

PROCEDURE TO OPT FOR TOP-UP RETAIL POLICY

1.0 Premium calculation:

Kindly use below link for Premium calculation

<https://www.uiic.in/CustomerPortalWeb/data/HealthPolicyNewQuote.html#/healthQuoteNew?p=new>

The premium calculation can also accessed using the path mentioned below:

www.uiic.co.in → Customer Services → Health Premium Calculator

2.0 Proposal Form: (Attached)

Kindly fill complete proposal form and send signed copy to beluiclb@gmail.com with a cc to sandeepyadav@uiic.co.in with below details:

- Copy of Aadhar card of self / spouse
- Copy of PAN card of Proposer
- Recent stamp size colour photograph of retiree and spouse (separately)

Kindly mention the mobile number in the proposal form so that the representative can contact the member in case of clarification, if any.

3.0 On receipt of the enrolment form and on ascertaining its completeness in all aspects, an e-mail will be sent to the individual with premium amount and payment details.

4.0 On payment of the requisite premium amount and on confirmation of receipt of the same by M/s. UIICL, the policy document will be e-mailed to the individual.

For further clarifications on the retail policy, kindly contact Shri. Srinidhi Rangarajan, E-mail ID – srinidhirangarajan@uiic.co.in, Contact no. +91 9164862675.

***Disclaimer:** The information provided by M/s. United India Insurance Company Limited is only shared on the website for benefit of retirees. It is the sole discretion of the member to opt for top-up policy. BEL does not endorse any product and is not responsible for any kind of transaction between the retiree and the agency brought out above.*

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G01000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



SUPER TOP-UP MEDICARE POLICY

PREMIUM RATE TABLES

I. IMPORTANT INFORMATION

- All premium rates in this document are Annual Premium Rates in INR (₹) and are exclusive of Goods & Service Tax (GST) & Cess (if any). GST as applicable will be charged extra.
- Super Top-Up Medicare Policy is offered on Individual SI basis as well as Floater basis. Relationships allowed are:
 - Individual SI:** Self, Spouse, Dependent Children, Parents and Parents-in-law
 - Floater:** Self, Spouse and Dependent Children
- For Floater policies, Age of the eldest person in the family shall be considered for calculating premium rate.
- Rates are applicable per person for Individual SI policies and per family for Floater policies.

II. PREMIUM RATE TABLES – INDIVIDUAL SI

Threshold	2 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
3 Lakhs	1,155	1,471	2,211	4,060	4,640	5,075	6,525
5 Lakhs	1,595	2,031	3,060	5,600	6,400	7,000	9,000

Threshold	3 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
3 Lakhs	935	1,191	1,785	3,105	3,565	4,025	5,175
5 Lakhs	1,265	1,611	2,465	4,320	4,960	5,600	7,200
7 Lakhs	1,595	2,031	3,060	5,400	6,200	7,000	9,000

Threshold	5 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
5 Lakhs	951	1,140	1,840	3,380	3,771	4,551	5,851
10 Lakhs	1,851	2,220	3,680	6,631	7,395	8,925	11,475
15 Lakhs	2,600	3,120	5,200	9,360	10,440	12,600	16,200
20 Lakhs	3,120	3,744	6,240	11,232	12,528	15,120	19,440
45 Lakhs	4,290	5,148	8,580	15,444	17,226	20,790	26,730

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Threshold	5 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
70 Lakhs	4,940	5,928	9,880	17,784	19,836	23,940	30,780
95 Lakhs	5,460	6,552	10,920	19,656	21,924	26,460	34,020

Threshold	10 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
10 Lakhs	1,402	1,682	2,788	5,023	5,601	6,761	8,692
15 Lakhs	1,753	2,102	3,485	6,279	7,002	8,451	10,865
20 Lakhs	1,963	2,354	3,903	7,032	7,842	9,465	12,169
40 Lakhs	2,524	3,027	5,018	9,041	10,082	12,170	15,646
65 Lakhs	2,944	3,531	5,854	10,548	11,763	14,198	18,253
90 Lakhs	3,225	3,868	6,411	11,553	12,883	15,550	19,992

