PROPOSAL FORM

GROUP MEDICLAIM POLICY

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Guidelines for completion of the form: 1) Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2) Insurance is a contract of utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3) The Policy shall become voidable at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non- description or on non-disclosure of any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information having been with held by the proposer or any one acting on his behalf. 4) Kindly contact the Company's Office or Intermediary/ Agents for any doubts or clarifications on the proposal form. Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by SBI General Insurance Company Limited. ("Company"). 5) Information for fields marked with asterisk (*) are mandatory.

INTERMEDIARY DETAILS * (Mandatory field if Sales channel type selected is Banca)

Business Type: New ☐ Renewal ☐ Migration ☐ Portability ☐

Business Sector: Urban ☐ Rural ☐ Social ☐ Others ☐

Intermediary Name:

Intermediary Code:

Intermediary Contact Details:

Intermediary Email ID:

PERIOD OF INSURANCE*

Policy start date: D D M M Y Y Y Y Policy End date: D D M M Y Y Y Y

PROPOSER DETAILS

Name of the Proposer*:

Communication Address*:

City: State: Pin Code:

Landmark:

Permanent Address*:

City: State: Pin Code:

Landmark:

Contact Details*: Mobile: Alternate Mobile:

E-mail ID*: Nationality*:

Nature of Business:* GSTIN/ISDIN:

Aadhaar Card No.*: PAN No*. : / FORM 60/61:

Group type*: Employer-Employee ☐ Non Employer-Employee ☐ Policy Type*: Individual ☐ Family Floater ☐

Business Type*: Fresh Proposal ☐ Roll over ☐ Own Renewal ☐ No. of employees/ applicants covered*:

CO-INSURANCE DETAILS

Insurer Name:	**Share Percentage:**

COVERAGE DETAILS

Please refer to Annexure-A at the end of this form and choose the covers.

ELECTRONIC INSURANCE ACCOUNTS DETAILS*

I have an eIA Number:

I would like to apply for eIA with: NSDL Database Management Ltd ☐ Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐

Karvy Insurance Repository Ltd ☐ CAMS Insurance Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (if available):

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.

I,_____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents). Date: D D M M Y Y Y Y

PREMIUM PAYMENT AND BANK ACCOUNT DETAILS*:

Premium Amount*: Cheque/Journal No*.: Date: D D M M Y Y Y Y

Premium payment option*: ☐ Cheque ☐ EFT ☐ DD ☐ Debit Card/ Credit Card ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Single

Bank Account No.*: IFSC Code*:

Bank Account Number*: Branch Name*:

Card details*: ☐ Master Visa ☐ Card No*.: Card Expiry Date: D D M M Y Y Y Y

SBIGI does not accept Cash for Premium Payments against the Policy.

INSURED BANK DETAILS* (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly)

Bank Name*: Branch:

Name as in Bank Account*:

Bank Account No.*:

IFSC Code: MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details.If ECS is selected, please submit the standing instruction form available at our branches.

DECLARATIONS ON BEHALF OF ALL PERSONS TO BE INSURED*

1. I hereby 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.
2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
3. 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.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
6. I/we aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or us above.
7. I/We hereby encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer
8. I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the KYC of beneficial owner to the Company as and when required.
9. I declare that the details provided in the proposal form will be used for both new and renewal purposes.

Date: D D M M Y Y Y Y Place: Signature of Proposer: _____

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian ☐ Non-Indian ☐ Non-resident Indian(NRI) ☐ Others ☐

If Non-Indian please specify the nationality and country address_____

If NRI please give details for resident country and address_____

Type of Organisation: (Only applicable if policy issued on Group Basis) ☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust ☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

I hereby declare that the current address is different from the avalilable in the Central identities Data Repository. ☐ Yes ☐ No. Customer can submit CKYC form for updation.

Recent photograph of proposer:
(Photograph is required. if customer does not have CKYC ID)

Signature of Proposer :

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

DECLARATION FOR UPDATE VIA DIGITAL MODE

I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/services from SBI General Insurance Company Limited related to my insurance policy through my registered mobile number & email.

Date: D D M M Y Y Y Y

Place:

Signature of Proposer

AGENTS DECLARATION

I,_____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date: D D M M Y Y Y Y

Signature of Agent: _____

Place : _____

Licence No. _____

Specified Person Name:_____

Specified Person Code:_____

VERNACULAR DECLARATION

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) _____ (Relation with the Proposer _____ adult and inhabitant of (city) _____ and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Date: D D M M Y Y Y Y

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer

INSURER DECLARATION

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by SBI General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment .In the event of acceptance of the Proposal for insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer SBI General Insurance Company Limited along with the date from which the insurance Cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment.)

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details are sought by any governmental bodies, regulatory authority's reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

SECTION 41 OF 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 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

(2) 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.

Insurance is subject matter of solicitation.

