Enrolment form No._____

PROPOSAL FORM - MAXPROTECT

FOR OFFICIAL USE ONLY

Product code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Code/Functional Identity: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Intermediary Name / Principal Officer Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Branch/Office: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Deal No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

GUIDELINES FOR COMPLETION OF THE FORM (To be filled by the Proposer/Group Administrator)

1. Please answer all the 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 proposer to disclose all material facts in response to the questions in the proposal form. This obligation continues until the policy is expired and does not end with the submission of this proposal form. If therefore, there is any change in the information given herein or new information comes to light before the policy expires, then you must inform us of the same in writing without delay.
3. The Policy shall become void at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or nondisclosure of any material fact, particularly in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the proposer or anyone acting on his behalf.
4. Kindly contact Our offices or Agents for any doubts or clarifications on the proposal form.

CUSTOMER INFORMATION - PART A

The application form is to be filled in CAPITAL LETTERS by the Proposer. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly the question is not applicable.

Proposer's Name (please leave a space after each part of name) Annual Income from all sources: ☐☐☐☐☐☐☐☐

Mr.//Ms./Dr. ☐☐☐ F I R S T ☐☐☐☐☐☐☐☐☐☐ M I D D L E ☐☐☐☐☐☐☐☐ L A S T ☐

Gender: Male ☐ Female ☐ Transgender ☐ Nationality: ☐ Indian ☐ Others (please specify) _____

Marital status: Single ☐ Married ☐ Residential Status: ☐ Indian Resident ☐ Non Resident Indian

Date of Birth: D D M M Y Y Y Y

Occupation: Salaried ☐ Self Employed ☐ Professional ☐ Others ☐ Details _____

Educational Qualifications: ☐ Lesser than Matriculation ☐ Matriculation ☐ Graduate ☐ Post graduate ☐ Professional course

Annual Income: ☐ Less than 5 Lacs ☐ Between 5 - 10 Lacs ☐ Between 10 - 20 Lacs ☐ 20 Lacs and above

Passport: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Pan No.:** ☐☐☐☐☐☐☐☐☐☐

Aadhar No.: ☐☐☐☐ (last four digits only)

Policy zone: Zone A ☐ Zone B ☐ Zone C ☐ Zone D ☐

Permanent Address of Proposer: (please leave a space after each part of address) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by 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, etc.

NOMINEE/APPOINTEE SECTION

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee	5th Nominee
Name of Nominee					
Relation with Insured					
Date of Birth					
Percentage of Nomination	_____%	_____%	_____%	_____%	_____%
Gender					
Mailing Address					
Permanent Address					
Mobile Number					
Email ID					

DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)

Appointee Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Relationship with Proposer: ☐☐☐☐☐☐☐☐

BANK ACCOUNT DETAILS

For direct payment of claims/ refunds in the account, please fill the following:

Bank ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MICR ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type: ☐ Savings ☐ Current ☐ Cash Credit ☐ Overdraft

*Please enclose cancelled cheque along with the enrollment Form for direct payment in the account. In case the cheque doesn't bear a/c holder name or branch IFSC code or both, kindly fill the NEFT mandate form

DETAILS OF PERSONS TO BE INSURED

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
Name					
Relation with Proposer					
Gender					
Date of Birth					
Marital status					
Height (feet/ inch)					
Weight (kgs)					
PAN No.					
Annual Income					
Educational Qualifications					
Optional cover opted*					
ABHA number (Ayushman Bharat Health Account)					

**Details are provided in table below*

I agree to share my medical records with ICICI Lombard / TPA through ABHA: ☐ Yes ☐ No
For generating ABHA no please visit ABHA number (ndhm.gov.in) Post generation of the ABHA no please share the same with us
Worldwide cover will not be available in case insured(s) are not Indian nationals and Indian residents
Are all insured Indian nationals and Indian residents? ☐ Yes ☐ No

