



Tata AIG Wellsurance Family Proposal Form Annual Premium

(Please fill the form in BLOCK Letters)



Proposal No.:

STEP 1 A Personal details of the Insured

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Address: <input type="text"/>		
City: <input type="text"/> State: <input type="text"/> Pin: <input type="text"/>		
Tel (Off): <input type="text"/> <input type="text"/> Tel (Res): <input type="text"/> <input type="text"/>		
Mobile: <input type="text"/> E-mail: <input type="text"/>		
Nominee Name: <input type="text"/> Nominee's Relationship with Insured: <input type="text"/>		

STEP 1 B Personal details of the proposer, if different from Insured (Proposer can be blood relationship or Spouse)

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Address: <input type="text"/>		
City: <input type="text"/> State: <input type="text"/> Pin: <input type="text"/>		
Tel (Off): <input type="text"/> <input type="text"/> Tel (Res): <input type="text"/> <input type="text"/>		
Mobile: <input type="text"/> E-mail: <input type="text"/>		

STEP 1 C Additional insured information

	Name	Date of Birth	Gender M/F	Nominee Name	Nominee's relationship with insured
Spouse		DD/MM/YYYY			
1st child		DD/MM/YYYY			
2nd child		DD/MM/YYYY			

STEP 2 Premium chart (Please the appropriate box to indicate the plan)

Annual Premium* in ₹									
Age	Family Premium Rates (Self + Spouse + up to 2 children) - Option 1			Family Premium Rates (Self + Spouse) - Option 2			Family Premium Rates (Self + up to 2 children) - Option 3		
	Classic	Supreme	Elite	Classic	Supreme	Elite	Classic	Supreme	Elite
18 - 24	<input type="checkbox"/> 3431	<input type="checkbox"/> 6056	<input type="checkbox"/> 10543	<input type="checkbox"/> 2834	<input type="checkbox"/> 5004	<input type="checkbox"/> 8710	<input type="checkbox"/> 2386	<input type="checkbox"/> 4213	<input type="checkbox"/> 7335
25 - 29	<input type="checkbox"/> 3907	<input type="checkbox"/> 6763	<input type="checkbox"/> 11480	<input type="checkbox"/> 3228	<input type="checkbox"/> 5587	<input type="checkbox"/> 9483	<input type="checkbox"/> 2718	<input type="checkbox"/> 4704	<input type="checkbox"/> 7985
30 - 34	<input type="checkbox"/> 4864	<input type="checkbox"/> 8195	<input type="checkbox"/> 13386	<input type="checkbox"/> 4018	<input type="checkbox"/> 6770	<input type="checkbox"/> 11058	<input type="checkbox"/> 3383	<input type="checkbox"/> 5701	<input type="checkbox"/> 9312
35 - 39	<input type="checkbox"/> 6410	<input type="checkbox"/> 10490	<input type="checkbox"/> 16430	<input type="checkbox"/> 5295	<input type="checkbox"/> 8665	<input type="checkbox"/> 13572	<input type="checkbox"/> 4459	<input type="checkbox"/> 7296	<input type="checkbox"/> 11429
40 - 44	<input type="checkbox"/> 9574	<input type="checkbox"/> 15205	<input type="checkbox"/> 22695	<input type="checkbox"/> 7909	<input type="checkbox"/> 12560	<input type="checkbox"/> 18749	<input type="checkbox"/> 6660	<input type="checkbox"/> 10577	<input type="checkbox"/> 15788
45 - 49	<input type="checkbox"/> 11078	<input type="checkbox"/> 17452	<input type="checkbox"/> 25688	<input type="checkbox"/> 9151	<input type="checkbox"/> 14418	<input type="checkbox"/> 21220	<input type="checkbox"/> 7706	<input type="checkbox"/> 12141	<input type="checkbox"/> 17869
50 - 54	<input type="checkbox"/> 15177	<input type="checkbox"/> 23577	<input type="checkbox"/> 33838	<input type="checkbox"/> 12537	<input type="checkbox"/> 19477	<input type="checkbox"/> 27953	<input type="checkbox"/> 10558	<input type="checkbox"/> 16402	<input type="checkbox"/> 23539
55 - 59	<input type="checkbox"/> 19707	<input type="checkbox"/> 30294	<input type="checkbox"/> 42741	<input type="checkbox"/> 16279	<input type="checkbox"/> 25025	<input type="checkbox"/> 35307	<input type="checkbox"/> 13709	<input type="checkbox"/> 21073	<input type="checkbox"/> 29733
60 - 65	<input type="checkbox"/> 31531	<input type="checkbox"/> 48470	<input type="checkbox"/> 68384	<input type="checkbox"/> 26047	<input type="checkbox"/> 40040	<input type="checkbox"/> 56491	<input type="checkbox"/> 21935	<input type="checkbox"/> 33718	<input type="checkbox"/> 47572

*Annual premium rates excludes service tax and education cess. Taxes as applicable will be added to the premium amount. Please read the Health & Data declaration clause carefully before signing. For more details on risk factors, terms and conditions please read the sales brochure before concluding the sale.

Note: 1. Waiting period of 90 days for Critical Illness, Hospital Cash, ICU benefit, Convalescence benefit, Ambulance charges & Minor Surgeries. 2. Waiting period of 120 days for Major Surgeries. 3. This policy does not cover any Pre-Existing Medical Condition. 4. Entry Age - Upto 65 years. 5. Renewable for Life. Contact us for Renewal premium for ages 66 and above. 6. Premium will be applicable as per completed age as on last birthday. 7. Get tax benefits for premium paid on policies as per section 80D of the Income Tax Act. Tax benefits are subject to Income Tax laws.

