

Proposal Form

URN No. AH/2024-25/HL-23

Proposal no. _____ Intermediary Code: _____

This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium.

The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancelation of policy.

Please fill-up this form in CAPITAL LETTERS

1. PROPOSER'S DETAILS

(Mr /Mrs /Ms /Dr)			
	First Name	Middle Name	Surname

Date of Birth (dd/mm/yyyy)		Gender	Male / Female/Others
Unique Govt ID No.		Mobile	
Annual Income in Rs	Upto 3 / 3 to 6 / 6 to 10 / 10-15/ 15-20/ 20-25/ >25 (in lakhs)		
E-Mail ID			
Residential Address^	<input type="checkbox"/> If same as Residential Address in India, please tick here		
Landmark	Area		
City/Town	Pin Code		
District	State		
Permanent Address	<input type="checkbox"/> If same as Residential Address in India, please tick here		
Landmark	Area		
City/Town	Pin Code		
District	State		

PAN Card

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(In case proposer is not an individual entity then details of the entity to be filled, PAN is mandatory for such cases)

^: Important Note:

- Here 'Address' implies the place where the person ordinarily resides. In case proposed Prospect(s) reside at multiple addresses, then address of the person residing in the highest zone to be provided.

Zone definitions (here Zone A is highest followed by Zone B and Zone C respectively):

Zone A: Mumbai including MMR/ Thane, Delhi NCR/Faridabad/Ghaziabad, Ahmedabad, Surat, and Baroda

Zone B: Hyderabad, Bengaluru, Kolkata, Indore, Chennai, Chandigarh/ Mohali/ Punchkula/Zirakpur, Pune/Pimpri Chinchwad and Rajkot

Zone C: Rest of India

- Declared 'Address' will form the basis for the calculation of the premium.
- 'Address' is a material fact for calculation of the premium. Any misrepresentation or misdescription of the same by the policyholder may lead to termination of the policy as per policy terms and conditions and accordingly all premium paid thereon shall be forfeited to the Company.

Tata Group Employee

Tata Group Employee ID _____

2. PLAN DETAILS

Proposed Policy Period

								T	O								
d	d	m	m	y	y	y	y			d	D	m	m	y	y	y	y

Policy Tenure 1 Year 2 Year (5% premium discount) 3 Year (10% premium discount)

Sum insured type: Floater Individual

3. DETAILS OF THE PROPOSED PERSON(S) TO BE INSURED

Sr. No	Name of the Proposed Insured Person	Gender	Relationship with Proposer*	Date of Birth	Height	Weight	Sum Insured #	ABHA Number (14 digits)^
1.		M/ F/Other s		dd/mm/yyyy	(cms)	(Kgs)		
2.		M/ F/Other s		dd/mm/yyyy	(cms)	(Kgs)		

* Allowed relations: For individual (Self, Spouse, parent, parent-in-law, grandparent).

For Family Floater (Self and spouse or one set of parents/parent-in-laws/grandparents)

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
 24*7 Toll free No.: 1800 266 7780/1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
 IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • UIN: TATHLIP23179V012223

Options available (Rs.5, 10, 25 Lakhs); Same Sum Insured for both members in floater option

^^Note: If ABHA Number is not available, we urge you to visit <https://abdm.gov.in/> for creation of ABHA ID and inform the same to us once created.

4. NOMINEE DETAILS

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions.

Details/Particulars	Nominee 1	Nominee 2
Date of Birth*		
Relationship		
Present Address of the Nominee		
Permanent Address of the Nominee	<input type="checkbox"/> If same as Present Address, please tick here	<input type="checkbox"/> If same as Present Address, please tick here
Mobile		
Email ID		
Percentage Share for Claim Amount Payable		
Bank Details of the Nominee		
Name of the account holder		
Name of the bank		
Branch Bank		
Account no.		
Bank IFSC code		
Account Type	<input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify)

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of the Appointee

5. EXISTING/PREVIOUS INSURER DETAILS

Is the proposer or any of the persons proposed, already Insured under a health plan with TATA AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for Policy issuance? If yes, please indicate the Policy/Application number(s):

Since when continuously insured:

D	D	M	M	Y	Y	Y	Y
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Do you want Us to consider these details for portability*? Yes No

** In case of portability, please fill up IRDAI portability form. Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach at least 30 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.*

Policy No.	Name of Proposed Insured Person	Insurer	Period of Insurance		Sum Insured & Cumulative bonus (Rs)	Claims lodged during the preceding years along with the diagnosis
			From	To		
			DD/MM/YY	DD/MM/YY		
			DD/MM/YY	DD/MM/YY		
			DD/MM/YY	DD/MM/YY		
			DD/MM/YY	DD/MM/YY		
			DD/MM/YY	DD/MM/YY		
			DD/MM/YY	DD/MM/YY		

6. MEDICAL AND LIFESTYLE DETAILS

A. Medical History:

Please answer the below mentioned questions individually in Yes(Y)/No (N): You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each proposed Insured Person by ticking the relevant box.	Proposed Insured Person						
	1	2	3	4	5	6	7
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for the following medical conditions?							
<input type="checkbox"/> Chest Pain / Heart Disease	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Arthritis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> COPD	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Kidney Failure, Dialysis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Liver Cirrhosis/Hepatitis B or C	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Cancer	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> HIV/AIDs	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Stroke, Epilepsy, Paralysis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Psychiatric, Mental Illness or disorder	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Ulcerative Colitis/Crohn's disease	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Auto-immune diseases	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

<input type="checkbox"/> STDs	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? – Elevated Blood Sugar/ Diabetes/ Elevated Blood Pressure/ Hypertension/High Cholesterol/ Hypothyroidism	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Has any health or life insurance policy ever been terminated in the past?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

B. Detailed information in case any of the questions in section 6 (A) is ticked 'Yes'.

(Please send us medical documents along with this application form.)

