

**IFFCO-TOKIO CRITICAL ILLNESS BENEFIT POLICY (MICRO INSURANCE)**

UIN: IFFHMIP23041V012223

PROPOSAL FORM

- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.

1. Basic Details:

Proposer Name	
Address of the Proposer	
State	
Pin Code	_ _ _ _ _ _ _
Telephone/ Mobile no.	
Email id	
Policy Tenure (1 yr/ 2 yr/ 3 yr)	
Policy start date	
Policy end date	
Proposal Type	Please tick: Fresh: <input type="checkbox"/> IFFCO-Tokio Renewal: <input type="checkbox"/> (Expiring policy no.) - Other Company Renewal: <input type="checkbox"/>
PAN	
Policy documents will be sent to the above email-ID	Do you still need the physical Copy? Yes <input type="checkbox"/> No <input type="checkbox"/>
KYC Details (Please attach self-attested photo copies)	
KYC Document Name	<input type="checkbox"/> AADHAR No.* * <input type="checkbox"/> Voter ID card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job card <input type="checkbox"/> National Population Register Card
KYC Document Number	

2. Coverage Details:

For Family, kindly provide the details of Insured Person(s) in the below format:

S. No.				
Insured Person's* Name				



Relation with the Primary Insured person				
Date of Birth				
Gender				
ABHA Number				
Mobile No. registered with Aadhar				
Name of the nominee				
Relationship with the nominee				
Sum Insured (in Rs.)	1 lac	1 lac	1 lac	1 lac
Height				
Weight				
No. of past policies				
Medical History				
Fresh/ ITGI Renewal/ Portability				

3. Details of present/previous medical insurance like Individual or Group Mediciam, Cancer Policy, Critical Illness or Any other Health Insurance Policy for any of the Insured Person(s):

Name of Insured Person	Policy No.	Name and address of Insurance Co.	Sum Insured	Policy type (Individual/ Group Mediciam/ Cancer Policy/ Critical Illness/ Any other)	Period of Insurance

4. Details of claims lodged under such Policies during last 4 years.

S. No.	Name of Insured Person	Date of claim	Nature of claim	Amount of claim

5. Is any of the persons proposed for insurance receiving any treatment/ medication or has in past four years received treatment for any medical condition or disability? If YES, indicate details in the Table given below



S. No	Name of Insured Person	Name of disease/injury suffering from	Treatment/medication received/receiving	Date first treated	Whether fully cured?

6. Have any of the persons proposed for insurance ever suffered from any of the diseases / illness particularly Cancer of specified severity, Myocardial Infarction (First Heart Attack of specific severity), Open Chest CABG, Open Heart Replacement Or Repair Of Heart Valves, Coma Of Specified Severity, Kidney Failure Requiring Regular Dialysis, Stroke Resulting In Permanent Symptoms, Major Organ /Bone Marrow Transplant, Permanent Paralysis Of Limbs, Motor Neuron disease with permanent symptoms, Multiple Sclerosis With Persisting Symptoms, Benign Brain Tumor, Blindness, Deafness, End Stage Lung Failure, End Stage Liver Disease, Loss of speech, Loss of Limbs, Major Head Trauma, Primary (Idiopathic) Pulmonary Hypertension, Third Degree Burns, Parkinson's disease before the age of 50, Alzheimer's disease before the age of 50, Muscular Dystrophy, Surgery of Aorta)

Yes No

If YES, Please provide all relevant details:

S. No	Name of Insured Person	Name of disease/injury suffering from	Treatment/medication received/receiving	Date first treated	Whether fully cured?

