

PROPOSAL FORM

GROUP HEALTH INSURANCE POLICY



Guidelines for completion of the form: (1) Please answer all the questions fully and accurately. 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 would be voidable at the option of SBI General Insurance, in the event of any untrue or incorrect statement, misrepresentation, non-description or 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 the Proposer's behalf. (4) Irrespective of the number of accounts the Insured has with SBI, he/she is allowed to take only one Policy. Multiple Policies for the same Insured are disallowed. (5) Even if multiple Policies are taken through one or more than one account with SBI for any reason, our liability will be restricted to only one Policy with the highest Sum Insured. All other Policies shall be deemed as null and void. Premium paid for all such Policies by the Insured will be refunded after deduction of administrative expenses of ₹150. (6) In case of a Joint account, two separate Policies may be issued in case both the account holders opt for respective Individual Policies. However, only one Policy will be allowed if Family Floater option is opted which can be extended to the family of any one of the joint account holders as per family definition. (7) The premium at the time of the renewal of the Policy would be the applicable premium at the date of renewal and as approved by IRDAI. However, renewal will be subject to the Account of the Insured with SBI being still live and operational. (8) Kindly contact SBI General Offices or Agents for any doubts or clarifications on the proposal form. (9) Period of Insurance shall be 1 year from the date of transaction. (10) Dependent children will be covered up to 18 years of age. (11) Pre-existing diseases would be covered after 4 policy years provided the policy has been renewed without a break. (12) Eligibility : A permanent Indian Resident who is an existing account holder of SBI / Associate bank.

PRIMARY INSURED'S DETAILS (\*Mandatory Fields)

1. Bank Account No.\*:

2. Primary Insured's Name\*:

SURNAMEMIDDLENAMEFIRSTNAME

3. Communication Address\*:

Pincode:

6. Nationality\*:

6. Email ID\*:

4. Contact Details\*:

Mobile No.:

Alternate Mobile No.:

7. Preferred Contact Mode:

☐ Email☐ Paper Mail☐ Phone (Please Tick )

8. Aadhaar Card No.:

9. GSTIN/ISDN:

IF APPLICABLE

10. Corporate: Yes☐ No☐

11. PAN No\*:

/ FORM 60/61\*:

12. Total No. of persons to be covered:

DETAILS OF PERSONS TO BE INSURED

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured						
Sum Insured						
Date of Birth						
Age						
Gender						
Height						
Weight						
Occupation						

POLICY RENEWAL ADVICE (Tear Off):

I authorise the Bank for automatic debit of renewal premium of this cover from my account as long as the terms and conditions and the premium payable remain unchanged. I understand that this authorisation can be revoked by me at my will by submitting a written notice to the Bank.

Date:

Signature/ Thumb Impression of the Proposer/ Primary Insured

ACKNOWLEDGEMENT SLIP (Tear Off):

This is to certify that the amount of ₹ will be debited from the Bank Account No. of Mr./Ms./Mrs. towards premium for SBI General's Group Health Insurance Policy.

Signed at:

Journal No.:

Authorised Signatory for SBI General

Signature:

Journal Date:

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 licence. | Group Health Insurance Policy UIN: SBIHLGP21330V022021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other)				
Marital Status				
Relationship with Proposer				

NOMINEE DETAILS

Name	Contact Details	Date of Birth	Age	Relationship with primary insured
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Appointee contacts details

DETAILS OF COVERAGE SOUGHT \* Mandatory

Note: By Family we mean You, Your Legal Spouse, Legal & Dependent Children. (Primary Insured & Spouse aged 18 to 65 years; Dependent Children aged 3 months to 18 years).

