PROPOSAL FORM

Surrogacy and Oocyte Donor Suraksha

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Rider Details (Tick the required option)

Options	Option-1 ☐	Option-2 ☐
	Surrogate Mother- Complications arising out of pregnancy and post-partum delivery Policy Tenure- 36 months Sum Insured- ₹ 3,00,000	For Oocyte Donor- Complications of Oocyte Donor Policy Tenure- 12 months Sum Insured- ₹ 2,00,000

Details of the Person proposed to be Insured (Surrogate Mother or Oocyte Donor)

Name*: SURNAME MIDDLENAME FIRSTNAME

Do you have an existing relationship with SBI General ? Yes ☐ No ☐ If Yes, please mention the Customer ID

Customer ID*: SBIG Employee ID*:

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:

Date of Birth* DDMMYYYY Marital Status*: Married ☐ Unmarried ☐ Divorced ☐ Widow(er) ☐

Gender*: ☐ Male ☐ Female ☐ Other

Relationship with the Proposer*$ ☐ Surrogate Mother ☐ Oocyte Donor

Contact Number*: Mobile No.: Alternate Mobile No.:

Aadhaar No.: PAN*: /Form 97/98 (If PAN not available): ☐

Passport/Driving License/Voter ID: Email ID*:

Profession*: Salaried ☐ Self-Employed ☐ Any Other ☐ Details _____

Nationality*: ☐ Indian ☐ Non-Indian ☐ Non-Residential Indian (In case of Non-Indian, please provide nationality details) _____

Occupation and Nature of Business/ Work*: Annual Income*:

GSTN/ISDN*:

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.

Version: 1.0 Aug 2026

Are You an Employee of SBI Group of Companies? Yes ☐ No ☐

If Yes, then mention the Name of Group and Employee Number_____

☐ Declaration of Good Health (I declare that I am of good health and I do not have any physical defect, deformity or disability. I further declare that I perform all my routine activities independently, that I do not have any history of, have never suffered from, am not currently suffering from, nor have I received, nor am I currently receiving, nor do I expect to receive any treatment, nor been hospitalized, nor do I expect to be hospitalized for any ailment or disease.)^ PLEASE TICK (√)

$Proposer can be Intending couple or Intending woman. Intending couple or Intending woman shall submit a certificate from the Board.

Please submit a certificate of a medical indication in favor of either or both members of the intending couple or intending woman necessitating gestational surrogacy from a District Medical Board.

#Age eligibility for

a) Surrogate mother is 25-35 years on the day of implantation

b) Oocyte donor is 25-35 years on the day of donating the oocyte

^Please submit a certificate of medical and psychological fitness for surrogacy and surrogacy procedures from a Registered Medical Practitioner.

*Mandatory Details to be filled

Additional Medical History (if Any):

(Describe complete details of disease, Surgery if any, Disability %, date of diagnosis, details of treatment)

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.

Details of The Person Proposed To Be Insured: (* Mandatory Fields)

Details	Insured 1
Name *	
Date of Birth (DD/MM/YYYY)*	
Gender*	
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 Proposer*	
Basic Sum Insured (Separate only for Individual cover)*	
ABHA (Ayushman Bharat Health Account) number (if available)	

Nominee Details*

Insured Name	Insured 1
Name of the Nominee*^	
Date of Birth*	
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	
Bank Name	
Branch Name	

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

Appointee Details	**Insured 1**
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	
Bank Name	
Branch Name	

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

Previous / Existing Insurance

Whether the person to be insured presently hold any other Retail Insurance Policies with SBI General Insurance?

☐ Yes ☐ No If Yes, then provide below details

Current Insurance Details	**Insured Details**
Policy Number	
Period of Insurance	

Proposer Declaration:

I/ We _____ hereby solemnly declare that I/ We are intending to become parents through surrogacy and will be availing the services of the Surrogate Mother/ Oocyte Donor whose details are set out hereunder.

Date: D D M M Y Y Y Y

Place :

Signature of Proposer

Date: D D M M Y Y Y Y

Place :

Signature/Thumb impression of the Proposed Insured (Surrogate Mother/ Oocyte Donor)

Medical And Life Style Information*

Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of Illness/ diseases or any pre-existing accidental injury? **[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								

Premium Payment And Bank Account Details*

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

Premium payment option*: Cheque ☐ EFT ☐ DD ☐ Debit Card / Credit Card ☐

Bank Name*: IFSC Code:

Bank Account Number*:

Branch Name*: Card details*: Master ☐ Visa ☐

Card No*.: Card Expiry Date*: 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.

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

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 bona fide 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 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.

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 8 Companies

I hereby declare that the current address is different 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 Proposer 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 Policyissuance, notcovered 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 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.
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
6. I/we aware of premium loading, (if any declared above) for habits & diseases as declared / mentioned by me or 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/Authorized 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 which 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 furthermore 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: _____ SP Name: _____

SP Code: _____ License No.: _____

Date: D D M M Y Y Y Y Place:

Signature of Agent

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.

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 the 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 directions 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.

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

   "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 details of beneficiaries to the Company as and when required."

   To be included as declaration by proposer /insured Section in all Proposal forms.
2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. 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 or who exercises control through other means.

   Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

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 person exercising ultimate effective control over the trust through a chain of control or ownership.