PROPOSAL FORM

SBIG HEALTH SUPER TOP-UP

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Important Guidelines

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Kindly contact the Company's Offices or Intermediary for any doubts or clarifications on the proposal form.
3. 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").
4. Information for fields marked with asterisk (*) are mandatory.
5. Only citizen of India can be covered under this policy.

Office Use Only

Branch office Code: Branch Name:

Business Type*: ☐ New ☐ Renewal ☐ Migration ☐ Portability

Sales Channel Type*: ☐ Agency ☐ Direct ☐ Broker ☐ POS ☐ CSC ☐ Corporate Agent ☐ IMF

Business Sector: ☐ Urban ☐ Rural ☐ Social ☐ Others

Intermediary Details*

Intermediary Name*: (Surname) (Middle Name) (First Name)

Intermediary Code*: Intermediary Contact Details:

Proposer Details

Name of the Proposer*: (Surname) (Middle Name) (First Name)

Present Address*: (Current Residing Address)

City: Village:

Gram Panchayat: State:

PIN code: Landmark:

My Present Address is same as Permanent Address ☐

Permanent Address*:

City: Village:

Gram Panchayat: State:

PIN code: Landmark:

Passport / Driving License/ Voter Id (Officially Valid Document)

Contact Details*: Mobile No: Alternate Mobile No:

Nationality*: ☐ Indian ☐ Non-Indian ☐ Non-residential Indian ☐ Others

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

Date of Birth*: D D M M Y Y Y Y Gender*: Male ☐ Female ☐ Others ☐

Period of Insurance*: From: D D M M Y Y Y Y To: D D M M Y Y Y Y

Marital Status*: ☐ Married ☐ Unmarried ☐ Divorced ☐ Widow(er)

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.

Email ID*:

PAN*: / Form 60/ 61 (If PAN not available): ☐

Aadhaar No.:

Profession*: Salaried ☐ Self-Employed ☐ Others ☐ Details_____

Occupation and Nature of Business/ Work*:

Annual Gross Income: Total No. of Persons to be covered: ☐☐

GSTN/ISDN:

Are you or any of the proposed applicant, please tick whichever is applicable* HNI ☐ Jeweller ☐ NGO ☐ Film Actor/ Producer ☐

Are you or any of the proposed applicant Politically Exposed Persons (PEPs) ☐ Yes ☐ No

If yes, please provide details for all person(s) in a separate sheet.

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.

Are You Employee of SBI Group of Company*? ☐ Yes ☐ No

If Yes, then mention Name of Group and Employee Number _____

Were you referred by an Employee of SBI General Insurance Company Limited*? ☐ Yes ☐ No

If yes, please provide Employee Name and Employee ID _____

Policy Details

Policy Type*$:	☐ Individual (Self, Spouse, Children, Parents and/ or Parents in Law, Brothers, Sisters, Grand Parents, Grand Children, Daughter in law and Son-in-law can be covered in a single proposal) ☐ Floater (Self, Spouse, maximum 6 Children, Parents and/ or Parents in Law can be covered in a single proposal)	
Policy Term*:	☐ 1 Year	☐ 2 Years ☐ 3 Years
Plan Opted*:	☐ Plus - Annual Aggregate Deductible	☐ Plus - Annual Aggregate Deductible ☐ Pro - Long Term Aggregate Deductible

$For Individual plan kindly indicate the Sum Insured and Deductible details of all the members to be covered.
For Family Floater plan, the Sum Insured and Deductible will float over the family members covered under the policy.
Under family Floater policy, If the child above 18 years of Age is financially independent, he or she shall be ineligible for coverage under this Policy in the subsequent renewals.

Please choose the instalment option (if required): Monthly ☐ Quarterly ☐ Half-yearly ☐

Note: Duly filled and signed ACH/ECS/E-Mandate form shall be submitted for instalment option.