7. Medical History: Please answer the below mentioned questions Yes (Y) or No (N) ONLY:

Section A : Have any of the persons proposed to be insured ever suffered from/	Insured		
	Person 1	Person 2	Person 3
are currently suffering from any of the following :			
i. Hypertension, chest pain, Ischemic heart disease or any other cardiac disorder	Y/N	Y/N	Y/N
ii. Tuberculosis, asthma, bronchitis or any other lung/respiratory disorder	Y/N	Y/N	Y/N
iii. Ulcer (stomach/duodenal), hepatitis, cirrhosis or any other Digestive or Liver/ Gallbladder disorder	Y/N	Y/N	Y/N
iv. Renal failure, calculus or any other Kidney/Urinary tract or Prostate disorder	Y/N	Y/N	Y/N
v. Dizziness, Stroke, Epilepsy, Paralysis or other brain/ nervous system disorder	Y/N	Y/N	Y/N
vi. Diabetes, Thyroid disorder or any other endocrine disorder	Y/N	Y/N	Y/N
vii. Tumor-benign or malignant, any ulcer/growth/cyst	Y/N	Y/N	Y/N
viii. Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	Y/N	Y/N	Y/N
ix. Diseases of the Nose/Ear/Throat/Teeth/ Eye (please mention Dioptres)	Y/N	Y/N	Y/N
x. HIV/AIDS or sexually transmitted diseases or any immune system disorder	Y/N	Y/N	Y/N



- xi. Anaemia, Leukaemia or any other blood/lymphatic system disorder Y/N Y/N Y/N
- xii. Psychiatric/Mental illnesses or Sleep disorder Y/N Y/N Y/N
- xiii. DUB, Fibroid, Cyst/Fibroadenoma or any other Gynaecological/Breast disorder Y/N Y/N Y/N

Section B : Have any of the persons proposed to be insured:

- xiv. Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy Y/N Y/N Y/N
Y/
- xv. Been under any regular medication (self/ prescribed) † Y/N Y/N
- xvi. Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years Y/N Y/N Y/N
- xvii. Undertaken any surgery or a surgery been advised in the last 10 years or is a surgery still pending Y/N Y/N Y/N
Y/
- xviii. Suffered from any other disease/illness/accident/injury † Y/N Y/N

8. Any additional facts which affect the proposed insurance & should be disclosed to the insurer.

9. If the proposal is a case of portability, then the additional proposal form relating to portability has also to be filled in (as per IRDA draft format).

Premium Detail:

Mode of payment. -----
 Rs. ----- (including Tax)
 Cheque No.
 Cheque Date
 Bank

DECLARATION

- 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 IFFCO-Tokio General Insurance Co. Ltd. (herein after referred as "IFFCO-Tokio") 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 IFFCO-Tokio.
- d) I declare that I consent to IFFCO-Tokio 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 am sharing personal information (including Ayushman Bharat Health Account (ABHA) ID, 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 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, Third Party Administrator and medical service providers through ABHA.
 - ii. personal information provided herein may be used or shared by IFFCO-Tokio, 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 IFFCO-Tokio 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.
- f) I, on my behalf and on behalf of all the persons proposed to be insured, hereby further authorize IFFCO-Tokio to share information pertaining to my proposal including the medical records of the person to be insured/ proposer for the sole purpose of underwriting the proposal and/or claims settlement with the Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, as may be required.
- g) **I voluntarily submit my Aadhar Card/Aadhar Number(including Virtual ID, e-Aadhaar) for the purpose of KYC and I understand that it is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card can also be submitted for the purpose of KYC.
- h) 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) 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.

I/We agree IFFCO-Tokio 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

Date	_____	_____
	Signature of Proposer:	Signature of the witness
Place:	_____	_____
	Name of Proposer:	Name and address of the witness

Note: If answer to the question 4/5/6/7 is "Yes" or if you are above 50 years of age, please submit the Medical test reports as per the Company's guidelines.

PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:



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 except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to ten lakh rupees.

Agent's declaration

I, _____ (Full Name) in the capacity of Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained (in vernacular/local language as well) to the proposer all the contents of this Proposal Form including the nature of the question(s), statement(s), information and response(s) submitted by him/her. Any detail submitted through this proposal form will be considered as the basis of the Contract of Insurance between the Insurer and the Proposer, subject to the acceptance of the proposal. I have further explained that in case of any untrue statement(s)/information/misrepresentation is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to reject the proposal or limit benefits under the policy at its sole discretion. Also, in case of non-disclosure of any material fact, the policy issued to his/her favour based on the Proposal form may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited by the company.

Signature of the Advisor/Corporate Agent/Broker/Relationship Officer)

License No. and Agency Code/Broker Code/ Employee No. _____

Date:

Place:

Signature of Agent