



Proposal Form No.: _____

Star Health And Allied Insurance Company Limited

Regd. & Corp. Off: No.1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai - 600 034. Ph : 044 - 28288800 www.starhealth.in

Senior Citizens' Red Carpet Insurance - Proposal Form

The company will not be on risk until the proposal has been accepted and full payment of premium has been received and communication of acceptance has been given to the proposer in writing.

Policy Issuing Office

| | | | |
|----------------------|--|----------|--|
| Name of the Proposer | | | |
| Address | | | |
| Telephone / Mobile | | | |
| E-Mail ID | | PAN No.: | |

| | | |
|--|-------|-------|
| Coverage Required : From _____ To _____ | Photo | Photo |
| Premium Rs. _____ | | |
| Payment details : Cash/Cheque/DD No _____ Date _____ | | |
| Name of Bank & Branch _____ | | |
| Sales Manager _____ Code _____ | | |
| Agent/MT _____ Code _____ | | |
| Broker _____ Code _____ | | |

Nomination

In the event of the death of the insured Person, all the benefits that shall become payable under the policy will be paid to the person named as the 'Nominee' by the Insured Person and his/her receipt shall be sufficient discharge to the Company.

| Sl.No. | Name of the Insured Person | Name of the Nominee | Relationship |
|--------|----------------------------|---------------------|--------------|
| | | | |
| | | | |

Prohibition of rebates: (Section 41 of the Insurance Act). No person shall allow or offer to allow either directly or indirectly as inducement to take out 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 on the premium shown on the policy nor shall any person taking or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to five hundred rupees.

Details of persons proposed for insurance

Please fill in the respective columns separately for each person proposed to be covered.

| Name | 1 | | | | | 2 | | | | |
|--|---|-------------|-------------|----------------------|-------------|---|-------------|-------------|----------------------|-------------|
| | Male / Female | | | | | Male / Female | | | | |
| Sex | Male / Female | | | | | Male / Female | | | | |
| Date of Birth (dd / mm / yyyy) | | | | | | | | | | |
| Measurement | Height..... (in cms) | | | Weight..... (in kgs) | | Height..... (in cms) | | | Weight..... (in kgs) | |
| Sum insured opted (Please tick) | Rs. 1 Lakh | Rs. 2 Lakhs | Rs. 3 Lakhs | Rs. 4 Lakhs | Rs. 5 Lakhs | Rs. 1 Lakh | Rs. 2 Lakhs | Rs. 3 Lakhs | Rs. 4 Lakhs | Rs. 5 Lakhs |
| Was any proposal for this insurance or any such insurance refused, cancelled or higher premium charged? If so give details | | | | | | | | | | |
| Has any claim been rejected by the previous insurer? If yes, please give details | | | | | | | | | | |
| Name & address of the family physician if any, his qualifications & phone no | | | | | | | | | | |
| Medical History Has the person/s suffered from any disease/illness or sustained any injury or disability due to accident involving hospitalisation? If yes, give full details in the appropriate columns; a mere dash is not sufficient. | Preceding 12 months from date of proposal | | | | | Preceding 12 months from date of proposal | | | | |
| | Beyond preceding 12 months date of proposal | | | | | Beyond preceding 12 months date of proposal | | | | |

I understand this policy is portable.

I hereby declare and warrant that the above particulars are true and complete. I consent and authorize the insurer to seek any information regarding the medical particulars of the persons proposed from any medical establishment/medical practitioner/employer/any person. I agree that this proposal shall form the basis of the contract if insurance contract is effected. If it is found that the statements, particulars, declarations, connected documents or any other information provided in the proposal form are incorrect or untrue or there is failure to disclose any material particulars, the insurance company is not liable under this policy. I have read the key features of this insurance and I am willing to accept the coverage provided by the company.

Place : _____ Date : _____

Signature of the Proposer

Reimbursement of hospital expenses will be in proportion to the room rent mentioned in the policy



Star Health And Allied Insurance Company Limited Acknowledgement

Received the proposal for Senior Citizens' Red Carpet Insurance Policy from Mr./Mrs./Ms _____ along with payment of Rs. _____ by cash/vide cheque no. _____ dated _____ drawn on _____. The insurance policy will be subject to realization of the cheque.

Reimbursement of hospital expenses will be in proportion to the room rent mentioned in the policy

Place : _____

Signature of the Insurer/Authorised Representative

Date : _____

Proposal Form No.



Additional Questions to be attached to Senior Citizen's Proposal Form

Have you ever suffered from / Are you suffering from any of the following diseases?

| | |
|------------------------|----------|
| Cancer | Yes / No |
| Chronic Kidney Disease | Yes / No |
| CVA / Brain Stroke | Yes / No |
| Alzheimer Disease | Yes / No |
| Parkinson's Disease | Yes / No |

Place
Date

Signature of the Proposer