Product Type	Plan Opted	Sum Insured Option in ₹
<input type="checkbox"/> Individual	<input type="checkbox"/> Self Only (1A)	<input type="checkbox"/> 100000 <input type="checkbox"/> 200000 <input type="checkbox"/> 300000 <input type="checkbox"/> 400000 <input type="checkbox"/> 500000
<input type="checkbox"/> Family Floater	<input type="checkbox"/> 2A <input type="checkbox"/> 2A+1C <input type="checkbox"/> 2A+2C <input type="checkbox"/> 1A+1C <input type="checkbox"/> 1A+2C	<input type="checkbox"/> 100000 <input type="checkbox"/> 200000 <input type="checkbox"/> 300000 <input type="checkbox"/> 400000 <input type="checkbox"/> 500000

PREVIOUS/EXISTING INSURANCE

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

(If “Yes”, please fill the separate portability form also)

Does any person to be insured presently hold any Health Insurance / Critical Illness Insurance Policies with SBIG or any other insurer?

☐ Yes ☐ No If Yes, then provide below details

Previous / Existing Insurance Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Policy Number						
Insurer's Name						
Period of Insurance						
Sum Insured						
Premium Paid (Rs)						
Claim Details (if any) Incurred Claim (Outstanding + Received): Claim Ratio (%):						

For complete details of Coverage & Policy Wording, kindly visit our website - [www.sbigeneral.in](http://www.sbigeneral.in)  
**For Renewal of your Policy or for Cancellation of your Auto Renewal Authorisation please contact 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in).**

ACKNOWLEDGEMENT SLIP (Tear Off):

Note: (1) You shall receive the Certificate of Insurance on receipt of your Proposal Form to the Head Office of SBI General Insurance Company. (2) Period of Insurance shall be 1 year from the date of transaction. (3) This acknowledgment slip does not in any way communicate the acceptance or commencement of risk under the application submitted by you. This is only an acknowledgment slip and is not the premium receipt. This acknowledgment slip should not be used for Income Tax purpose. The premium receipt shall be issued once the Company accepts the risk on your health and the amount deposited is applied to your Policy as premium. (4) Premium will be refunded in case your proposal is rejected by us. (5) For any assistance / clarification required kindly get in touch with SBI General Insurance Company Ltd. on 1800 22 1111, 1800 102 1111 (Toll Free). (6) For Renewal of your Policy or for Cancellation of your Auto Renewal Authorisation please contact 1800-102-1111 / 1800-22-1111 (Toll-free 8:00 am to 8:00 pm - Monday to Saturday) or write to us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in).

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If Non-Indian please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

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

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

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.

### NOMINATION (\*Mandatory)

I \_\_\_\_\_ do hereby nominate Mr/Mrs/Ms \_\_\_\_\_ as the person & Mr/Mrs/Ms \_\_\_\_\_ as Guardian of the Nominee (in case Nominee is a minor) authorised to receive the amount payable by SBI General Insurance Co. Ltd. in the event of my death and He/She (Nominee) is related to me as \_\_\_\_\_ (Relationship with the Insured) and I further declare that his/her receipt shall be sufficient discharge to the Company.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_

Address of the Nominee / Guardian: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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Signature of the Primary Insured

Name 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.

Licence No. \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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Signature of Agent: \_\_\_\_\_

### DECLARATION BY PRIMARY INSURED

- 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 authorised to propose on behalf of these other persons.
- 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.
- 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.
- 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.
- I 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."
- I/we are aware of premium loading, (if any declared above)for habits & diseases as declared / mentioned by me /us above .
- 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, Jewellers, NGO, Film Actor/ Producer and PEPs to provide the details of beneficiaries to the company as and when required.
- I/We hereby encourage creation of ABHA ID for all Policy holders at [www.healthid.ndhm.gov.in](http://www.healthid.ndhm.gov.in) and may notify in case customer wishes to the same with Insurer.

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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Signature of Proposer: \_\_\_\_\_

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## DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)

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) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/We 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 my knowledge and belief.

Date: 

D	D	M	M	Y	Y	Y	Y
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 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.)

## SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 of 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 in 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 up to ₹ 10 Lacs.