



Ref. No.: _____

Policy No.: _____

PLEASE FILL UP THE FORM IN BLOCK LETTERS

The company will not be on risk until the proposal has been accepted and full payment of premium has been received.

Policy Issuing Office

SM CODE	
SM NAME	
AGENT / CORPORATE AGENT / BROKER / IMF / CODE	
AGENT / CORPORATE AGENT / BROKER / IMF / NAME	

Please affix Passport size photograph of the Proposer

PROPOSER DETAILS

Prefix	First Name	Middle Name	Last Name
Proposer Name (same as KYC/ID proof)			
Father / Spouse Name			
Mother Name			
Date of Birth	Gender		Occupation
D D M M Y Y Y Y	Male	Female	
Do you come under below mentioned Social Sector Classification*			Rural and Social Sector Classification
Yes			No
Business Type	If Yes (please tick)	Unorganized Sector	Economically Vulnerable or Backward Classes
		Other Categories of Persons	Informal Sector
Are you a ASHA worker		Yes	No
Are you a MGNREGA worker		Yes	No

* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas; (a) "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons.(b)"Economically Vulnerable or Backward Classes" means persons who live below the poverty line. (c) "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability. (d) "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship.

Source of Income	Salaried	Business	Others, please specify	Proof of Income to be submitted	IT Returns	3mths Payslip	Other Proof, please specify
Annual Income (in Rs.) :	PAN Number ¹		If PAN number is not available submit Form 60 ¹				
GST Number	Residential Status		Indian Resident	NRI	PIO	Foreign National	
CKYC Number	Email ID						
Do you wish to update CKYC with the KYC details provided here	Yes	No	Are you (Proposer) or any of the insured person is a PEP (Politically Exposed Person) or related to PEP ¹¹¹	Yes	No	If yes, please provide details	

Current Address	Address line 1	Permanent Address (should be same as address Proof)	Address line 1				
	Address line 2		Address line 2				
	City / Town / Village		City / Town / Village				
	District		District				
	State		State				
	Country and Pincode		Country and Pincode				
	Mobile Number		Alternate Mobile Number				
Please attach any one proof in support of ID and Address ¹¹		Voter ID	Driving License Exp Dt.:	Aadhar Card	Passport Exp Dt.:	NREGA Job Card	Any Other Govt. Notified Document

Nomination	Nominee's Name :	Relationship to Proposer :	Date of Birth	D D M M Y Y Y Y	Age	in yrs
	Name of the Appointee (if nominee is a minor) :	Relationship to Nominee :	Date of Birth	D D M M Y Y Y Y	Age	in yrs

(Incase of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)

Do you wish to receive the copy of the policy document by Email/ Whatsapp/ Any other electronic mode

Yes No

I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository

Yes No

If you already have an e-Insurance Account (eIA) number, please provide:

If you don't have an (eIA) number, please choose any one Insurance Repository

Karvy Insurance Repository Limited

CDSL Insurance Repository Limited

CAMS Insurance Repository Services Limited

NSDL National Insurance Repository (NIR)

Please choose the Policy Term Opted

1 yr 2 yrs 3 yrs

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

Premium can also be paid: Annually for 1 year term / Biennial for 2 year term / Triennial for 3 years

Do you want to pay the premium in Instalments

Yes No

If yes (Please choose Instalment option)

Quarterly Halfyearly

(Please check the brochure for policy term and Instalment facility in respect of each product)

¹The copy of PAN card or Form 60 is mandatory | ¹¹¹If CKYC number is provided, proof of submission is not mandatory | ¹¹¹¹Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

Star Health Assure Insurance Policy Unique Identification Number: SHAHLIP23132V022223		Star Health Premier Insurance Policy Unique Identification Number: SHAHLIP22226V012122	
Family Size A=Adult, C=Child	1A 2A	Premium Amount Rs.	Mode of Payment Cheque Debit Card NEFT DD Credit Card Cash ECS CC Mandate (Cash payments are not eligible for the 80D tax benefits)
Account Number	1A+ 1A+ 1A+ 1C+ 2C+ 3C+ 2A+ 2A+ 2A+ 1C+ 2C+ 3C+	Name of the Bank :	Cheque / DD No. :
Bank Details of the Proposer	Type of Account Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others Please Specify _____	Name of the Branch :	Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch	IFSC Code :	Branch	Payment Details

