

ADDRESS OF
ISSUING OFFICE



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Website: www.iffcotokio.co.in

Toll Free No.18001035499

Health Protector for Persons with Special Needs, IFFCO-Tokio General Insurance Co. Ltd.

UIN: IFFHLIP23205V012223

PROPOSAL FORM

GUIDELINES FOR COMPLETION OF THE FORM

- This policy is specially designed for Persons with Disability, Mental Illness and Persons with HIV/AIDS.
 - a. Persons with Disability shall be covered if 40% or more disability is certified by the Medical Board appointed by the government for certifying Disability as per the Disability Act 2016.
 - Please answer all questions correctly and completely.
 - Information for fields marked with asterisk (*) are mandatory.
 - Only Indian Nationals can be covered under this policy.
 - Only one policy can be purchased for this product across all insurers.
- Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by IFFCO-Tokio General Insurance Co. Ltd..

Intermediary Details

Intermediary Name	
Intermediary Code	
Intermediary Contact Details	

Proposer Details*:

Name												
Communication Address												
	City:					State:						
	Pin-code:					Landmark:						
Contact Details	Phone					Email						
Profession	Salaried <input type="checkbox"/>		Self-Employed <input type="checkbox"/>			Other <input type="checkbox"/> Details: _____						
Occupation and Nature of Business/ Work:												
PAN No./ form 60/61												
AADHAAR No.	x	x	x	x	x	x	x	x				
Date of Birth												
Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>			Other <input type="checkbox"/>						

Coverage Details:

Policy Type	Individual Basis										
Policy period	1 year										
Period of Insurance	From DD/MM/YYYY to DD/MM/YYYY										
Sum Insured	400,000 <input type="checkbox"/>					500,000 <input type="checkbox"/>					
Coverage opted:	Pre-existing HIV/AIDS <input type="checkbox"/>										
	Pre-existing Disability <input type="checkbox"/>										

Proposal Form - Health Protector for Persons with Special Needs, IFFCO-Tokio General Insurance Co. Ltd.

UIN: IFFHLIP23205V012223

IFFCO TOKIO General Insurance Company Limited. CIN: U74899DL2000PLC107621, IRDA Reg. No. 106

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	Pre-existing HIV/AIDS and Disability <input type="checkbox"/>
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Details of Person to be Insured:

Sr No	
Name of the Insured	
Nationality	
Date of Birth	
Age	
Gender	
Height	
Weight	
ABHA Number	
Mobile No.registered with Aadhar	
Occupation	
Marital Status	
Relation with Proposer	

Nominee Details:

Name	Date of Birth	Age	Relationship with Insured

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Date of Birth	Age	Relationship with Insured

Previous/Existing Health Details of Insured:

Do you suffer from HIV/AIDS?	Yes/No	If Yes, please enclose a recent certificate of your current CD4 count (within past 30 days)
Current CD 4 count	_____	
Has your CD4 Count gone below 500 in the past 4 years?	Yes/ No	If yes when and How many times
Do you suffer from any other illness/ disease related to/ arising of/ associated to HIV/AIDS?	Yes /NO	If Yes, please give details:
Do you suffer from any disability as per the listed conditions mentioned below:	Yes/ No	If Yes, please enclose Disability certificate mentioning percentage of disability wherever applicable.
1. Blindness	2. Muscular Dystrophy	
3. Low vision	4. Chronic Neurological conditions	
5. Leprosy Cured persons	6. Specific Learning Disabilities	
7. Hearing Impairment (deaf and hard of hearing)	8. Multiple Sclerosis	
9. Locomotor Disability	10. Speech and Language disability	
11. Dwarfism	12. Thalassemia	
13. Intellectual Disability	14. Haemophilia	
15. Mental Illness	16. Sickle Cell disease	

17. Autism spectrum disorder	18. Multiple Disabilities including deaf/ blindness
19. Cerebral Palsy	20. Acid Attack victim
21. Parkinson's disease	
Do you suffer from any pre-existing illness other than Disability or HIV AIDS mentioned above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please specify details and the number of years you are suffering: _____	
Do you have any other physical disability arising out of any illness / disease condition? _____	
Any other previous medical details _____	

