

Please fill up this form in CAPITAL LETTERS for yourself and each proposed insured person.

**1. Proposer Details**

Name

Permanent Address

City  District

State  Pin code

Current Address

City  District

State  Pin code

Address for Communication  Permanent  Current

Phone No. STD Code  Landline No.  Mobile No.

E-mail ID

PAN No.  (Mandatory for premium above Rupees one lac)

Marital Status  Single  Married  Divorced  Widow(er)  Separated

Nationality

Educational Qualification  Lesser than matriculation  Matriculation  Graduate  Post-Graduate  Professional Course

Occupation  Salaried  Self employed  Student  House wife  Others

If salaried, specify designation

If self employed, specify business/occupation

Bank Details:

Bank Name

Branch

City

Account Number

Account Type  Savings  Current

**2. Policy Details**

Policy Type  Individual  Family Floater

If Family Floater, number of persons to be covered  2 Adults+2Children  2Adults+1Child  2 Adults

1Adult+1Child  1Adult+2Children

**3. Sum Assured (In Rupees)**

Silver	Gold	Platinum
<input type="checkbox"/> 2Lac <input type="checkbox"/> 3Lac	<input type="checkbox"/> 5Lac <input type="checkbox"/> 7.5Lac <input type="checkbox"/> 10Lac	<input type="checkbox"/> 15Lac <input type="checkbox"/> 20Lac <input type="checkbox"/> 50Lac

Please tick the relevant boxes.



## 6. Medical History

In order for us to service you fully, please answer the questions below accurately to the best of your knowledge.

Please ensure that you are fully informed about the standard waiting periods and permanent exclusions that apply to the Max Bupa Health Insurance policies.

Questions	Proposed Insured Name		Proposed Insured 1 Name		Proposed Insured 2 Name		Proposed Insured 3 Name	
	Yes	No	Yes	No	Yes	No	Yes	No
1) Within the last 2 years have you consulted a doctor or healthcare professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Within the last 7 years have you been to a hospital for an operation and/or an investigation (e.g. scan, x-ray, biopsy or blood tests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you take tablets, medicines or drugs on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Within the last 3 months have you experienced any health problems or medical conditions which you have not seen a doctor for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: In addition to the above, we may have additional questions for you or may ask you to undergo medical tests to complete your full medical assessment.

## 7. Additional information

If you have answered yes to any of the questions in section 6, please give full details here. If you need more space please use extra sheets. If you are unsure whether any details are relevant, please include them.

Name of proposed insured	The relevant question number from section 6	Please specify as accurately as possible the symptoms or medical condition. Where applicable, please state the area of the body affected (eg Right leg, left eye)	When did symptoms start and/or when was treatment completed?	What treatment did you receive and when (please include dates of treatment and any medication prescribed?)	What was the outcome of the treatment (eg ongoing, complete recovery, recurrent or likely to recur)?



The following are the permanent exclusions under the Policy. For further details on the exclusions, please refer to the terms and conditions of the policy.

Addictive conditions and disorders; Unreasonable Charges; Ageing and puberty; Artificial life maintenance; Reproductive medicine (Birth control and Assisted reproduction); Conflict and disaster; Congenital conditions; Convalescence and rehabilitation; Cosmetic surgery; Dental/oral treatment; Drugs and dressing for outpatient or take-home use; Experimental treatment; Eyesight; Health hydros, nature cure clinics etc.; HIV and AIDS; Hereditary conditions; Obesity; Self-inflicted injuries; Sexual problems and gender issues; Sexually transmitted diseases; Sleep disorders; Speech disorders; Unrecognised physician or facility; Circumcision; Non-allopathic treatment; Items of personal comfort and convenience; Mental illness; Treatment for developmental problems; Treatment received outside India; Outpatient treatment.

For all insured persons who are above 60 years of age as on the date of commencement of the Policy, the conditions listed below will be subject to a waiting period of 24 months and will be covered in the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break:

\* Stones in the urinary system \* Stones in biliary system \* Cataract \* Benign prostatic hypertrophy \* Menorrhagia, Fibromyoma, Uterine prolapse including any condition requiring Hysterectomy \* Piles (Haemorrhoids) \* Hernia (Inguinal/umbilical and gastric) \* Degenerative disorders of knee/hip \* Chronic renal failure or end stage renal failure \* Retinopathy \* Diabetes and related treatments.

If any Insured Person is 65 years of age or over on the date of commencement of the Policy, then Max Bupa Health Insurance Company Limited will only pay 80% of the amount assessed for payment or reimbursement in respect of any claim made by that Insured Person and the balance will be borne by the Insured Person.

There could be certain declined risks as per underwriting norms of the Company.