Details of the persons proposed for Insurance			Insured Person - 1	Insured Person - 2	Insured Person - 3	Insured Person - 4	Insured Person - 5
Date of Birth Weight (kgs) Annual Income (Rs.)	M / F / Transgender DDMM/YYYY CMS KGS	M / F / Transgender DDMM/YYYY CMS KGS	M / F / Transgender DDMM/YYYY CMS KGS	M / F / Transgender DDMM/YYYY CMS KGS	M / F / Transgender DDMM/YYYY CMS KGS	M / F / Transgender DDMM/YYYY CMS KGS	M / F / Transgender DDMM/YYYY CMS KGS
1. Name of the Insurance Company 2. Period of Insurance 3. Sum Insured (Rs) 4. Policy No. 1. Allment for which Claim was made 2. Claim Amount Paid / Rejected	I have opted for (For Individual Policy) (Rs.) Bharat Health Account (ABHA) No. I have opted for Star Women Care Insurance Policy (Applicable only for Females) I have opted for Star Health Assure Insurance Policy (Individual Policy) I have opted for Star Health Assure Insurance Policy (Individual Policy) I have opted for Star Health Assure Insurance Policy (Individual Policy)						

I have declared health insurance coverage due to a diagnosis of a health condition?
 Yes No
 I have provided detailed, response-specific diagnosis and treatment.
 Yes No
 A mere dash is not sufficient.

I have provided health insurance in good health free from physical and mental disease or disability. If not give details
 I have been diagnosed / diagnosed / taken treatment / been admitted for illness / injury. If yes, give details
 I have provided health insurance during / following birth. If yes, submit all necessary documents.
 I am pregnant if yes, kindly provide duration of pregnancy and scan reports.
 I have provided health insurance ever suffered or suffering from any of the following
 Diabetes Mellitus - if yes, mention the duration/date of diagnosis, Type and medication details.
 High BP/Cholesterol - if yes, mention duration/date of diagnosis and medication details
 Thyroid disorders, specify diagnosis Hypo / Hyperthyroid / Autoimmune thyroiditis, Goitre etc), duration/date of diagnosis and medication details
 Heart and vascular disease / Arrhythmias / valvular diseases / Cardiomyopathy - if yes, mention duration/date of diagnosis, medication details, Intervention done, CAG, PTCA, CABG and others)
 Stroke, epilepsy, fainting attack, chronic headache, Parkinson's disease, Alzheimer's disease, mental disease or infirmity? - if yes, mention the duration/date of diagnosis and medication details
 Chronic obstructive pulmonary disease, COPD, ILD, other respiratory diseases if yes, mention - duration/date of diagnosis and medication details
 Fracture of bones/joints, slipped disc, spinal disorder, injury to ligaments - if yes, mention duration/date of diagnosis and operation or treatment details
 I have been diagnosed to have arthritis (Rheumatoid / Osteo arthritis or any other inflammatory arthritis like Ankylosing spondylitis). If yes, mention treatment details and submit all records

Family Physician's Name: _____ Phone: _____ Regn No: _____

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
Acknowledgement

I have received the proposal for _____ policy from Mr/ Mrs/ Ms _____ along with stamp of Rs. _____ dt. _____ The Cash/Cheque given by you is banked for operational convenience by _____ by Cash / vide Cheque/ DD No. _____ The receipt of the Cash/Cheque will also be acknowledged by our office vide collection receipt. If the proposal is accepted, the cover will commence from the policy start date as stated in the policy schedule, subject to realization of the Cheque. If the proposal is not accepted, the amount paid will be refunded. Contact our office, in case policy is not received within 15 days from the date of payment of premium.

Name & Code of the authorised person:

Place:

on Proposal Form 2

Please affix stamp size photograph of Insured Person - 1	Please affix stamp size photograph of Insured Person - 2	Please affix stamp size photograph of Insured Person - 3	Please affix stamp size photograph of Insured Person - 4	Please affix stamp size photograph of Insured Person - 5
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I have submitted the above proposal for _____ policy along with payment of Rs. _____ by cash/wide cheque/DD no. _____ drawn on _____ I understand that the cash/cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.

Declaration

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 agree that the PAN details and other information provided by me/us in the proposal form may be used by the Company to download/verify / modify / add my/our KYC documents from the CERSA+ KYC portal for processing this application. I/We understand that only acceptable officially valid documents would be relied upon for processing this application. (*Central Registry of Securitization and Asset Reconstruction and Security Interest of India) I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

I hereby confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCFPR.

Place	Date	Name	Signature / Thumb Impression of the proposer.
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WHERE THE PROPOSER IS ILLITERATE OR SIGNS IN A LANGUAGE DIFFERENT FROM THAT OF THE LANGUAGE OF THE PROPOSAL FORM.

I hereby confirm that the details have been explained to the proposer.

Date	Name of the person who explained	Signature of the person who explained	Signature / Thumb impression of the proposer
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Prohibition of Rebates: 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 of risk relating to lives or property in India, any rebate of the 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.

Be aware of spurious phone calls and fictitious/fraudulent offers and never respond to calls/emails/embedded links in SMS/emails asking you to update User id/Password/Credit Card Number/CVV/OTP etc.

Information is omitted from the proposal form, personal statement, declaration, or related papers, or if the proposer or someone acting on his behalf makes any false or erroneous statements, misrepresentations, or omissions, the Policy will be invalid, at the insurer's discretion. Please get in touch with the company's offices or agents if you have any questions about the proposal form.