Threshold	15 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
15 Lakhs	1,328	1,592	2,640	4,756	5,304	6,402	8,230
35 Lakhs	1,859	2,229	3,695	6,658	7,425	8,963	11,522
60 Lakhs	2,191	2,627	4,355	7,848	8,751	10,563	13,580
85 Lakhs	2,456	2,946	4,883	8,799	9,812	11,843	15,226

Threshold	20 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
20 Lakhs	1,388	1,664	2,759	4,972	5,544	6,692	8,603
30 Lakhs	1,596	1,914	3,173	5,717	6,376	7,696	9,894
55 Lakhs	2,012	2,414	4,001	7,209	8,039	9,704	12,475
80 Lakhs	2,220	2,663	4,415	7,955	8,871	10,707	13,765

Threshold	25 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
25 Lakhs	1,079	1,294	2,146	3,866	4,312	5,204	6,691
50 Lakhs	1,241	1,489	2,468	4,446	4,959	5,985	7,694
75 Lakhs	1,403	1,683	2,790	5,026	5,605	6,766	8,698

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III. PREMIUM RATE TABLES – FLOATER (2 PERSONS IN A FAMILY)

Threshold	2 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
3 Lakhs	1,871	2,380	3,571	5,980	6,900	8,051	10,351
5 Lakhs	2,531	3,220	4,931	8,320	9,600	11,200	14,400

Threshold	3 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
3 Lakhs	1,485	1,891	2,891	4,625	5,365	6,475	8,325
5 Lakhs	2,035	2,591	3,911	6,375	7,395	8,925	11,475
7 Lakhs	2,531	3,220	4,931	8,000	9,280	11,200	14,400

Threshold	5 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
5 Lakhs	1,351	1,800	2,775	5,040	5,880	7,351	9,451
10 Lakhs	2,655	3,540	5,551	9,840	11,480	14,351	18,451
15 Lakhs	3,735	4,980	7,800	13,800	16,100	20,125	25,875
20 Lakhs	4,481	5,976	9,360	16,560	19,320	24,151	31,049
45 Lakhs	6,162	8,217	12,870	22,770	26,565	33,207	42,693
70 Lakhs	7,096	9,462	14,820	26,220	30,590	38,238	49,162
95 Lakhs	7,843	10,458	16,380	28,980	33,810	42,263	54,337

Threshold	10 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
10 Lakhs	2,011	2,682	4,205	7,454	8,696	10,871	13,977
15 Lakhs	2,514	3,352	5,256	9,317	10,870	13,589	17,471
20 Lakhs	2,815	3,754	5,887	10,435	12,175	15,219	19,567
40 Lakhs	3,619	4,827	7,569	13,417	15,653	19,567	25,158
65 Lakhs	4,223	5,631	8,830	15,653	18,262	22,829	29,351
90 Lakhs	4,625	6,168	9,671	17,144	20,001	25,003	32,146

Threshold	15 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
15 Lakhs	1,904	2,539	3,981	7,058	8,234	10,293	13,234
35 Lakhs	2,666	3,555	5,574	9,881	11,528	14,411	18,528
60 Lakhs	3,142	4,190	6,569	11,645	13,586	16,984	21,836

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Threshold	15 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
85 Lakhs	3,522	4,697	7,366	13,057	15,233	19,043	24,483

Threshold	20 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
20 Lakhs	1,990	2,654	4,162	7,378	8,607	10,760	13,834
30 Lakhs	2,289	3,052	4,786	8,484	9,899	12,374	15,909
55 Lakhs	2,886	3,849	6,035	10,698	12,481	15,602	20,059
80 Lakhs	3,184	4,247	6,659	11,804	13,772	17,216	22,134

Threshold	25 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
25 Lakhs	1,548	2,064	3,237	5,738	6,694	8,368	10,759
50 Lakhs	1,780	2,374	3,722	6,598	7,698	9,623	12,373
75 Lakhs	2,012	2,683	4,208	7,459	8,702	10,878	13,986

