



**4. NOMINEE DETAILS**

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions

Nominee Name	Date of birth*	Relationship	Address of the Nominee

The nominee must be an immediate relative of the Proposer.

\*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of the Appointee

**5. EXISTING/PREVIOUS INSURER DETAILS**

Is the proposer or any of the persons proposed, already Insured under a health plan with Tata AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for Policy issuance?

If yes, please indicate the Policy/Application number(s):

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Since when continuously insured:

D	D	M	M	Y	Y	Y	Y
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Do you want Us to consider these details for portability\* Yes  No

\* In case of portability, please fill up IRDAI portability form. Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach at least 45 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.

Policy No.	Name of Insured person	Insurer	Period of Insurance		SI & Cumulative bonus / Rs.	Claims lodged*
			From D D M M YYYY	To D D M M YYYY		

\*during the preceding years along with the diagnosis

**6. MEDICAL AND LIFESTYLE DETAILS**

**A. Medical History :**

Please answer the below mentioned questions individually in Yes(Y) / No (N):  
 You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person						
	1	2	3	4	5	6	7
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for the following medical conditions?							
<input type="checkbox"/> Chest Pain / Heart Disease	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Arthritis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> COPD	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Kidney Failure, Dialysis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Liver Cirrhosis/Hepatitis B or C	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Cancer	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> HIV/AIDS/STDs	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Stroke, Epilepsy, Paralysis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Psychiatric, Mental Illness or disorder	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Ulcerative Colitis/Crohn's disease	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<input type="checkbox"/> Auto-immune diseases	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

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Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? – Elevated Blood Sugar/ Diabetes/ Elevated Blood Pressure/ Hypertension/ High Cholesterol/ Hypothyroidism	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
EDD:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Has any health or life insurance policy ever been terminated in the past?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

**B. Detailed information in case any of the questions in section 6 (A) is ticked 'Yes'.**

(Please send us medical documents along with this application form.)

Insured Name	Diagnosis as per documents	Treatment details	Diagnosis date/ Surgery Date	Date of last consultation	Doctor/Hospital Name and Ph No.

**C. Lifestyle Information**

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? Yes  No

If yes please indicate the name and quantity per day.

	Insured Person						
	1	2	3	4	5	6	7
Alcohol (equivalent of 30ml Pegs of hard liquor/bottles of beer/wine per week)							
Smoking (No of Cigarettes or Bidis/day)							
Pan Masala/Tobacco (no. of small -5gms-Packets/day)							
Others habit forming substances/addictive (Quantity consumed)							

**7. PAYMENT DETAILS**

Premium Payer:

if different from proposer

Relationship:

with the proposer, if different from proposer

Premium Amount (Rs):

Instrument type: Cash  Cheque  Debit Card  Credit Card  Others

Sources of funds: Salary  Business  Other

Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.

**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 understand that the Company has the right to call for documents to establish sources of funds.
  - The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
- Nationality : Indian  Non-Indian  If Non-Indian, please specify Country \_\_\_\_\_

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Application no: \_\_\_\_\_

**ACKNOWLEDGEMENT**

Date : \_\_\_\_\_

Name of the Proposer: \_\_\_\_\_

We acknowledge with thanks the receipt of your application for Tata AIG MediCare Protect and amount by

Cash  Cheque  Demand Draft  Others  \_\_\_\_\_ of amount of Rs.

Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup and/or additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. In case of counter offer you need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 15 days, we shall cancel application and refund the premium paid without interest subject to deduction of the Pre Policy Check up charges, as applicable. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable.

**Tata AIG General Insurance Company Limited.**

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013

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