

## ENROLMENT FORM

### For Office Use:

Master Policy Number:

Quote No.:  Inward No.:

Receipt No.:  Receipt Date:

### Intermediary's Details (\* Mandatory Fields If Sales Channel Type Selected Is Banca)

Sales Channel Code:  Specified Person's Code\*/PF ID:

Business Type:  New  Renewal  Migration  Portability Sales Channel Type:  Banca  Agency  Direct

Business Sector:  Urban  Rural  Social  Others Segment Type:  Corporate  Retail  SME \_\_\_\_\_

Specified Person's Name\* Or Staff Name:

Contact Details:  Alternate Contact No.:

Intermediary code:  Agreement code:

Details of Policy (Name):  Unique enrolment ID/Member ID:

Period of Insurance\*: From  To

Policy Type\*:  Individual  Family Individual  Family floater Sum Insured (in ₹) \_\_\_\_\_

### Details of the Persons Proposed to be Insured for Main Borrower (\* Mandatory Fields)

Name of the Proposer\*:

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:

Contact Details\*: Mobile No.:  Alternate Mobile No.:

Email\*:

Nationality\*:  Date of Birth\*:

Marital Status\*: Married  Unmarried  Divorced  Widow(er)  Gender\*: M  F  Other

PAN\*:  /Form 60/61 (if PAN not Available)\*:  Aadhar Number:

Are you or any of the proposed applicant \_\_\_\_\_, 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.

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 | 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 UIN: SBIPAGP22182V012122 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Sr No	Coverage Name	Inbuilt / Optional	Against opted cover	If Increased Deductible/ Franchise opted
1.	Accident and sickness Hospital Cash Benefit	Inbuilt	Compulsory Cover	Franchise <input type="checkbox"/> Deductible <input type="checkbox"/>
<b>Option to Choose Sum Insured/Benefit Amount:</b> 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"/>				
<b>Option to Choose Sum Insured/Benefit Amount:</b> 10 days <input type="checkbox"/> 15 days <input type="checkbox"/> 20 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 100 days <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 2 years/ 1 year/9 months/ No maternity waiting period	Optional	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - Please mention opted waiting period.	Franchise <input type="checkbox"/> Deductible <input type="checkbox"/>
<b>Option to Choose Sum Insured/Benefit Amount for Maternity Cash Benefit:</b> 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"/>				
<b>Option to Choose no. of Days:</b> 5 days <input type="checkbox"/> 10 days <input type="checkbox"/>				
8.	Other Waiting Period (PED) Option 1: 30 days waiver Option 2: 2 years Specific illness waiting period Option 3: Specific illness Waiting Period Waiver Option 4: year waiting period for Pre-Existing Diseases Option 5: 2 years waiting period for Pre-Existing Diseases Option 6: 3 years waiting period for Pre-Existing Diseases Option 7: No waiting period for Pre-Existing Diseases	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.	

### Insured Person Details\*

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name						
Date of Birth						
Age						
Gender						
Marital Status*						

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Contact No.						
Relationship with Proposer*						
Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other)						
Occupation & Nature of Business/Work						
Monthly Income in ₹						
ABHA (Ayushman Bharat Health Account) number (if available)#						

If occupation is mentioned as Other, then please specify the occupation details.

Kindly confirm if insured engaged in activities of hazardous nature. (For example - mines, explosives, electrical installations on high tension lines, circus people, skiing, mountaineering, big game hunting, ballooning, hand gliding, river rafting, winter sports, ice hockey, polo).

#### Nominee Details\*:

Insured Name	Insured 1			Insured 2			Insured 3			Insured 4		
	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Nominee details												
Name of the Nominee*^												
% Share of Claim Amount												
Date of Birth (DD/MM/YYYY)*												
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												

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Account Number												
IFSC Code												
MICR Code												
Bank Name												
Branch Name												

Insured Name	Insured 5			Insured 6		
	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Nominee details						
Name of the Nominee*^						
% Share of Claim Amount						
Date of Birth (DD/MM/YYYY)*						
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						

^ (Please attach a separate sheet if required in case of multiple nominees)

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

Appointee Details						
Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee*						
Date of Birth (DD/MM/YYYY)*						
Gender (M/F/O)						
Relationship with Nominee*						
Address of Appointee						
Appointee Mobile no*						

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**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.

**Electronic Insurance Accounts Details\***

I have an eIA Number:

I would like to apply for eIA with:  NSDL Database Management  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):

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:

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

**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 bonafide 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/We 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 statutes, directly or indirectly governing the prevention of money laundering in India.

Residential Status:  Resident Individual  Non-Resident Indian  Foreign National  Person of Indian Origin

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 available 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

**Declaration & warranty on behalf of all persons proposed 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 authorised 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.
- 5. 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.
- 6. I/we are aware of premium loading , (if any declared above)for habits & diseases as declared / mentioned by me /us above.
- 7. 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:

Place:

Signature/Thumb impression of the Proposer/Primary.

**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.