PROPOSAL FORM

SBI GENERAL HEALTH ALPHA

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.
   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").
3. Information for fields marked with asterisk (*) are mandatory.
4. 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:

Contact Details*: Mobile No: Alternate Mobile No:

Email ID*:

PAN*: /Form 97/98 (If PAN not available): ☐

Aadhaar No.:

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

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

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

(If NRI please give details for resident country and address)_____

Version: 1.0 Aug 2026

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | 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

URN: SBIG/SHA/V.01/19092025

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)

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period. However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT " to 561612 from your registered mobile number.

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

Occupation and Nature of Business/ Work*:

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

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.

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 (Hospitalization cover)-** Self, legally married spouse/Live-in partner, son, son-in-law, daughter, daughter-in-law, father, mother, brother, sister, brother-in-law, sister-in-law, mother-in-law, father-in-law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, or any other relationship having an insurable interest can be covered in a single proposal. ☐ **Individual (PA, Critical Illness and Hospital Daily Cash Benefit)-** Self, legally married spouse, dependent children (natural/legally adopted), Parents and/or Parents-in-law can be covered in a single proposal. ☐ **Family Floater-** Self, legally married spouse, dependent children (natural/legally adopted), Parents and/or Parents-in-law can be covered in a single proposal.		
Policy Term*:	☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years		
Plan Opted*:	☐ Hospitalization	☐ Hospitalization + Personal Accident	☐ Personal Accident

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

$For Individual plan kindly indicate the Sum Insured of all the members to be covered.

For Family Floater plan, the Sum Insured 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 / 3/ 4/ 5 years policy period ☐

Please tick in case you opt for Hospital Type discount ☐ Yes ☐ No

(Preferred Partner to Non-Preferred Partner Co-pay is applicable)

Do you want to change Zone B To Zone A? ☐ Yes ☐ No

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Coverage Details (Please Tick (√)*

Section Name	Cover Name	Sum Insured / Sub Limit
Base Covers Option 1		
Hospitalization Cover	Sum Insured	☐ 5 L ☐ 7.5 L ☐ 10 L ☐ 12.5 L ☐ 15 L ☐ 20 L ☐ 25 L ☐ 30 L ☐ 35 L ☐ 50 L ☐ 75 L ☐ 100 L ☐ 150 L ☐ 200 L ☐ 300 L ☐ Unlimited Sum Insured
	Pre-hospitalization	☐ 30 days ☐ 60 days ☐ 90 days
	Post-Hospitalization	☐ 60 days ☐ 90 days ☐ 120 days ☐ 180 days
	Cumulative Bonus#	☐ 50%, max upto 100% ☐ 50%, max upto 200% ☐ 50%, max upto 300% ☐ 50%, max upto 400% ☐ 50%, max upto 500% ☐ 50%, max upto 600% ☐ 50%, max upto 700% ☐ 50%, max upto 800% ☐ 50%, max upto 900% ☐ 50%, max upto 1000%
	Discount in Premium#	☐ 2.5% of Hospitalization Base Premium

Optional Covers Available and Applicable only with Base Cover Option 1 Hospitalization Cover		
Essential Covers	Road Ambulance (per hospitalization)	☐ Rs. 2500 ☐ Rs. 3500 ☐ Rs. 5000 ☐ Rs. 10000 ☐ Rs. 20000 ☐ Rs. 50000 ☐ Rs. 1 L ☐ Actuals
	Air Ambulance	☐ Rs. 2 L ☐ Rs. 3 L ☐ Rs. 5 L ☐ Rs. 10 L
	Radio Cab (per hospitalization)	☐ Rs. 500 ☐ Rs. 750 ☐ Rs. 1000 ☐ Rs. 1500 ☐ Rs. 2500 ☐ Rs. 3000
	Organ Donor	☐ 25% of SI ☐ 50% of SI ☐ 75% of SI ☐ 100% of SI
	Modern Treatments	☐ 25% of SI ☐ 50% of SI ☐ 75% of SI ☐ 100% of SI
	Home Health Care	☐ 25% of SI ☐ 50% of SI ☐ 75% of SI ☐ 100% of SI
	Consumables Cover	☐ Opted
	Restore Benefit	☐ Opted