IV. PREMIUM RATE TABLES – FLOATER (MORE THAN 2 PERSONS IN A FAMILY)

Threshold	2 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
3 Lakhs	2,311	2,940	4,420	7,540	8,700	10,151	13,051
5 Lakhs	3,191	4,060	6,120	10,400	12,000	14,000	18,000

Threshold	3 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
3 Lakhs	1,871	2,380	3,571	5,751	6,671	8,051	10,351
5 Lakhs	2,531	3,220	4,931	8,000	9,280	11,200	14,400
7 Lakhs	3,191	4,060	6,120	10,000	11,600	14,000	18,000

Threshold	5 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
5 Lakhs	1,711	2,280	3,451	6,240	7,280	9,100	11,700
10 Lakhs	3,331	4,440	6,900	12,240	14,280	17,851	22,951
15 Lakhs	4,680	6,240	9,751	17,280	20,160	25,200	32,400

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Threshold	5 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
20 Lakhs	5,616	7,488	11,701	20,736	24,192	30,240	38,880
45 Lakhs	7,722	10,296	16,089	28,512	33,264	41,580	53,460
70 Lakhs	8,892	11,856	18,527	32,832	38,304	47,880	61,560
95 Lakhs	9,828	13,104	20,477	36,288	42,336	52,920	68,040

Threshold	10 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
10 Lakhs	2,523	3,363	5,227	9,272	10,817	13,522	17,385
15 Lakhs	3,154	4,204	6,533	11,590	13,521	16,903	21,732
20 Lakhs	3,532	4,709	7,317	12,981	15,144	18,931	24,339
40 Lakhs	4,542	6,054	9,408	16,689	19,471	24,340	31,294
65 Lakhs	5,299	7,063	10,976	19,471	22,716	28,396	36,509
90 Lakhs	5,803	7,736	12,022	21,325	24,879	31,101	39,986

Threshold	15 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
15 Lakhs	2,389	3,185	4,949	8,779	10,242	12,804	16,462
35 Lakhs	3,345	4,458	6,929	12,291	14,339	17,925	23,046
60 Lakhs	3,942	5,255	8,166	14,486	16,900	21,126	27,162
85 Lakhs	4,420	5,892	9,156	16,242	18,949	23,687	30,454

Threshold	20 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
20 Lakhs	2,497	3,329	5,173	9,177	10,707	13,384	17,208
30 Lakhs	2,872	3,828	5,949	10,554	12,313	15,392	19,789
55 Lakhs	3,621	4,827	7,501	13,307	15,525	19,407	24,952
80 Lakhs	3,996	5,326	8,277	14,684	17,131	21,415	27,533

Threshold	25 Lakhs						
Sum Insured/Age Band	0-35	36-45	46-60	61-65	66-70	71-75	75+
25 Lakhs	1,942	2,589	4,023	7,137	8,327	10,409	13,383
50 Lakhs	2,234	2,977	4,627	8,208	9,576	11,970	15,390
75 Lakhs	2,525	3,366	5,230	9,278	10,825	13,531	17,397

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V. PREMIUM RATES – DAILY CASH ALLOWANCE ON HOSPITALISATION [OPTIONAL COVER]

Policy Type	Threshold	0-35	36-45	46-60	61-65	66-70	71-75	75+
Individual	< 5 Lakhs	9	36	73	127	182	255	318
	5 Lakhs	18	55	91	209	309	400	455
	> 5 Lakhs	27	82	164	327	473	582	727
Floater	< 5 Lakhs	55	73	127	227	309	436	545
	5 Lakhs	73	100	182	255	400	491	582
	> 5 Lakhs	91	127	236	309	545	691	818

VI. DISCOUNTS

- **Family Discount for Individual SI policies:** A discount of 5% is offered on the total premium if a policy is taken on Individual SI basis and covers more than one person in the family.
- **Online Discount:** An online discount of 10% will be applicable for fresh policies purchased online through the Company's website. For renewals, the same discount of 10% shall be offered provided the original policy was purchased either directly from our office without any intermediary or online through the Company's website and all subsequent renewals are only made through the Company's website.
- **Staff Discount:** A Discount of 15% is applicable for fresh and renewal policies purchased directly from office for all the working and retired employees of United India Insurance Co. Ltd

Note:

- a) Family discount of 5% will not be applicable for the Optional Cover: '**Daily Cash Allowance on Hospitalisation**'.
- b) Since policies for UIIC staff are issued directly from our operating offices and not by any other distribution channel, Staff Discount and Online Discount will not apply in conjunction.

