



Received the proposal for Star Cardiac Care Insurance Policy from Mr./ Mrs / Ms _____ along with payment of Rs. _____/- by Cash /vide Cheque / DD No. _____ dated. _____ cheque will also be acknowledged by our office vide advance premium receipt in respect of proposer/s referred for medical examination. 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 by our cheque.

Date: _____ Place: _____ Name & Code of the Authorised person _____ Signature of the authorised person _____

Prohibition of rebates: Section 41 of Insurance Act, 1938 (Prohibition of rebates): 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.

Declaration: I, here by 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 my 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 terms and conditions of the policy and schedule are explained to me. I also confirm that the source of funds for premium paid under the policy is legal.

Further I consent to access my data through UIDAI system.

Received the Acknowledgment for Star Cardiac Care Insurance Policy from Mr./ Mrs / Ms _____ along with payment of Rs. _____/- by Cash /vide Cheque / DD No. _____ dated. _____. The Cash/Cheque given is banked for operational convenience and banking of the cash / cheque does not mean acceptance of risk. The receipt of the cash / cheque will also be acknowledged by our office premium receipt in respect of proposer/s referred for medical examination. 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 by cheque.

Date: _____ Place: _____ Signature of the Proposer _____ Name of the Proposer _____

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

Phone : 044 - 2828 8800

CIN : U66010TN2005PLC056649 Email:support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Proposal form for Star Cardiac Care Insurance Policy

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

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

Policy Issuing Office

Table with 4 columns: Sales Manager, SM Code, MT/ Agent, MT / Agent Code.

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.

- 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;

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

Form with fields: Name of the Proposer, Date of Birth, Occupation of the Proposer, Annual Income Rs., Residence Address, Pin Code, Office Address, Pin Code, Mobile No., Email ID, Period of Insurance (From, To), In case you are an existing customer of STAR HEALTH, please provide your Customer ID No.

