

Surrogacy and Oocyte Donor Suraksha

Rider Details (Tick the required option)

Options	Option-1 <input type="checkbox"/>	Option-2 <input type="checkbox"/>
	Surrogate Mother- Complications arising out of pregnancy and post-partum delivery Policy Tenure- 36 months Sum Insured- ₹3,00,000	For Oocyte Donor- Complications of Oocyte Donor Policy Tenure- 12 months Sum Insured- ₹2,00,000

Details of the Person proposed to be Insured (Surrogate Mother or Oocyte Donor)

Name*

Corresponding Address*

Date of Birth** Age* Gender* M F Others

Marital Status*: Married Unmarried Divorced Widow(er)

Height (in cms) * Weight (in Kgs) *

Nationality* Indian Non-Indian (In case of Non-Indian, please provide nationality details)

Occupation and Nature of Business/ Work*

Relationship with the Proposer** Surrogate Mother Oocyte Donor

Declaration of Good Health (I declare that I am of good health and I do not have any physical defect, deformity or disability. I further declare that I perform all my routine activities independently, that I do not have any history of, have never suffered from, am not currently suffering from, nor have I received, nor am I currently receiving, nor do I expect to receive any treatment, nor been hospitalized, nor do I expect to be hospitalized for any ailment or disease.)^ PLEASE TICK (✓)

[§]Proposer can be Intending couple or Intending woman. Intending couple or Intending woman shall submit a certificate from the Board. Please submit a certificate of a medical indication in favor of either or both members of the intending couple or intending woman necessitating gestational surrogacy from a District Medical Board.

[#]Age eligibility for
 a) Surrogate mother is 25-35 years on the day of implantation
 b) Oocyte donor is 25-35 years on the day of donating the oocyte

[^]Please submit a certificate of medical and psychological fitness for surrogacy and surrogacy procedures from a Registered Medical Practitioner.

*Mandatory Details to be filled

Medical Information*

Whether the person proposed to be insured ever suffer from / are currently suffering from any of illness/ diseases or any pre-existing accidental injury? **[If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].**

Insured Name	Name of Illness/ disease/ Injury/ Disability	Duration since suffering from	Medications details (present/ past) please specify	Are you fully cured – Yes/ No?

Additional Medical History (if Any):

(Describe complete details of disease, Surgery if any, Disability %, date of diagnosis, details of treatment)

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Nominee Details*

In the event of death of the person to be insured, any payment due under the policy shall become payable to the nominee and the receipt of the proceeds by such nominee would be sufficient discharge to the company. Nominee must be immediate relative (Mother, Father, Spouse, Son, and daughter) of person to be insured.

Nominee Name		Nominee Contact Number	
Nominee Date of Birth		Nominee Relationship	
Nominee Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		
Nominee Address			

Where Nominee is a minor, give the details of Appointee

Appointee Name	Relationship with Nominee	Appointee Address	Appointee Contact Number

Previous / Existing Insurance

Whether the person to be insured presently hold any other Retail Insurance Policies with SBI General Insurance?

Yes No If Yes, then provide below details

Current Insurance Details	Insured Details
Policy Number	
Period of Insurance	

Proposer Declaration:

I/ We _____ hereby solemnly declare that I/ We are intending to become parents through surrogacy and will be availing the services of the Surrogate Mother/ Oocyte Donor whose details are set out hereunder.

Date:

Place:

Signature of Proposer

Date:

Place:

Signature/Thumb impression of the Proposed Insured (Surrogate Mother/ Oocyte Donor)

Insurance is subject matter of solicitation.

SBI General Insurance Company Limited. Registered and Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099 | CIN: U66000MH2009PLC190546 | Toll free: 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: SBIHLIP24141V022324

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