Please tick in case you opt for single premium payment, with long term discount for 2 years / 3 years policy period: ☐

Coverage Details*

Covers	Sum Insured / Sub Limit
Base Covers	
Inpatient Treatment	
Pre-Hospitalization	60 Days
Post-hospitalization	90 Days ☐ 180 Days ☐
Day Care Treatment	
Organ Donor	
Modern Treatments	
AYUSH Treatment	
Domiciliary Hospitalization	
Road Ambulance	Up to ₹5000 per hospitalization
Home Health Care	
Optional Covers$ (Please Tick (✓) if opted)	

☐ Maternity Expenses New-born Baby Cover	Up to 2 lakhs sum insured
☐ Hospital Daily Cash	**Plus Plan** ☐ ₹500 per day up to 10 days maximum **Pro Plan** ☐ ₹500 per day up to 10 days maximum ☐ ₹1000 per day up to 10 days maximum
☐ Consumables	
☐ Global Cover	
☐ Radio Cab	Up to ₹3000 per hospitalization
☐ Air Ambulance	Up to ₹500000
☐ Recovery Benefit	**Plus Plan** ☐ ₹5000 **Pro Plan** ☐ ₹5000 ☐ ₹10000 ☐ ₹25000
☐ Personal Accident Cover	**Plus Plan** ☐ ₹1000000 **Pro Plan** ☐ ₹1000000 ☐ ₹2000000
☐ Unlimited Restore Benefit	
☐ Reduction in Room rent	☐ Actuals to Single Private A.C Room ☐ Actuals to Twin Sharing Room
Value Added Services	
☐ E-Opinion	Unlimited
☐ Stay fit Health Check Up	Up to ₹5000 (Annual)
Waiting Periods	
☐ Change in Pre-existing waiting period	☐ 3 Years ☐ 1 Year
☐ Change in Maternity Waiting Period	☐ 4 Years ☐ 2 Years ☐ 1 Year
☐ Reduction in Specific disease waiting period	☐ 1 Year

Note –

i. $Optional Covers will be at policy level for Individual or Floater Policies except Maternity Expenses and New-born Baby Cover

ii. Maternity Expenses – This benefit shall be available for deductible options of ₹5 Lacs & above

iii. Hospital Daily Cash – Irrespective of Policy type, this Benefit shall be available on an individual basis to each eligible Insured Person.

iv. Global Cover – This benefit shall be available for deductible options ₹20 Lacs & above

v. Personal Accident Cover – Cover is available for 'Primary Insured Person' only. Primary Insured Person shall mean the Insured Person who has paid the premium for this Policy and included as 'Self'.

Details of the person proposed to be Insured

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Name*								
Date of Birth (DD/MM/YYYY)*^								
Gender*(M/F/O)								
Marital Status*								

Height (in cms) *								
Weight (in Kgs) *								
Nationality *(Indian/ Non-Indian/ Non-Resident Indian/ Others). In case of Nationality other than Indian, please provide details								
Citizen of India	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Occupation and Nature of Business / Work*								
Relationship with the Proposer*								
ABHA (Ayushman Bharat Health Account) number (if available)								
Maternity Expenses[$]	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Individual								
Basic Sum Insured*								
Deductible*								
Floater								
Basic Sum Insured*								
Deductible*								

[$] Maternity Expenses
a. Benefit is available only to female members between the age group 18 years to 45 years.
b. Those female Insured Persons who are already having two or more children will not be eligible for this benefit.
c. Female member covered as 'Spouse' will be eligible for Maternity Expenses cover under Family Floater Policy (no other relationship will be accepted under Maternity Expenses cover).

In case, policy is proposed for more than 8 Insured persons, kindly fill the details in an annexure.

Nominee Details*

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Name of the Nominee*^								
Date of Birth*								
Gender (M/F/O)								
Relationship with Policyholder*								
Mobile No. of the Nominee*								
Present Address of the Nominee								

Permanent Address of the Nominee								
Nominee Email ID								
Name of A/C holder								
Account Number								
IFSC Code								
MICR Code								
Bank Name								
Branch Name								

*If Nominee is a minor, give the details of Appointee.

