



2.	Companion Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____ per day	_____ days	
3.	Joint Hospitalisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____		
4.	Parent Accommodation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____ per day	_____ days	
5.	Day Care Procedure Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____		
6.	Surgery Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____		
7.	Accidental Hospitalisation Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____		
8.	Broken Bones	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____		
9.	Burns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____		
10.	Personal Accident Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____		
11.	Critical Illness Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	₹ _____		
12.	Pre-existing Disease Waiting Period Waiver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NA		
13.	30 days Waiting Period Waiver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NA		
14.	First Year Waiting Period Waiver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NA		

### INSURED DETAILS (\*All fields are mandatory)

Membership ID/ Employee Number	Category	Name of the Insured Person	Date of Birth DD/ MM / YYYY	Gender	Relationship with the Insured Person	Designation/ Occupation	Any existing illness	Nominee Details		
								Name	Relationship with the Insured Person	Date of Birth DD/ MM /YYYY

### PREVIOUS POLICY DETAILS

Kindly provide the particulars for the past 3 policy periods or lesser period for which policy availed, in the following format.

Policy Period From – To	Name of the Insurer	Policy number	Number of members covered	Total premium (₹)	Total amount of claims (Paid + Outstanding) (₹)

### \*PAYMENT DETAILS:

Cheque  Demand Draft (DD)  Credit/Debit Card  Online Payment

Cheque / DD#  Amount   
 Date  Bank   
 Branch  (In favour of Kotak Mahindra General Insurance Company Ltd.)  
 IFSC/MICR Code

For Credit/Debit Card

Transaction Reference No  Transaction Date

### DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the signature after fully understanding the features thereof.

Signature/Thumb impression of Proposer

Place\*  Date\*

Signature of Intermediary/ Sales Person\*

### 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 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.

I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time 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.

I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority

Place\*  Date\*

\*Signature and Stamp of Proposer

