | Sex M/F | Relationship with proposer | Date of Birth | Occupation | Annual Income (Rs.) | Sum Insured Opted (Rs.) | Details of * Existing ailments diseases disorders | Since when are you suffering from these ailments, diseases or disorders |
|---------|---|---------|----------------------------|---------------|------------|---------------------|-------------------------|---|---|
| 1       |   |         |                            |               |            |                     |                         |   |   |
| 2       |   |         |                            |               |            |                     |                         |   |   |
| 3       |   |         |                            |               |            |                     |                         |   |   |

\*Please declare the complete details. Failure to declare may prejudice the claim.

|                              |  |
|------------------------------|--|
| Bank Details of the proposer | Account Number :   |
|                              | 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"/> |
|--|-----------------------------------|-----------------------------------|--|---|---|

INSURED PERSONS(S) DETAILS (Contd.). Please fill in the respective columns for each of the person proposed to be covered.

| (1)  | (2) | (3) |
|--|-----|-----|
| <b>Details of other/previous insurance</b><br>1. Name of the Company<br>2. Period of insurance<br>3. Sum Insured<br>4. Policy No.<br>5. Had any life /health /disability/cover declined /modified /postponed<br>6. Any proposal for health insurance refused, cancelled or higher premium charged. If so provide details<br>Details of claims - 1. Has any claim been rejected by the previous Insurer? If Yes please provide details<br>2. Amount paid/rejected<br>3. Year  |     |     |
| <b>Marriage details -</b> 1. Is your marriage a consanguine marriage? Yes/No<br>2. If yes provide the relationship details<br>3. Your previous delivery, if any<br>4. No. of living children<br>5. Health details of the children  |     |     |
| <b>Health history – please provide answer in detail. A mere dash is not sufficient. Give details of illness suffered irrespective of whether hospitalised or not or sustained any accidents?</b><br>1. Are you in good health and free from physical and mental disease or infirmity. If not give details.<br>2. Have you ever suffered or suffering from any of the following :<br>a. Diabetes Mellitus. If yes, give the latest readings<br>b. High BP, Heart disease<br>c. Stroke, epilepsy, fainting attack, chronic headache<br>d. Tuberculosis, asthma, other respiratory infections<br>e. Any disease of bones/joints, slipped disc, spinal disorder<br>f. Cancer, malignant tumor<br>g. Any gynaecological disorder such as Dysfunctional Uterine Bleeding, Fibroid Uterus, Ovarian Cyst<br>h. Diseases of stomach, liver, gall bladder, kidney, urinary bladder and prostate<br>i. Fistula, piles, hernia, cataract, Disease / Disorder of Ear/Nose/Throat<br>j. Any other problem (Please specify) |     |     |
| <b>Have any of the persons proposed for insurance</b><br>1. Had any medical test performed?<br>2. Medication prescribed?<br>3. Been advised treatment / surgery but not yet done?<br>4. Receiving payment for any disability / injury / illness / disease<br><b>Family Health History :</b> 1. Please give details of any defects or deformities (Congenital)<br>2. Relationship with the Insured  |     |     |