Special Covers	Convalescence	☐ Rs. 5000 ☐ Rs. 10000 ☐ Rs. 15000 ☐ Rs. 20000 ☐ Rs. 25000
	Companion Cover	☐ Rs. 1000/ day, max up to 30 days ☐ Rs. 2000/ day, max up to 30 days
	Adventure Sports	☐ 25% of SI ☐ 50% of SI ☐ 75% of SI ☐ 100% of SI
	Gym and Sports Injury Cover	☐ Rs. 10000 ☐ Rs. 15000 ☐ Rs. 20000 ☐ Rs. 25000
	Reconstructive Surgery	☐ Opted Amount (in ₹)._____

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

	Prosthetics	☐ Opted Amount (in ₹)._____
	Gender Reassignment	☐ Opted Amount (in ₹)._____
	Vision Correction	☐ Rs. 50000 ☐ Rs. 1 L Waiting Period: ☐ 12 months ☐ 24 months
	Endless Sum Insured	☐ Opted: (Available for 10L & Above SI)
	Plan Ahead	☐ Opted
Maternity and Child Care Cover*	Maternity Expenses (including: a) Pre and Post Natal Care b) New Born Baby Care c) Child Vaccination (Rs. 3000)	☐ Rs. 50000 ☐ Rs. 75000 ☐ Rs. 1 L ☐ Rs. 2 L ☐ Rs. 3 L ☐ Rs. 5 L
	Assisted Reproduction Treatment	☐ Rs. 1 L Rs. 3 L ☐ Rs. 5 L

Base Covers Option 2			**Insured 1**	**Insured 2**	**Insured 3**	**Insured 4**	**Insured 5**	**Insured 6**
Personal Accident	Sum Insured: Sum Insured of Rs. 1 L to Rs. 10 L (in multiples of Rs. 1 L), Rs. 10 L to Rs. 100 L in (multiples of Rs. 5 L), Rs. 125 L, Rs. 150 L, Rs. 175 L, Rs. 200 L can be opted		Cover/ Sum Insured: ☐ Accidental Death only – Rs. _____ ☐ Permanent Total Disability only –	Cover/ Sum Insured: ☐ Accidental Death only – Rs. _____ ☐ Permanent Total Disability only –	Cover/ Sum Insured: ☐ Accidental Death only – Rs. _____ ☐ Permanent Total Disability only –	Cover/ Sum Insured: ☐ Accidental Death only – Rs. _____ ☐ Permanent Total Disability only –	Cover/ Sum Insured: ☐ Accidental Death only – Rs. _____ ☐ Permanent Total Disability only –	Cover/ Sum Insured: ☐ Accidental Death only – Rs. _____ ☐ Permanent Total Disability only –
	Permanent Partial Disability		☐ Opted	☐ Opted	☐ Opted	☐ Opted	☐ Opted	☐ Opted
	Temporary Total Disability^	Sum Insured per week	1% of the PA Sum Insured ☐ upto 10000 per week ☐ upto 15000 per week ☐ upto 25,000 per week ☐ upto 50,000 per week	1% of the PA Sum Insured ☐ upto 10000 per week ☐ upto 15000 per week ☐ upto 25,000 per week ☐ upto 50,000 per week	1% of the PA Sum Insured ☐ upto 10000 per week ☐ upto 15000 per week ☐ upto 25,000 per week ☐ upto 50,000 per week	1% of the PA Sum Insured ☐ upto 10000 per week ☐ upto 15000 per week ☐ upto 25,000 per week ☐ upto 50,000 per week	1% of the PA Sum Insured ☐ upto 10000 per week ☐ upto 15000 per week ☐ upto 25,000 per week ☐ upto 50,000 per week	1% of the PA Sum Insured ☐ upto 10000 per week ☐ upto 15000 per week ☐ upto 25,000 per week ☐ upto 50,000 per week
	Home Modification Benefit^		☐ Rs. 50000 ☐ Rs. 1 L	☐ Rs. 50000 ☐ Rs. 1 L	☐ Rs. 50000 ☐ Rs. 1 L	☐ Rs. 50000 ☐ Rs. 1 L	☐ Rs. 50000 ☐ Rs. 1 L	☐ Rs. 50000 ☐ Rs. 1 L

