



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Ph : 044 - 2828 8800
CIN : U66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

PROPOSAL FORM FOR COLLEGE STUDENT CARE INSURANCE / SCHOOL STUDENT CARE INSURANCE

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/101/13-14 / IRDA/NL-HLT/SHAI/P-H/V.I/103/13-14

PROPOSAL. NO. :

Issuing Office :

Premium Payment Details : Cash Cheque DD Cheque/DD No. Date

Coverage Required : From To Dep. Pre. Rt. No. Date

Bank Name/Branch

Mktg. Officer Name Code No

Agents Name : Code No

Corporate Agent's Name Code No

The Company will not be on risk until the Proposal has been accepted and full payment of the premium made. The liability of Star Health and Allied Insurance Company Limited commences only upon the acceptance of this proposal notwithstanding the payment of any deposit. Please fill up the form in BLOCK letters. If you are in any doubt about the information to be given, please seek the advice and guidance from your insurance advisor or agent.

1. PROPOSER DETAILS

Name of the Educational Institution

Address

City/Taluk District State Pin Code

STD Code Phone No. Fax Cell

Aadhar No. GST No.

E-mail IT Pan No.

Existing SHAICL Customer Y N If yes, Customer Code No :

BUSINESS TYPE

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

Social Sector Classification* : Yes No

If Yes : a. Unorganised Sector b. Economically Vulnerable or Backward Classes

c. Other Categories of Persons 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.

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



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Acknowledgement

Received the proposal for COLLEGE STUDENT CARE INSURANCE / SCHOOL STUDENT CARE INSURANCE policy from Mr/ Mrs/ Ms.

along with payment of Rs. /- by Cash / vide Cheque/ DD No. dt. drawn on .

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 : Name & Code of the authorised person :

Place : Signature of the authorised person

2. DETAILS OF STUDENTS TO BE COVERED

PLEASE MENTION THE LIST OF STUDENTS ON ROLLS ON THE DATE OF PROPOSAL CLASSWISE (WHENEVER THE NEW STUDENT IS ADMITTED LATER THAN THE DATE OF PROPOSAL, DETAILS ARE TO BE SENT TO THE INSURANCE CO. FOR COVERING SUCH STUDENTS.) (Separate Classwise statement to be attached).

Separate Classwise statement to be attached. Please furnish the details in the format given below separately.

Sl. No.	Name of the Insured Student	Sex M / F	Date of Birth Age	Class	Details of Disability, if any	Name of Parent / Guardian	Relationship

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)

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.

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 **COLLEGE STUDENT CARE INSURANCE / SCHOOL STUDENT 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 :

Place :

Name :

Signature of the Proposer and Seal

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.