# **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, nondescription 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**

	e:
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:	
Intermediary Code:	
-	
Intermediary Contact Details:	
PROPOSER DETAILS*	
Name of the Proposer*	
Present Address* (Current	
Residing Address)	· · · · · · · · · · · · · · · · · · ·
Gran	m State:
	nayat:
-	
Permanent Address*	
5	
Pin-	Code: Landmark: Landmark:
Nationality*	E-mail ID*
Contact Details* Mobile:	Alternate Mobile:
Aadhaar Card No.:	
Are you or any of the proposed a	pplicant, please tick whichever is applicable: Yes No
HNI Jeweller	NGO Film Actor/ Producer PEP

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.

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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. I 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: SBIPMGP22196V012122 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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	VERAGE DE IAILS*	T		
Sr. No.	Coverage Name	Inbuilt / Optional		✓ against Franchise or Deductible opted
1	Accident and Sickness Hospital Cash Benefit	Inbuilt	Compulsory Cover	Franchise Deductible
	Option to Choose Sum Insured/Benefit Amount : -		1	_
	500/day 750/day 1000/day 1500/day	2000/day	2500/day	
	3000/day 3500/day 4000/day 4500/day	5000/day		
	Option to Choose no. of Days :-			
	10/day 15/day 20/day 30/day	45/day	60/day	
	90/day 100/day			
2	Accident Hospital Cash Benefit	Optional	Yes No	Franchise
				Deductible
3	ICU Cash Benefit	Optional	Yes No	Franchise
				Deductible
4	Convalescence Benefit	Optional	Yes No	_
5	Compassionate Benefit	Optional	Yes No	_
6	Day Care Treatment Benefit	Optional	Yes No	_
7	Maternity Hospital Cash Benefit Option to reduce Maternity waiting period :	Optional	Yes No	Franchise
				Deductible
	i. 24 months ii. 12 months		lf Yes -	_
	iii. 9 months		Please mention opted waiting period.	
	iv. No maternity waiting			
	Option to Choose Sum Insured/Benefit Amount :-       500/day     750/day     1000/day     12	250/day	1500/day	
		500/day	2750/day	
		750/day	4000/day	
		000/day		
	<ul> <li>Option to Choose no. of Days :-</li> </ul>	,	]	
	5 days 10 days			
8	Shorter Waiting Period (PED)	Optional	Yes No	_
	Option 1 : 30 days waiver		lf Yes -	
	Option 2 : 24 Months Specific illness waiting period waiver Option 3 : 12 Months Specific illness waiting period		Please mention	
	Option 4 : 12 Months waiting period for PED		opted waiting period.	
	Option 5 : 24 Months waiting period for PED Option 6 : 36 Months waiting period for PED			
	Option 7 : No waiting period for PED			
9	Increased Deductible/ Franchise	Optional	Yes No	-
			If Yes - Please mention	
			Deductible or	
			Franchise opted.	
Per	iod Insurance*: From DD	M M Y Y	Y Y To D D	M M Y Y Y Y
Poli	cy Type*: Individual	Family	/ Individual	Family Floater
D: I :		o <sup>th</sup> El A C D C	A/2 C L D L A 22 - 27	

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PREMIUM PAYMENT AN	ID BANK A CCOUNT DETAILS*:	
Premium Amount in ₹:	Cheque No.:	
Instrument Type:	Cash Cheque Credit Card Debit Card EFT Ot	her Please Specify:
Cheque/Journal No.:	Cheque Date: D D M M Y Y Y Amour	ntfor₹
Bank Name:		Code:
Bank Account No.		
	Branch I	Name:
	or Premium Payments against the Policy.	
Cheque No.:	Cheque Da	te: D D M M Y Y Y Y
Note: The proposer agrees a	and undertakes to intimate in writing to SBI General Insurance for any change in	) bank account details.
If ECS is selected, please sub	omit the standing instruction form available at our branches.	
Insured Bank Details* (C	Claim/Refund amount will be deposited in this Bank Account only unl	ess changed subsequently)
In case of cancellation of po	plicy, if premium were paid through credit card the refund amount would be c	redited to your designated bank
account. Please provide the fin which the refund/claim needs	following bank details and a copy of Cancelled Cheque: (Cancelled Cheque sho	uld be of the same bank account
	-	
Bank Name:	Cheque No.:	
Name as in Bank Account:		
Bank Account No.:		
IFSC Code:	MICR Code:	
Note: The Proposer agrees a	and undertakes to intimate in writing to SBI General Insurance about any chang	ge in bank account details. IFECS
	e standing instruction form available at our branches.	<u> </u>
AML GUIDELINES (Pren	nium Payment shall be made by the Policyholder of the Policy)	
I/We hereby confirm that al proceeds of crime related to right to call for documents to	Il premiums have been/ will be paid from bona fide sources and no premiun o any of the offence listed in Prevention of Money Laundering Act 2002. I under o establish source of funds. The Insurance Company has the right to cancel the any competent court of law under any statues, directly or indirectly gove	rstand that the Company has the Insurance Contract in case I am/
Laundering in India.		
Nationality: Indian	Non-Indian Non-resident Indian(NRI) Others	
If Non-Indian please specify t	the nationality and country address	
If NRI please give details for r	resident country and address	
51 5	Corporation Government Non-Governmental Organisation	Society Trust
(Only applicable if policy	Partnership International Organisation Cooperative Section	25 Companies
issued on Group Basis)	rent address is different from the avalilable in the Central identities Data Repos	
can submit CKYC form for up		
Recent photograph		
of proposer:		
(Photograph is		
required. if customer does not have CKYC		
ID)		
	Si	gnature of Proposer :
"Politically Exposed Persons"	" (PEPs) are individuals who have been entrusted with prominent public functio	ns 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.

## 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.

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- 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.
- authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer 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 diseases as declared / mentioned by me or us above.
- 7. I/We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewelers, NGO, Film Actor/Producer and PEPs to provide the details of beneficiaries to the company as and when required.
- 8. 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.
- 9. I declare that the details provided in the proposal form will be used for both new and renewal purposes.
- 10. 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.

ELECTRONIC INSURANCE ACCOUNT DETAILS	
I have an elA Number I would like to apply for elA with: NSDL Database Management Ltd Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited). CAMS Insurance Repository Services Ltd	
CKYC No (Central Know Your Customer Registry Number), (if available):	
I,, hereby grant explicit consent to SBI General Insurance Company	y for the
retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essentia	l for the
purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company wil	l handle
my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in wi	riting by
me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my co	onsent.
Customer Name:         D         M         Y         Y	ΥΥ

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

## **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.)

#### **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 appl	ied for by me/us and the contents of the Proposal Form have been clearly explain	ned to me/us and I/we have
fully understood them. I/We furthe	er certify that the replies in the Proposal Form have been recorded as per the infor	rmation 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 conten	nts 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.

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Date:	D	D	Μ	Μ	Y	Y	Y	Y
Place:								

Signature of the Witness

Signature/Thumb impression of the Proposer

#### AGENTS DECLARATION

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 nondisclosure 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	Μ	Μ	Y	Y	Y	Y

Signature of Policyholder: \_\_\_\_\_

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