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

	Child Education Benefit^	☐ Rs. 1 L ☐ Rs. 2 L	☐ Rs. 1 L ☐ Rs. 2 L	☐ Rs. 1 L ☐ Rs. 2 L	☐ Rs. 1 L ☐ Rs. 2 L	☐ Rs. 1 L ☐ Rs. 2 L	☐ Rs. 1 L ☐ Rs. 2 L
	Loan Protector^	Lower of: 25% of PA Sum Insured, Outstanding Loan, ☐ 1,00,000 ☐ 2,00,000	Lower of: 25% of PA Sum Insured, Outstanding Loan, ☐ 1,00,000 ☐ 2,00,000	Lower of: 25% of PA Sum Insured, Outstanding Loan, ☐ 1,00,000 ☐ 2,00,000	Lower of: 25% of PA Sum Insured, Outstanding Loan, ☐ 1,00,000 ☐ 2,00,000	Lower of: 25% of PA Sum Insured, Outstanding Loan, ☐ 1,00,000 ☐ 2,00,000	Lower of: 25% of PA Sum Insured, Outstanding Loan, ☐ 1,00,000 ☐ 2,00,000

Additional Optional Covers available with both Sections Hospitalization Covers and Personal Accident

OPD Cover	OPD Cover	Limits	Rs. _____ Limits of Rs. 5000, Rs. 10000, Rs. 25000 to Rs. 50000 in the multiples of Rs. 5000
		Co-pay	☐ 0% ☐ 10% ☐ 25%
Global Cover	Global Cover^^		☐ Opted ☐ Not Opted: Upto SI or 3Cr, whichever is lower
Benefit Based Covers	Critical Illness		Rs. _____ Sum Insured of Rs. 10000, Rs. 15000, Rs. 20000, Rs. 25000, Rs. 75000, Rs. 1 L to Rs. 10 L (in multiples of Rs. 2.5 L), beyond Rs. 10 L in multiples of Rs. 5 L up to Rs. 100 L can be opted.
	Hospital Daily Cash	Days	_____ ☐ 3 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30
		Payout Options	☐ Rs. 500/ day ☐ Rs. 1000/ day ☐ Rs. 1500/ day ☐ Rs. 2000/ day ☐ Rs. 2500/ day ☐ Rs. 3000/ day
		Deductible Options	☐ 0 hours ☐ 24 hours ☐ 48 hours ☐ 72 hours ☐ 96 hours ☐ 120 hours
Preventive Care	Health Check Up (per year)		☐ Rs. 3000 ☐ Rs. 4000 ☐ Rs. 5000 ☐ Rs. 7500 ☐ Rs. 10000
	E- Opinion		☐ Opted
Modifiers	Reduction in Room Rent Limits		☐ Actuals to Single Private AC Room ☐ Actuals to Twin Sharing
	Reduction in Specific Waiting Period		☐ from 24 months to 12 months
	Change in PED Waiting Period		☐ from 24 months to 36 months ☐ from 24 months to 12 months
	Change in Maternity Period		☐ from 24 months to 36 months ☐ from 24 months to 12 months
	Change in Global Waiting Period		☐ from 24 months to 12 months
Voluntary Covers for Discounts$	Voluntary Deductible$$	Annual Aggregate basis	☐ Rs. 10000 ☐ Rs. 20000 ☐ Rs. 30000 ☐ Rs. 40000 ☐ Rs. 50000 ☐ Rs. 1 L ☐ Rs. 1.5 L ☐ Rs. 2 L
		Per Claim basis	☐ Rs. 10000 ☐ Rs. 20000 ☐ Rs. 30000 ☐ Rs. 40000 ☐ Rs. 50000 ☐ Rs. 1 L ☐ Rs. 1.5 L ☐ Rs. 2 L
	Voluntary Co-Payment		☐ 10% ☐ 20% ☐ 30%

Note –

i. All the Sections are optional but its mandatory to opt Hospitalization and /or Personal Accident as Base Section
ii. Only one out of Endless Sum Insured or Restore Benefit can be utilized by the Policyholder in a Policy Year.
iii. *Maternity and Child Care Cover – Maternity cover, New Born Baby Care cover and Child Vaccination covers come in bundle.

