

NARAYANA ADITI PROPOSAL FORM



NARAYANA HEALTH INSURANCE LIMITED
Registered Office: No. 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099,
Karnataka, India

Plan Option: Plan 1 Plan 2

Policy Tenure: 1 Year 2 Years 3 Years

Sum Insured Type: Individual Family Floater

Room Category: General Ward (Base Plan) Semi-private ward (Optional) Private ward (Optional)
(Tick only one)

The above mentioned Room Category options are part of the Optional Cover "Room Category Modification Options", subject to availability for sales at certain locations only.

The Company shall not be at risk until the proposal has been accepted by the Company and communications of acceptance have been given to the proposer in writing on full payment of the premium.

Complete details of each person to be covered should be furnished.

Non-disclosure of facts material to the assessment of the risk, providing misleading information, and/or misrepresentation, fraud or non-co-operation by the insured will nullify the cover under the policy.

PROPOSER'S DETAILS

ABHA ID (If available)

Name of the Proposer (As per the Id Card) F I R S T N A M E L A S T N A M E **Date of Birth:** D D M M Y Y Y Y

Gender (M/F/T) M Male F Female T Transgender **Nationality:**

Residential Address (Permanent)
 L A N D M A R K A R E A C I T Y T O W N
 D I S T R I C T S T A T E P I N C O D E

Address for Correspondence
 L A N D M A R K A R E A C I T Y T O W N
 D I S T R I C T S T A T E P I N C O D E

Email Id **Occupation**

Landline/ Mobile Number **Family Income**

Nature of Id P A N C A R D / V O T E R I D / A N Y O T H E R

PAN Card No. **Aadhaar No.** X X X X X X X X X X

Form 60 (Only incase a customer doesn't have PAN No.) Yes No **GST No. (If applicable)**

CKYC Number: **Do you wish to update CKYC with the KYC details provided here** Yes No

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Are you (Proposer) or any of the insured person is a PEP (Politically Exposed Person) or related to PEP Yes No

If yes, please provide details

Please share the following for authentication purpose:

Proof of Identity (POI) (Tick whichever is applicable)

PAN Aadhaar Passport Driving License Voter ID Card

Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer

Proof of Address (POA) (Tick whichever is applicable)

Electricity bill (not older than 3 months) Aadhaar Passport Ration Card

Telephone Bill (not older than 3 months) Bank Account Statement (not older than 3 months)

Letter from a recognized public authority or public servant verifying the identity and residence of the Proposer

Would you like to opt for Electronic Policy Issuance through an e-Insurance Account (eIA) of an Insurance Repository Yes No

If you have an eIA, please provide following details:

i) Name of Insurance Repository: _____

ii) eIA No: _____

iii) Name as appearing in eIA: _____

If you do not have an eIA, would you like to open an account? Yes No

NDML - NSDL Data Management Limited

CAMSRep - CAMS Limited Repository Services Limited

Karvy Insurance Repository Limited

CIRL - Central Insurance Repository Limited (CDSL)

Rural : Yes No

Social Sector : Yes No If yes, please provide a copy of the document issued by the Government Authorities, in this regard.

Social Sub Category : _____

Bank account details of the Proposer:

Name (as per bank records): _____

Account No. _____ Bank name: _____

IFSC code: _____

The above shall be used for purposes as may be defined by IRDAI.

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NOMINEE DETAILS FOR INSURED

Nominee Name	Date of Birth (DD/MM/YYYY)	Relationship with Proposer

If the Nominee is of Age 1-18 years or less, Name of Appointee and Relationship with Minor:

Bank account details of Nominee:

Name (as per bank records): _____

Account No. _____ Bank name: _____

IFSC code: _____

The above shall be used for purposes as may be defined by IRDAI.

Appointee Name	Date of Birth (DD/MM/YYYY)	Relationship with Minor

In the event of the death of the Proposer, any payment due under the Policy shall become payable to the Nominee proposed in this Proposal Form. The receipt of the proceeds by the Nominee would constitute discharge of the Company's liability under the Policy. The Nominee for all the other person(s) proposed to be insured shall be the Proposer himself.

DETAILS OF THE PERSON(S) TO BE INSURED

Person 1

Name:	Gender:	DOB:
Relationship with the primary proposer:		
ABHA No. (if available):	If PEP: (YES / NO):	

Person 2

Name:	Gender:	DOB:
Relationship with the primary proposer:		
ABHA No. (if available):	If PEP: (YES / NO):	

Person 3

Name:	Gender:	DOB:
Relationship with the primary proposer:		
ABHA No. (if available):	If PEP: (YES / NO):	

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Person 4

Name:	Gender:	DOB:
Relationship with the primary proposer:		
ABHA No. (if available):	If PEP: (YES / NO):	

Person 5

Name:	Gender:	DOB:
Relationship with the primary proposer:		
ABHA No. (if available):	If PEP: (YES / NO):	

Person 6

Name:	Gender:	DOB:
Relationship with the primary proposer:		
ABHA No. (if available):	If PEP: (YES / NO):	