Previous/Existing Health Insurance details

Policy No. / Application No.	Insurer Name	Period of Insurance from — to	Sum Insured	Claims lodged during the preceding years
Do you have the same policy from any one or other insurer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, Please share details below:				
Policy No. / Application No.	Insurer Name	Period of Insurance from — to	Sum Insured	Claims lodged during the preceding years

Electronic Insurance Account Details Section:

I want _____ related information in — Physical Format- Yes/No _____ e-Format (electronic) as & when applicable- Yes/No _____
Choose your Insurance Repository (For those selecting e-Format) (a)NSDL Data Management Ltd. (b)CDSL Insurance Repository Ltd (c)Karvy Insurance Repository Ltd. (d)CAMS Repository Services Ltd
I have e Insurance Account & the No. is _____
My CKYC No. (Central Know Your Customer registry number) is (If available) _____

Premium Payment Details

Name of Premium payer:	_____
Premium Amount (in INR)	_____
Instrument Type:	_____
Date (DD/MM/YYYY):_____	Cheque no. _____
Bank	Bank Account Number:
IFSC Code:	Branch Name:_____

Bank Account Details For Process Of Refund Cheque will be issued in the name of the Proposer only.

In case of cancellation of policy, if premium was paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account:(Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly.

Name of Accountholder	
Cheque No	
Bank Name	
Branch Name	
Cheque Date	
Cheque Amount for	
Name as in Bank Account	
Bank Account No	
IFSC Code	
MICR Code	

Note: The Proposer agrees and undertakes to intimate in writing to IFFCO-Tokio General Insurance Co. Ltd. about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

Place:

Signature of proposer:

Date: DD/MM/YYYY

AML Guidelines

I/ We hereby confirm that all premiums have been/ will be paid from bonafide 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/We 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 statutes, directly or indirectly governing the prevention of money laundering in India.

Agent's Declaration

I _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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 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 further more 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.

Date: Signature of Agent: _____

Place: Licence No. _____

Declaration & Warranty on behalf of all Persons Proposed to be Insured

- a) 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.

- b) 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.
- c) 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.
- d) I declare that I consent to the company seeking medical information from any doctor or hospital who/which at anytime 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.
- e) I on my behalf and on behalf of all the persons proposed to be insured, hereby further authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer with the Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court/UIDAI under the applicable laws, as may be required.
- f) By submitting contact number and email ID, I/We hereby authorize ITGI to call, send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry.
- g) I am sharing personal information (including Ayushman Bharat Health Account (ABHA) ID, Adhaar Number, Demographic Information and medical records/ history) of myself and on behalf of all the persons proposed to be insured under the health policy issued/ to be issued by IFFCO-Tokio General Insurance Co. Ltd. (herein after referred as "ITGI") voluntarily and under authorization of all the persons insured under the health policy. I fully understand and agree that:
- i. My medical records shall be shared with Insurers, TPA and medical service providers through ABHA.
 - ii. personal information provided herein may be used or shared by ITGI, Health Service Provider and/or the Third Party Administrator for the purpose of:
 - identification/ authentication, underwriting/ data analysis/ taking measure to respond the medical emergency/ policy and claim servicing.
 - storage by ITGI and its lawful agent/ third party for the period as stipulated under the Law for the time being in force;
 - producing records and log of the consent, Information on authentication, identification, verification etc. as evidence before a court of law, any authority or in arbitration.
- h) I on my behalf & on behalf of all the persons proposed to be insured, hereby further authorize ITGI to share this information with the Re-Insurers/ Co-Insurers and Regulatory Authorities/ Court/ UIDAI under the applicable laws, as may be required.

If after the insurance is affected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.

I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the insurance company therein. The policy Coverage and exclusions, Rates, terms & Conditions have been explained to me in my language and have been understood by me

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) _____ (Relation with the Proposer) 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 IFFCO-Tokio General Insurance Co. Ltd. Ltd., to the Proposer 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 knowledge and belief.

Date: DD MM YYYY

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer

SECTION 41 OF INSURANCE ACT, 1938

PROHIBITION OF REBATES

Payment of rebates is expressly prohibited under Section 41 of the Insurance Act, 1938.

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take 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 prospectus or tables of the Insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life 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.