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

iv. $Policyholder can either opt for Voluntary Deductible or Voluntary Co-payment
v. $$Policyholder can either opt for Voluntary Deductible on Annual Aggregate basis or Voluntary Deductible on Per Claim basis
vi. #Policyholder can either opt for Cumulative Bonus or Discount in Premium
vii. Benefit Based Covers (Personal Accident, Critical Illness and Hospital Daily Cash) are available on Individual basis
viii. ^^Global cover Sum Insured will be equal to Hospitalization Cover
ix. ^Modification Benefit, Child Education Benefit and Loan Protector Benefit is not available for Child member.

DETAILS OF THE PERSON PROPOSED TO BE INSURED*

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
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						
Occupation and Nature of Business / Work*						
Relationship with the Proposer*						
Basic Sum Insured - Hospitalization Cover * (Separate only for Individual cover in Rs.)						
Monthly income						
ABHA (Ayushman Bharat Health Account) number (if available)						

In case, policy is proposed for more than 6 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
Name of the Nominee*^						
% Share of Claim Amount						
Date of Birth*						
Gender (M/F/O)						
Relationship with Policyholder*						
Mobile No. of the Nominee*						
Present Address of the Nominee						

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
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 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

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

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

1. Previous Insurance Details

Does any person to be insured holds any Health Insurance Policies?

Yes ☐ No ☐ If Yes, then provide below details

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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 (in Rs.)						
Claim Details (if any)						
Cumulative Bonus (if any, in Rs.)						

2. Existing SBIG Insurance Policy Details^^

Does any person to be insured holds any Insurance Policy (other than SBI General Health Alpha / 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 SBI General Health Alpha / 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 suffered from / are currently suffering from any of Illness/ diseases/ Disability/ Deformity or any pre-existing accidental injury? [Please mention **Yes** or **No.** 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/ Accidental Injury	Duration Since Suffering from	Medications details (present/ past) please specify	Are you fully cured (Yes/No)	Differently Abled Status (Yes/No)	Type of Impairment	Percentage of Impairment	UDID Number
Insured 1								
Insured 2								
Insured 3								
Insured 4								
Insured 5								
Insured 6								

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Personal Health Details*:

Have you opted for Critical Illness cover? (Yes/No) [If the answer is Yes, please fill in the below details]

Sr. No	Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1.	Have You ever been denied Health Insurance?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.	Do you consume tobacco in any form listed below: Smoking /Tobacco (Gutka/ Pan masala)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. a	Quantity per day						
3.	Do you consume alcohol?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4.	Have you ever been tested positive for HIV/AIDS, Hepatitis B or C or sexually transmitted diseases?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Details of the Family Doctor:

Name of the Doctor:

Mobile Number: Contact Number:

Registration No. of the Family Doctor:

Premium Payment and Bank Account Details*

Cheque/Journal No*.: Date: D D M M Y Y Y Y Amount for ₹

Bank Name: Branch Name

Name of the A/c. Holder: IFSC Code:

Bank Account No: MICR Code:

Premium Amount: (in words):

Premium Payment option*: Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual ☐ Single Premium ☐

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

SBIG does not accept Cash for Premium Payments against the Policy.

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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 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

Renewal Payment Sign-Up:

Payment of renewal premium of your health insurance Policy can be made every year by continuing your existing Automated Clearing House (ACH)/ Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

☐ I want to opt for the ACH/SI renewal option.

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 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 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

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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.

☐ I want to opt for the ACH/SI renewal option.

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

In case of Non-Indian, please provide nationality details_____

(If NRI please give details for resident country and address)_____

Type of Organization (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 diferent 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 Proposal and 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, not covered under this Policy (Your proposal form will be considered after SBI General Insurance Company Limited receives the 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.

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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: _____

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) _____ _____ (relationship 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 my/our knowledge and belief.

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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 mis-representation, 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 for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, It 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.

Disclaimer: SBI General Insurance Company Limited I 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 licence. | SBI General Health Alpha, UIN: SBIHLIP26038V012526 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.