IMPORTANT

- The Proposal form shall be duly filled by the primary proposer and/if required by the dependents.
- 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 the answer is complete and accurate in all respects.
- The questions 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 Agent/Insurance Advisor/ Insurance Company, as the case may be.
- The list of exclusions/inclusions and other policy details are indicative, for the complete list and comprehensive details kindly refer to policy wordings.
- The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of material particulars in the Proposal Form/personal statement, declaration and connected documents, or any material fact* information has been withheld by beneficiary or anyone acting on beneficiary'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.**

PROPOSER DECLARATION:

I declare that the persons proposed for insurance are my family members and:

- a. I/We 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/We am/are authorized to propose on behalf of these other persons.
- b. I/We 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 company and that the policy will come into force only after full receipt of the premium chargeable, which is subject to change basis underwriting outcomes.
- c. 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/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- d. 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/proposer 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.
- e. I/We authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer with group companies (incl. holding and its subsidiaries, affiliates, etc.) of the insurer or any of its authorized service providers and with any Governmental and/or Regulatory authority, which includes sharing of my medical data through ABHA.
- f. I/We accept to undertake the required medical assessment or/and examination at the allocated center and shall provide correct responses, wherever sought. This is an integral part of the proposal form and I/We understand that this is a prerequisite for all the persons to be Insured to undergo medical examination post which the status of the proposal form shall be treated as completed for further processing. However, the company may accept health check-up reports from empaneled clinics or hospitals, either partially or fully, if they were issued within six months prior to the date of the proposal.
- g. I/We hereby confirm that the features of the product have been understood by me and that the payment after the underwriting decision will be made through my card/bank account/UPI. By making this payment, I/ We also confirm that I/ we have fully understand all Terms & Conditions applicable for the issuance of Policy to me/us. Additionally, I/We confirm that the source of funds for the premium paid under this policy shall be legal.
- h. I/We hereby authorize Narayana Health Insurance Limited or its group companies (including holding and its subsidiaries, affiliates, etc.) or any of its authorized service providers to call or communicate to me with respect to healthcare services at the given telephone number/ WhatsApp number/ Email id duly registered in my name. It will override registration of my telephone number for National Do Not Call/ Do Not Disturb Registry on the NCPR.
- i. I/We would like to contribute to creating a healthier, greener and cleaner environment by authorising Narayana Health Insurance Limited to send all my policy & service-related communication to the Email ID / WhatsApp / SMS over registered mobile number mentioned in this application form.
- j. I/We have read, understood and agreed to the Privacy Notice provided in the website - www.narayanahealth.insurance.
- k. I/We hereby authorize Narayana Health Insurance Limited to share my recent health check findings with the Narayana Health doctors. This information will be used solely for medical recommendation and treatment. I/We understand that these findings include all relevant medical tests, reports, and assessments conducted as part of my health check. I/We acknowledge that this information is necessary to provide accurate and effective medical care during my treatment or any associated procedures at the hospital. I/We understand and consent to this disclosure. This consent is given voluntarily.
- l. I/We declare that I/We have read the entire proposal form or/ and that any unfamiliar language or contents have been explained (also in vernacular language, if needed) to me/us by the Agent, Corporate Agent, Broker, Insurer, as the case may be.

Place: _____

Signature of Proposer: _____

Date: ____/____/____

STATUTORY WARNING

Section 41 of the Insurance Act, 1938 (Prohibition of Rebates) 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 insurance in respect or 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer. Any person making a default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

AGENT DECLARATION

I, _____, in my capacity as an Agent/ Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized 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 cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

Name of the Agent: _____

Date: _____

Place: _____

Agent Code: _____

Signature of the Agent : _____

DECLARATION BY AUTHORIZED REPRESENTATIVE (INCL. FOR PERSON(S) WITH DISABILITY)

I _____ Son/Daughter of _____, resident of _____ declare that I have read out and fully explained the contents of the Proposal Form and all other accompanying documents in _____ language to the Proposer which is a language understood by him/her and is imperative for the Proposer to avail the insurance from the Company. The contents and import of the proposal have been fully understood by him/her and the replies have been recorded according to the information provided by the Proposer. the replies have also been read out to, fully understood and confirmed by the Proposer:

License No. (Advisor / Corporate Agent / Broker / Insurer):

Date: ____ / ____ / ____ (DD/MM/YYYY)

Place: _____

Name of the Declarant: _____

Signature of the Declarant: _____

(On behalf of all the Proposed to be Insured under the Policy)



ACKNOWLEDGEMENT FOR THE PROPOSAL

Please retain this counter foil for your records

(On behalf of Narayana Health Insurance Limited)

Proposal No: _____

Please note that this is only an acknowledgement receipt for completion of details in this form and does not amount to acceptance of risk or commencement of policy. The commencement of policy shall happen once the full Premium has been received post underwriting decision and issuance of the policy document.

Acceptance of proposal and insurance of the Policy shall be subject to receipt of the completed Proposal Form which includes medical assessment or/and examination of all the persons to be Insured seeking the policy, premium payment, medical reports (wherever applicable) and underwriting by the insurance company.

Signature of the representative: _____ Name of the Representative: _____

IRDAI Registration No. 166

Narayana Health Insurance Limited | CIN : U65120KA2023PLC174002 | IRDAI Reg. No. : 166
Website : www.narayanahealth.insurance | E-Mail : support@narayanahealth.insurance | Phone : +91 9821034071
Product Name : Narayana Aditi | UIN : NHIHLIP25035V022425

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