

PROPOSAL FORM

HOSPITAL DAILY CASH-GROUP-MICRO INSURANCE PRODUCT



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 in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf.
- 4) Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.
- 5) Information for fields marked with asterisk (*) are mandatory.

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")

OFFICE USE ONLY

Branch Office Code:	<input type="text"/>
Branch Name:	<input type="text"/>
Business Type:	New <input type="checkbox"/> Renewal <input type="checkbox"/> Migration <input type="checkbox"/> Portability <input type="checkbox"/>
Sales Channel Type:	Agency <input type="checkbox"/> Direct <input type="checkbox"/> Broker <input type="checkbox"/> POS <input type="checkbox"/> CSC <input type="checkbox"/> Corporate Agent <input type="checkbox"/> IMF <input type="checkbox"/>
Business Sector:	Urban <input type="checkbox"/> Rural <input type="checkbox"/> Social <input type="checkbox"/> Others <input type="checkbox"/>

INTERMEDIARY DETAILS*

Intermediary Name:	<input type="text"/>
Intermediary Code:	<input type="text"/>
Intermediary Contact Details:	<input type="text"/>

PROPOSER DETAILS*

Name of the Proposer*	<input type="text"/>				
Present Address* (Current Residing Address)	<input type="text"/>				
City:	<input type="text"/>	Village:	<input type="text"/>		
Gram Panchayat:	<input type="text"/>	State:	<input type="text"/>		
Pin-Code:	<input type="text"/>	Landmark:	<input type="text"/>		
My Present Address is same as Permanent Address	<input type="checkbox"/>				
Permanent Address*	<input type="text"/>				
City:	<input type="text"/>	Village:	<input type="text"/>		
Gram Panchayat:	<input type="text"/>	State:	<input type="text"/>		
Pin-Code:	<input type="text"/>	Landmark:	<input type="text"/>		
Nationality*	<input type="text"/>	E-mail ID*	<input type="text"/>		
Contact Details* Mobile:	<input type="text"/>	Alternate Mobile:	<input type="text"/>		
Aadhaar Card No.:	<input type="text"/>	PAN No* .:	<input type="text"/>	Form 60/61*: (If PAN not available)	<input type="checkbox"/>
Number of Insured Member :	<input type="text"/>				
Are you or any of the proposed applicant _____, please tick whichever is applicable:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
HNI <input type="checkbox"/>	Jeweller <input type="checkbox"/>	NGO <input type="checkbox"/>	Film Actor/ Producer <input type="checkbox"/>	PEP <input type="checkbox"/>	

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.

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

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.

COVERAGE DETAILS*

Sr. No.	Coverage Name	Inbuilt / Optional	<input checked="" type="checkbox"/> against opted cover	<input checked="" type="checkbox"/> against Franchise or Deductible opted
1	Accident and Sickness Hospital Cash Benefit	Inbuilt	Compulsory Cover	Franchise <input type="checkbox"/> Deductible <input type="checkbox"/>
	i Option to Choose Sum Insured/Benefit Amount :- 500/day <input type="checkbox"/> 750/day <input type="checkbox"/> 1000/day <input type="checkbox"/> 1500/day <input type="checkbox"/> 2000/day <input type="checkbox"/> 2500/day <input type="checkbox"/> 3000/day <input type="checkbox"/> 3500/day <input type="checkbox"/> 4000/day <input type="checkbox"/> 4500/day <input type="checkbox"/> 5000/day <input type="checkbox"/>			-
	i Option to Choose no. of Days :- 10/day <input type="checkbox"/> 15/day <input type="checkbox"/> 20/day <input type="checkbox"/> 30/day <input type="checkbox"/> 45/day <input type="checkbox"/> 60/day <input type="checkbox"/> 90/day <input type="checkbox"/> 100/day <input type="checkbox"/>			
2	Accident Hospital Cash Benefit	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/>	Franchise <input type="checkbox"/> Deductible <input type="checkbox"/>
3	ICU Cash Benefit	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/>	Franchise <input type="checkbox"/> Deductible <input type="checkbox"/>
4	Convalescence Benefit	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/>	-
5	Compassionate Benefit	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/>	-
6	Day Care Treatment Benefit	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/>	-
7	Maternity Hospital Cash Benefit Option to reduce Maternity waiting period :	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/>	Franchise <input type="checkbox"/> Deductible <input type="checkbox"/>
	i. 24 months ii. 12 months iii. 9 months iv. No maternity waiting		If Yes - Please mention opted waiting period.	-
	i Option to Choose Sum Insured/Benefit Amount :- 500/day <input type="checkbox"/> 750/day <input type="checkbox"/> 1000/day <input type="checkbox"/> 1250/day <input type="checkbox"/> 1500/day <input type="checkbox"/> 1750/day <input type="checkbox"/> 2000/day <input type="checkbox"/> 2250/day <input type="checkbox"/> 2500/day <input type="checkbox"/> 2750/day <input type="checkbox"/> 300/day <input type="checkbox"/> 3250/day <input type="checkbox"/> 3500/day <input type="checkbox"/> 3750/day <input type="checkbox"/> 4000/day <input type="checkbox"/> 4250/day <input type="checkbox"/> 4500/day <input type="checkbox"/> 4750/day <input type="checkbox"/> 5000/day <input type="checkbox"/>			-
	i Option to Choose no. of Days :- 5 days <input type="checkbox"/> 10 days <input type="checkbox"/>			
8	Shorter Waiting Period (PED) Option 1 : 30 days waiver Option 2 : 24 Months Specific illness waiting period waiver Option 3 : 12 Months Specific illness waiting period Option 4 : 12 Months waiting period for PED Option 5 : 24 Months waiting period for PED Option 6 : 36 Months waiting period for PED Option 7 : No waiting period for PED	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - Please mention opted waiting period.	-
9	Increased Deductible/ Franchise	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - Please mention Deductible or Franchise opted.	-

Period Insurance*:

 From To

Policy Type*:

 Individual Family Individual Family Floater

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license. | Hospital Daily Cash-Group-Micro Insurance Product | UIN: SBIPMG22196V012122 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

 Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Witness

Signature/Thumb impression of the 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
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Signature of Agent: _____

Place : _____

Licence No. _____

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

AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
 2. **"Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership.**
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s) who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner's shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural persona exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Policyholder: _____