Appointee Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Insured Name								
Name of Appointee*								
Date of Birth*								
Gender (M/F/O)								
Relationship with Nominee*								
Address of Appointee								
Appointee Mobile no*								
Name of A/C holder								
Account Number								
IFSC Code								
MICR Code								
Branch Name								
Bank Name								

Previous / Existing Insurance

1. Previous Health Insurance Details

Are you applying for portability / Migration: Yes ☐ No ☐

(If ''Yes", please fill the separate portability form also)

Does any person to be insured holds any Health Insurance Policies from SBI General Insurance or any other Insurer?

Yes ☐ No ☐ If Yes, then provide below details

Previous Insurance Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Policy Number								

Insurer Name								
Period of Insurance								
Sum Insured (in ₹)								
Claim Details (if any)								
Cumulative Bonus (if any, in ₹)								

2. Existing SBIG Insurance Policy Details#

Does any person to be insured holds any Insurance Policy (other than SBIG Health Super Top-Up/ Personal Accident/ Travel) from SBI General Insurance?

Yes ☐ No ☐ If Yes, then provide below details

Existing/ Concurrent Insurance Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8
Product Name								
Policy Number								
Period of Insurance								

#A "Cross sell discount" will be applicable if the Insured has an active retail health insurance policy (other than SBIG Health Super Top-Up/ Personal Accident/ Travel) or non-health insurance policy or the Proposer is covered under active Group Health Policy offered by SBI General Insurance Company Limited.

Medical And Life Style Information*

Has any of the persons 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	Type of Disability	Percentage of Disability	Medications details (present/ past) please specify	Are you fully cured- Yes/No?
Insured 1						
Insured 2						
Insured 3						
Insured 4						
Insured 5						
Insured 6						

Additional Medical History (If Any)

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

_____

Details Of The Family Doctor

Name of the Doctor:

Mobile No.: Contact No.:

Registration No. of the Family Doctor:

Premium Payment and Bank Account Details*

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

Premium Payment option*: ☐ Cheque ☐ EFT ☐ DD ☐ Debit Card/Credit Card

Bank Name*: | IFSC Code:

Bank Account No*:

Branch Name*: | Card details*: Master ☐ Visa ☐

Card No*: | Card Expire Date*: D D M M Y Y Y Y

ASBA Declaration:

☐ I hereby accord my consent to authorise SBI General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount

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 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. IFECS is selected, please submit the standing instruction form available at our branches.

Electronic Insurance Account Details*

I have an eIA Number:

I would like to apply for eIA with:

(a) NSDL Database Management Ltd. ☐

(b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited). ☐

(c) Karvy Insurance Repository Ltd. ☐

(d) CAMS Insurance Repository Services Ltd. ☐

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

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: _____ Date: D D M M Y Y Y Y

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

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

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

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.)

Declarations On Behalf Of All Persons Proposed To Be Insured*

1. I/We hereby declare on my/our behalf and on behalf of all the persons proposed to be Insured, that the above statements, answers and/ or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorised to propose on behalf of these other persons.
2. I/We understand that the information provided by me/us will form the basis of the Insurance Policy, is subject to the Board approved underwriting policy of the Insurance Company and that the Policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the person to be Insured / Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
4. I/ We declare that I/ We consent to the Company seeking medical information from any doctor or from a hospital who at anytime 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

Insurance Company to which 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.

5. I/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority.
6. I/We aware of premium loading, (if any declared above) for habit's as declared/ mentioned by me /us above.
7. I/ We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid Payment Instrument (Wallet), held by me/us in my/our name as a account holder and is not a third party payment made by any other person on my/our behalf.
8. I/We hereby provide consent to share my/our medical records with the insurer or TPA. If ABHA number is not available, it can be created at www.healthid.ndhm.gov.in
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

Proposer Declaration*

The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Date: D D M M Y Y Y Y

Place:

Signature of Proposer

Agent 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.

Agent Name: _____

SP Name: _____

SP Code: _____ License No.: _____

Date: D D M M Y Y Y Y Place:

Signature of Proposer

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/ Primary insured)_____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/Primary Insured 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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer/Primary.

Date: D D M M Y Y Y Y

Place:

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 authorities 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.