DETAILS OF INSURANCE/ PLAN

Plan name	☐ Classic ☐ Premium	
Policy Tenure	☐ 1 year ☐ 2 years ☐ 3 years	
Plan type	☐ Individual ☐ Floater	
Plan option	☐ Individual Child ☐ 2 Adults ☐ 2 Adults +1kid ☐ 2 Adults +2 Kids ☐ 2 Adults +3 Kids ☐ 1 Adult ☐ 1 Adult +1kid ☐ 1 Adult +2 Kids	
Annual Sum Insured	(₹ ___ Policy Year)	
Policy Zone	☐ Zone A ☐ Zone B ☐ Zone C ☐ Zone D	
	Zone A	Delhi, Mumbai (including Thane district, Navi Mumbai) , Haryana (excl. Faridabad, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal), Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district
	Zone B	Pune, Kolkata, Telangana (Incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakand
	Zone C	Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region))
	Zone D	Rest of NCR[Alwar, Bagpat, Bharatpur, Bulandshahr, Faridabad, Gautam Buddha Nagar excluding Noida, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal]
Policy Documents in Soft copy only	☐ Yes ☐ No	

Note: All family members will have same policy tenure, Sum Insured, zone and type of cover

Medical Underwriting will trigger in below condition

1. For person aged 46 years and above and/ or
2. For Sum insured option above 50 lacs.
3. BMI >30
4. Declaration of positive medical or family history
5. Low credit score

Cost of Pre Policy Medical Check-up for policy issuance:

- 100% of the pre policy medical test cost will be paid by the Company If the health proposal is accepted
- In case the health proposal is declined, medical cost will be deducted from the premium and the balance would be refunded.

DETAILS OF SUCH OTHER HEALTH INSURANCE POLICIES IN EXISTENCE

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
Type of Policy					
Policy Period					
Period of Insurance					
Insurance Company					
Product Name					
Sum Insured (₹)					
Claims lodged during Policy Period (Yes/No)					

MEDICAL HISTORY

SECTION A: Have any of the person proposed to be insured ever suffered from / are suffering from any of the following: Please tick 'YES" for insured wherever applicable and provide details in Section B

S. No	Symptoms/ Disorders	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1	Diabetes: if yes-duration, Medication & dosage					
2	Hypertension: if yes duration, Medication & dosage					
3	Hyperlipidemia: If yes Duration & medication					
4	Do any of the insured smoke or consume tobacco in any form or alcohol					
5	Heart & Circulatory conditions/disorders					
6	Urinary conditions/disorders					
7	Musculoskeletal conditions/disorders					
8	Respiratory Infections and Diseases, Asthma					
9	Digestive conditions/disorders					
10	Cancer/ Tumor					
11	Mental psychiatric Disorders					
12	Nervous system Disorders					
13	Disorders of the Eyes/Ears/ Nose/ throat/					
14	HIV/AIDs or other sexually transmitted diseases					
15	Infections					
16	Nutritional/ Endocrinal disorders					
17	Pregnant/Gynaecological Disorders/ Prostrate					
18	Metabolic & Endocrine conditions/disorders					
19	Any long term medical condition/disability					
20	Birth Defects					
21	Has any member consulted with or received treatment from any doctor or other health care provider for any other condition or symptom(s)					
22	Any other disease or surgery or accidents/burns					

Note: Above list is subject to modification as per requirement

Please use additional sheet, if space is not sufficient to complete details.

Section B: Name & details of illness/Medicine/Test/Surgery (For questions answered as yes in Section A above)	Date of last consultation	Doctor's name	Hospital name & Phone no.
Insured 1			
Insured 2			
Insured 3			
Insured 4			
Insured 5			

MODE OF PAYMENT: ☐ Cheque ☐ DD ☐ NEFT ☐ UPI

Cheque/ DD/ NEFT/ UPI details:

Premium amount In Figures:

Premium amount In Words:

BANK ACCOUNT DETAILS

For direct payment of claims/ refunds in the account, please fill the following:

Bank Branch

MICR IFSC*

Account Number:

Account Type: ☐ Savings ☐ Current ☐ Cash Credit ☐ Overdraft

*Please enclose cancelled cheque along with the Proposal Form for direct payment in the account. In case the cheque doesn't bear a/c holder name or branch IFSC code or both, kindly fill the NEFT mandate form