Proposed Insured Name	Name of Disease (surgical)	Operative status	Type of surgery	Treatment status	Complications(S)

Proposed Name	Insured Name	Name of Disease (medical)	Date of diagnosis	Medication history	Mode of medication	Progress	Complications (S)

Proposed Insured Name	Remarks

C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? Yes/No

If yes please indicate the name and quantity per day.

	Insured Person	
	1	2
Alcohol (in ml) <ul style="list-style-type: none"> Per day Per week Per month Occasionally 	Quantity + Frequency +Duration	
Smoking (No of Cigarettes or Bidis) <ul style="list-style-type: none"> Per day Per week Per month Occasionally 	Quantity + Frequency+Duration	
Pan Masala/Tobacco (in gms) <ul style="list-style-type: none"> Per day Per week Per month Occasionally 	Quantity + Frequency+Duration	
Others habit forming substances/addictive (Quantity consumed) <ul style="list-style-type: none"> Per day 		

<ul style="list-style-type: none"> • Per week • Per month • Occasionally 		
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7. PAYMENT DETAILS

Name of the Premium Payer: _____ (if different from proposer)

Relationship with the proposer: _____ (if different from proposer)

Premium Amount (in Rs.) _____

Instrument type: Cheque Debit Card Credit Card Others

Please make a Crossed Cheque/DD/Pay Order in favour of 'TATA AIG General Insurance Company Limited' only.

Sources of funds: Salary Business Other _____

AML guidelines:

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons ** nor are their close relatives/family members/associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person/close relative/family member/associate of politically exposed person(s).

***"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

- Nationality: Indian Non-Indian

If Non-Indian, please specify Country.....

Type of Organization making the payment (Pls tick)

- Limited company
- Government organization
- Non-Governmental Organization (NGO)
- Society
- Trust

- Partnership
- International Organization
- Cooperatives
- Section 8 Company

Signature of Proposer & Date :

8. BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS)

For this purpose, please submit the following details of the proposer's bank account.

Name of the account holder	
Name of the bank	
Branch Bank	
Account no.	
Bank IFSC code	
Account Type	<input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify)

Please fill an auto debit form for deduction of amount towards premium payment from bank account.

9. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health

of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- Ayushman Bharat Health Account (ABHA) Declaration: I on behalf of all insured person(s) to be insured provide consent to access the medical and personal records/details [of all person(s) to be insured], as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider(s) of TATA AIG General Insurance Company Ltd and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations
- I understand that I will receive digital copy of my policy and service-related communication. However, I would prefer to also receive the physical copy of my policy and service-related communication and I want these documents to be shared via postal mail to the address as mentioned in this proposal form. For detailed terms, conditions, exclusions and policy wordings please refer our website (www.tataaig.com)

Signature of the Proposer: _____

D	D	M	M	Y	Y	Y	Y
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10. DECLARATION/VERNACULAR DECLARATION/DISABILITY DECLARATION

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of agent/intermediary with Code: _____

Disability Declaration:

(Note: The below must be witnessed by someone other than the Advisor/Intermediary/Employee of the Company)

I certify that the replies in the Proposal Form have been recorded as per the information provided by me. I, (Full name of the representative) _____
 (Relationship with the Proposer) _____, adult and inhabitant of (City) _____ 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 TATA AIG General Insurance Company Ltd., to the Proposer and they have understood the same. I declare that the facts stated herein are true and correct to the best of my knowledge and belief.

Signature of the Authorized Person: _____

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of Insurance Act:

Commencement of the risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

13. FOR OFFICE USE ONLY

TATA AIG Office Code :	Intermediary Code and Name:
Branch Receipt Date:	Channel Type:
Business Type: <i>Urban/ Rural/ Social</i>	Customer ID -

14. ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Proposal Number: _____ Date: _____

Name of the Proposer

We acknowledge with thanks the receipt of your proposal for TATA AIG Elder Care and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____. Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup and/or additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. In case of counter offer you need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 15 days, we shall cancel application and refund the amount paid against this proposal without interest subject to deduction of the Pre Policy Check up charges, as applicable. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable.



WITH YOU ALWAYS

TATA AIG Elder Care



TATA AIG General Insurance Company Limited.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale. TATA AIG General Insurance Company Limited. Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Off Senapati Bapat Road, Lower Parel, Mumbai- 400013, Maharashtra, India.

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens)

Email: customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No:

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