PROPOSAL FORM

SAMPOORNA AROGYA - GROUP



GUIDELINES FOR COMPLETION OF THE FORM

- 1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- 2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
- 3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
- 4. Kindly contact the Company's Offices or Agents 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").

OFFICE USE ONLY					
Branch office Code:	Branch Name:				
Business Type: New	Renewal Migration Portability				
Business Sector: Urba	an Rural Social Others				
*Incase of Renewal please share your Policy Number:					
Sales Channel Type: Ager	ncy Direct Broker POS CSC Corporate Agent				
INTERMEDIARY DETAILS					
Intermediary Name*:					
Intermediary Code*:					
Intermediary Contact*:					
Details*:					
Specified Person's Name*:	Specified Person's Code*:				
Specified Person's Mobile Nur	mber*:				
POLICYHOLDER DETAILS (* MANDATORY FIELDS)				
Name of the Proposer*:	SURNAME MIDDLENAME FIRSTNAME				
Do you have an existing relationship with SBI General ? Yes No					
Present Address*:					
(Current Residing Address) City	y: Village: Village:				
Gra	am Panchayat: State:				
PIN	V code: Landmark:	\exists			
My Present Address is same as Permanent Address					
Permanent Address*:					
∟⊥. City	y: Village: Village	\dashv			
	am Panchayat: State:	\dashv			
	V code: Landmark:				

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 Co. Ltd. under license | Sampoorna Arogya -Group, UIN: SBIHLGP21605V012021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

	Marital Sta	atus*: Married	Unmarried D	ivorced	Widow(e	er)				
Contact Details*:	Mobile No.	:		Alternate M	obile No	.:				
Aadhaar No.*:			PAI	٧*:				/Form	n 60/6	1*:
Profession*:	Salaried	Self-Employe	d Others	Pls add de	tails					
Email ID*:				G	ender*:	M	F 🗌	Tran	nsgeno	der 🔙
Nature of Business:*					Nationa	lity:*				
GSTN/ISDN:					An	nual Inco	me*:			
Group Type:	Employer	- Employee I	Non Employeer - E	mpoyee						
Are you or any of the proposed applicant*, please tick whichever is applicable: No						No				
HNI Jewelle	r NGO	Film Actor/ Produ	ucer PEP							
If yes, please provide o	details for all pers	on(s) in a separat	e sheet.							
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.						•				
PLAN AND COVERA	GE DETAILS									
Hospitalization Cove	r*				Yes	No [
Critical Illness*					Yes	No				
Daily Hospital Cash*					Yes	s No				
Personal Accident*					Yes	No [
Optional Coverage De	etails: (only if, Ho	spitalization Co	ver opted)							
Voluntary Co-pay*					Yes	No [
For Sum Insured Rs. 6	00,000 onwards	following optiona	al covers may be op	ted*						
Maternity Benefit*	Maternity Benefit* Yes No									
New born baby expense* Yes No										
Outpatient expenses*				Yes No						
Aggregatre Deductible - (High Deductible)* Yes No										
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	Insure	ed 4	Insure	d 5	lı	nsure	3 E
Policy Number										
Insurer's Name										
Period of Insurance										
Sum Insured										
Premium Paid (Rs)										

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Claim Details (if any) Incurred Claim (Outstanding + Received): Claim Ratio (%):						
Premium Payment A	And Bank Account	Details*				
Premium Amount ₹*:		Ch	eque/Journal No*.	.:[Date: D D M	M Y Y Y
Premium payment op	tion*: Cheque	EFT DD	Debit Card / Cred	dit Card		
Bank Name*:	Bank Name*: IFSC Code: IFSC Code:					
Bank Account Number	r*:					
Branch Name*:				Card details*	: Master Visa	
Card No*.:			Card Exp	oiry Date*: M M	/ Y Y Y	
SBIGI does not accep	t Cash for Premiun	n Payments agains	st the Policy.			
	# (CL: /D.C. I					11.3
Insured Bank Detai						
In case of cancellation o Please provide the follo refund / claim needs to	wing bank details and					
Bank Name*:				Branch:		
Name as in Bank Acco	ount*:					
Bank Account No.*:						
IFSC Code:		1	MICR Code:			
Note: The Proposer agr If ECS is selected, pleas				-	nge in bank account	details.
Electronic Insurance	e Account Details*	•				
I have an elA Number			co Insurance Peno	sitory Limited (For	rmerly	
(a) NSDL Database M	anagement Ltd	Knowi	n as CDSL Insurand	ce Repository Limi	ted)	
(c) Karvy Insurance Re	pository Ltd.	(d) CAMS	Insurance Reposit	ory Services Ltd		
My CKYC No. (Centra	l Know Your Custor	ner Registry Num	ber), (if available):			
I,Company for the ret information is essent General Insurance C regulations. This con- usage of my CKYC inf	cial for the purpose Company will hand sent is valid until re	ding of my CKYC of ensuring accur le my CKYC info voked in writing by	record from the 0 rate and updated r ormation in comp y me. I have read ar	ecords for insuran liance with all app	ds Registry. I unc ce services. I ackr plicable data pro	derstand that this nowledge that SBI tection laws and
Customer Name:					Date: D D M	M Y Y Y Y
Kindly visit our websi	te www.sbigeneral	in to view the list	of KYC OVD (Offic	ially Valid Docume	nts)	

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Declaration for Update via Digital Mode:	
"I/We acknowledge that by opting for digital services (including WhatsApp) vices from SBI General Insurance Company Limited related to my insuranc	
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 of Clearing House (ACH) / Standing Instructions (SI) with the Company. Under subject to you completing all additional requirements of information and do	r this option, your Policy can be renewed promptly, but
I want to opt for the ACH/SI renewal option.	
Date: D D M M Y Y Y Y	
Place:	Signature of Proposer
	<u> </u>
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 for proceeds of crime related to any of the offence listed in Prevention Company has the right to call for documents to establish source of fund Insurance Contract in case I am/ have been found guilty by any compete governing the Prevention of Money Laundering in India. Nationality: Indian Non-Indian Non-resident Indian (NRI) If Non-Indian please specify the nationality and country address	of Money Laundering Act 2002. I understand that the ds. The Insurance Company has the right to cancel the ent court of law under any statues, directly or indirectly
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 Orga	nisation Society Trust
Partnership International Organisation Coopera	tive Section 25 Companies
I hereby declare that the current address is different from the avalilable in t Customer can submit CKYC form for updation.	he Central identities Data Repository. Yes No.
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

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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.)

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 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
- 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 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 and may notify in case customer wishes to the same with Insurer.
- 9. I declare that the details provided in the proposal form will be used for both new and renewal purposes.
- 10. I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the KYC of beneficial owner to the Company as and when required.

Date: D D M M Y Y Y Place:	
	Signature of the Agent / Employee of Corporate Agent (Teller)
AGENT DECLARATION	
I,	contained in this Proposal Form to the Proposer including Proposal Form to questions contained herein or any details the Company and the Proposer, if this Proposal is accepted tif any untrue statement(s) / information / response(s) is / statements, submissions, furnished / to be furnished, the and further more if there has been a non-disclosure of any
Date: D D M M Y Y Y Place:	Signature of the Agent:

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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).

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 is 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 misrepresentation, mis-description, or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

SECTION 41 OF INSURANCE ACT, 1938

- 1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh rupees.

Insurance is subject matter of solicitation.