AUTO - RENEWAL OPTION

Do You wish to avail an auto-renewal facility (ECS payment) by way of which we will automatically renew your Policy for the period for which it has been issued for. (Please tick Yes, if opted for) ☐ Yes ☐ No

☐ Yes I would like to opt for ECS payment option for Policy Renewal

☐ No I do not want to opt for ECS payment option for Policy schedule

I/We hereby declare and undertake that the amount paid by me/us as premium for the aforementioned policy is out of my/our lawful and declared source of income

Date D D M M Y Y Y Y Place Signature of the Proposer:_____

IMPORTANT NOTES

i. The information that you give to us on this proposal form or in any supplementary Information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answer are complete and accurate in all respect.

ii. The question in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/ company.

iii. Acceptance of your proposal would be subject to receipt of complete medical reports (wherever applicable), medical underwriting and realization of full premium amount by the company and the insurance coverage will commence from the date of underwriting by the company.

iv. The list of exclusions/ inclusions and other policy details are indicative, for complete list andcomprehensive details kindly refer policy wordings.

v. The Policy shall become voidable at the option of the Company, in the event of any untrue orincorrect statement, misrepresentation, non- description or non-disclosure of materialparticulars in the Proposal Form/personal statement, declaration and connected documents, orany material fact* information has been withheld by beneficiary or anyone acting onbeneficiary's behalf to obtain insurance.

A material fact will mean and include all important, essential and relevant information,pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

STATUTORY WARNING PROHIBITION OF REBATES

Section 41 of Insurance Act, 1938
(Amendment Act 2015)

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:

   [Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.]

TERMS AND CONDITIONS

- Initial waiting period of 30 days for all illnesses (except Hospitalization due to injury or Accident)
- Specific waiting period of first two years for specific illnesses and treatments (mentioned in thepolicy wording)
- Pre-existing conditions/ diseases declared and accepted by Us will be covered immediatelyafter 2 years of continuous coverage under the policy
- Sum Insured can be changed at the time of renewal only. Company reserves right toapprove/reject the change in Sum Insured. Fresh waiting period as per the terms of the policy will be applicable to the enhanced limit from the effective date of such enhancement.
- Factors determining the renewal premium are (i) age slab of the senior most insured memberat the time of renewal (ii) any change in the renewing policy.
- The liability of the Company does not commence until this Proposal has been accepted by the Company and premium realised

DECLARATION APPLICABLE FOR ALL SECTIONS

1. I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, thatthe above statements, answers and/or particulars given by me are true and complete in allrespects to the best of my knowledge and that I/We am/are authorized to propose on behalf ofthese other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, issubject to the board approved underwriting policy of the insurance company and that the policywill 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 life to be insured/proposal after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposed or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and /or Regulatory authority."
6. I/We authorize IL or any of its Agents and/service representatives/affiliates to contact me via SMS/Email/Phone/WhatsApp/ Social Media or any other modes on my registered phone number over-riding my 'DND' registration to make welcome calls/SMS, service calls/SMS, policy related information or any other commercial communication.
7. I/We authorize IL or any of its service representatives /health service providers to contact me via SMS/Email /Phone/WhatsApp/ Social Media or any other modes and I/We have no objection to my/our medical information being saved for internal use.
8. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC authentication.
9. I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
10. I/We understand that the Company has right to call for documents to establish source of funds
11. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief

and I/we undertake to inform you of any changes therein, immediately and not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

Date D D M M Y Y Y Y Place _____ Applicant Signature _____

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/PROPOSER IS ILLITERATE

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer: _____ Name of Witness: _____

Signature of Proposer: _____ Signature of Witness: _____

Date: D D / M M / Y Y Y Y Place: _____

Relationship with Proposer: _____

Address of Witness: _____

_____

_____

Do you wish to avail policy documents in physical form: Yes ☐ No ☐

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____(Name)_____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre 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 cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name: _____

Code/Functional Identity: _____ Contact No. of the branch: _____

Email ID of the branch: _____

Branch/Office: _____