Based on our assessment of your health, some conditions may have additional waiting periods or exclusions applicable to any/all of the proposed insured.

Please fill in the following:

Family Physician's name

Address

City  District

State  Pin code

**8. Checklist of documents**

- a. ID Proof  Passport  PAN Card  Voter ID  Driving Licence  Letter from Recognised Public Authority  Others
- b. Age Proof  School/College Leaving Certificate  Passport  PAN Card  Voter ID  Driving Licence  Letter from Recognised Public Authority  Others

**9. Existing Insurance Details**

Is the proposer or any of the persons proposed to be insured, already insured under or proposed for a health insurance policy for inpatient hospitalisation with Max Bupa Health Insurance Company Limited or any other insurance company?

If yes, please indicate below the Policy/Application number(s) (Please mention application number in case of pending proposal)

Since when have you been continuously insured :

Name	Policy No.	Application No.	Insured From (Date)	To (Date)	Sum Insured	Claim details (if any)

**10. Automatic Renewal Sign-up**

Your health insurance policy can be automatically renewed every year. Would you like to opt for this facility ?  Yes  No

### 11. Caution

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence our decision to issue a policy, or the terms on which it is issued, and you must not misrepresent any information to us. This obligation continues until the policy is issued, and does not end with the submission of this proposal form. If, therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then this may render any policy issued void.

### 12. Authorisation

I consent to and authorise Max Bupa Health Insurance Company Ltd. and/or any of its authorised representatives to seek medical information from any hospital/medical practitioner that I or any person proposed to be insured has attended or may attend in future concerning any disease or illness or injury.

I further authorise Max Bupa Health Insurance Company Limited to use and disclose any personal information collected or available with Max Bupa Health Insurance Company Limited (whether contained in this application or otherwise obtained) to underwriting companies, claims investigation companies/agencies and insurance/reinsurance companies for the purpose of processing of this Application and providing subsequent services.

I consent to receive information from the Company through electronic and telecommunication means from time to time.

Signature of the Proposer \_\_\_\_\_

### 13. Declaration

I hereby declare on my behalf and on behalf of each of the persons proposed to be insured that the information and the statements provided in this proposal form are true, complete and correct in all respects and that there is no information which is relevant to this application for insurance that has not been disclosed to Max Bupa Health Insurance Company Ltd. I agree that this proposal and any other information provided and the declaration shall form the basis of the contract between me and all persons to be insured and Max Bupa Health Insurance Company Limited.

Dated:

Signature of the Proposer \_\_\_\_\_

Place \_\_\_\_\_

Name of Proposer \_\_\_\_\_

### 14. Vernacular Declaration

I hereby declare that I have fully explained the contents of the application form and all other documents incidental to availing the health insurance from Max Bupa Health Insurance Company Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer and the replies have been read out to, fully understood and confirmed by the proposer.

Declarant's Name:

Address:

City  Pin Code

Signature of declarant: \_\_\_\_\_ Signature of applicant in vernacular: \_\_\_\_\_

### Acknowledgment

Application No.

Date

We acknowledge with thanks the receipt of your application and amount by Cash/Cheque/Demand Draft/others \_\_\_\_\_ of amount of

Rs \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_.

Signature of the receiver and office seal



## For Office Use Only

Premium Payment Details:  Cash  Cheque/DD No.        Credit Card

Amount       Date DD MM YYYY

Bank Name/Branch

Max Bupa Branch Location  Code No.

Business Sourced By: Advisor/DST/Corporate Agency/Other Channels  Code No.

Name  Code No.

Proposal Received On:

Processed By \_\_\_\_\_ Date DD MM YYYY Approved By \_\_\_\_\_ Date DD MM YYYY

Customer ID

### Insurance advisor's report

1. Name of the Proposer

2. Are you related to the Proposer?  Yes  No

3. If yes, nature of relationship?

4. Is this an application for yourself?  Yes  No

5. Since when do you know the Proposer?  Years  Months

6. Are you satisfied with the identity of the Proposer?  Yes  No

7. Does the Proposer have any physical deformity/defect or mental retardation?  Yes  No

8. Have you explained the exclusions of the policy and has the Proposer personally completed the health declaration?  Yes  No

9. What is the Proposer's state of health at the time of making of this application?

10. Do you recommend acceptance of this application considering all the factors, including moral hazard?  Yes  No

Date: DD MM YYYY

Signature of the insurance advisor

STATUTORY WARNING AS PER SECTION 41 OF THE INSURANCE ACT 1938

#### PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938.

1. 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 or 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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to Five hundred rupees.



Max Bupa Health Insurance Company Limited  
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Insurance is a subject matter of solicitation

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time, or is not realised.

If we do not accept the proposal, we will inform you and refund payment, if any, received from you, without interest.