Annexure- A

Cover Section	Cover Name	Opted / Not Opted	As opted (Sum Insured/Limits)
Hospitalization Cover	Inpatient care	<<Opted/Not Opted>>	<<Sum Insured>>
	Organ Donor		1. <<As per limit chosen>>
	Day Care Treatment		2. <<As per limit chosen>>
	Pre-hospitalization Medical expenses		30 days
	Post-hospitalization Medical expenses		60 days
	Modern Treatment		<< As per limit chosen >>
	Inpatient care under Alternative Treatment		<< As per limit chosen >>
	Domiciliary Hospitalization		<< As per limit chosen >>
	Bariatric Surgery		<< As per limit chosen >>
	Modification of Pre-hospitalization Medical expenses	<<Opted/Not Opted>>	<< As per limit chosen >>
	Modification of Post-hospitalization Medical expenses	<<Opted/Not Opted>>	<< As per limit chosen >>
	Modification of Modern Treatment	<<Opted/Not Opted>>	<< As per limit chosen >>
	Modification of Inpatient care under Alternative Treatment	<<Opted/Not Opted>>	<< As per limit chosen >>
	Modification of Domiciliary Hospitalization	<<Opted/Not Opted>>	<< As per limit chosen >>
	Modification of Bariatric Surgery	<<Opted/Not Opted>>	<< As per limit chosen >>
	Maternity Expenses	<<Opted/Not Opted>>	<< As per limit chosen >>
	New born baby cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Child Vaccination cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Well baby cover for New Born	<<Opted/Not Opted>>	Up to Sum Insured
	Stem Cell Preservation Cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Infertility Cover and Surrogacy Cover	<<Opted/Not Opted>>	<< Up to Sum Insured i.e (either parents SI)>>
	Accident Multiplier	<<Opted/Not Opted>>	<< As per limit chosen >> <<2x/3x/4x/5x of Base Sum Insured>>
	Emergency Ground Ambulance	<<Opted/Not Opted>>	<< As per limit chosen >>
	Air Ambulance cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Prosthetics cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Convalescence Benefit	<<Opted/Not Opted>>	<< As per limit chosen >>
	Funeral and Repatriation Cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Compassionate visit	<<Opted/Not Opted>>	<< As per limit chosen >>
	Accompanying person cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Health check up	<<Opted/Not Opted>>	<< As per limit chosen >>
	Zero Deduction in case of death of Insured	<<Opted/Not Opted>>	Not Applicable
	Sub-limit on specified illness / conditions	<<Opted/Not Opted>>	<< As per limit chosen >>
	Loyalty credit	<<Opted/Not Opted>>	<< As per limit chosen >>
	Weekly benefit	<<Opted/Not Opted>>	<< As per limit chosen >>
	Voluntary Co-payment	<<Opted/Not Opted>>	<< As per limit chosen >>
	E-Opinion	<<Opted/Not Opted>>	Not Applicable
	Corporate Floater	<<Opted/Not Opted>>	<< As per limit chosen >>
	Sum Insured Reinstatement	<<Opted/Not Opted>>	<< As per limit chosen >>
	Claim settlement in network only	<<Opted/Not Opted>>	Not Applicable
	Claim settlement on Reimbursement only	<<Opted/Not Opted>>	Not Applicable
	Physiotherapy and Rehabilitation cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Home Health Care	<<Opted/Not Opted>>	Up to Sum Insured
	Non Medical/Consumables Expenses	<<Opted/Not Opted>>	Up to Sum Insured
	External Congenital Anomalies	<<Opted/Not Opted>>	Up to Sum Insured
	Cancer Care	<<Opted/Not Opted>>	<< As per limit chosen >>
	Attendant Charges Cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	De-addiction Expenses Cover	<<Opted/Not Opted>>	<< As per limit chosen >>
	Modification of Home/Vehicle	<<Opted/Not Opted>>	Up to Sum Insured
	External Aids and Medical Equipment	<<Opted/Not Opted>>	<< As per limit chosen >>
	Modification of Waiting period for Pre- Existing Diseases (PED)	<<Opted/Not Opted>>	Not Applicable

	Modification of Initial Waiting Period	<<Opted/Not Opted>>	Not Applicable
	Modification of Waiting Period for Disease Specific Exclusions	<<Opted/Not Opted>>	Not Applicable
	Franchise	<<Opted/Not Opted>>	<< As per limit chosen >>
	Vision correction	<<Opted/Not Opted>>	<< As per limit chosen >>
	Per claim deductible	<<Opted/Not Opted>>	<< As per limit chosen >>
	Gender Reassignment Cover	<<Opted/Not Opted>>	Up to Sum Insured
	Wellness Care	<<Opted/Not Opted>>	Not Applicable
OPD Cover	OPD Cover	<<Opted/Not Opted>>	<< As per limit chosen - **Plan details to be mentioned here>>
	Second medical opinion cover	<<Opted/Not Opted>>	<< As per limit chosen >>
Infectious Disease Cover	Common Disease Cover	<<Opted/Not Opted>>	Up to Sum Insured
Super Top up cover	Super Top-up Cover (Applicable on cumulative claim basis)	<<Opted/Not Opted>>	<< As per limit chosen >>
Hospital Daily cash	Hospital daily cash	<<Opted/Not Opted>>	<< As per limit chosen **Plan details to be mentioned here>>
Critical illness cover	Critical Illness Cover		

Waiting Period	**Sr no**	**Waiting Period**	
	1	**For Pre-existing diseases (PED)**	<<No Waiting Period/12 months/24 months/36 months>>
	2	**Initial Waiting Period**	<<No Waiting Period/15 days/30 days>>
	3	**Waiting Period for Disease Specific Exclusions**	<<No Waiting Period/12 months/24 months/36 months>>