VII. LOADINGS

We may apply a risk loading on the premium payable (excluding statutory levies & taxes) based upon information declared in the proposal form and the health status of the persons proposed for insurance. Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s).

Note: Loadings will not be applicable for the Optional Cover: '**Daily Cash Allowance on Hospitalisation**'.

Write up on UIC Super Top Up Medicare Insurance Policy

Product Name: **Super Top-Up Medicare Policy**

PRODUCT – KEY FEATURES

-a. Indemnity-based health insurance product with annual aggregate deductible (threshold) for accumulated medical expenses during the policy period for you and your family that offers a wide cover above the opted Threshold level

-b. Coverage on Individual Sum Insured basis as well as Family Floater basis, as opted

What am I covered for?

-a. In-Patient Hospitalisation: Covers expenses related to hospitalisation for a minimum period of 24 hours. These include expenses for Room Rent, Surgeon Fees, Medicines, Diagnostic Tests etc.

-b. Day Care Procedures

-c. Pre-Hospitalisation:

a. Pre-hospitalisation Medical Expenses incurred due to an Illness or Injury during the period subject to following limits:

Threshold	Limit
<10 Lacs	Upto 30 days immediately prior to hospitalisation
10 Lacs and above	Upto 60 days immediately prior to hospitalisation

-d. Post-Hospitalisation:

Post- hospitalisation Medical Expenses incurred due to an Illness or Injury during the period subject to following limits:

Threshold	Limit
<10 Lacs	Upto 60 days immediately after the discharge from the hospital
10 Lacs and above	Upto 90 days immediately after the discharge from the hospital

-e. Ayurvedic/Unani/Siddha/Homeopathic treatment: Covers expenses incurred for availing treatment under Ayurvedic/Unani/Siddha/Homeopathic system of Medicine in a registered AYUSH Hospital

-f. Home Care Treatment: Covers expenses incurred for availing treatment of epidemic/ pandemic at home which would otherwise require hospitalisation

-g. Donor Expenses Cover: Covers hospitalisation expenses for Organ Donor in respect of Organ transplant to the Insured

-h. Road Ambulance: Covers expenses for transporting the Insured by Road Ambulance to a Hospital for treatment

-i. Modern Treatments: Covers expenses for advanced medical procedures such as Robotic Surgery, Balloon Sinuplasty, Bronchial Thermoplasty, Deep Brain Stimulation, etc.

Optional Covers (only available upon payment of additional premium)

-j. Daily Cash Allowance: A cash amount is paid daily for every continuous and completed period of 24 hours of hospitalisation

What are the major exclusions in the policy?

- a. Excl04: Investigation & Evaluation
- b. Excl06: Surgical treatment for Obesity that does not fulfil all specified conditions in the Policy
- c. Excl08: Plastic or Cosmetic Surgery unless as a part of medically necessary treatment
- d. Excl12: Treatment for Alcoholism, drug or substance abuse or any addictive condition
- e. Excl17: Sterility & Infertility
- f. Excl18: Expenses incurred for Maternity except Ectopic Pregnancy
- g. Expenses due to foreign invasion, warlike operations, civil war, revolution, etc.
- h. Congenital External Diseases or Defects or Anomalies
- i. Intentional Self-inflicted injury or attempted suicide
- j. Treatments other than Allopathic, Unani, Ayurvedic and Homeopathic systems of Medicine

Entry Age: aged between 18 years and 65 years

Waiting Period

- a. Pre-Existing Diseases (Excl01): Covered after 48 Months of continuous coverage

SUM INSURED:

The various Sum Insured options available under the policy for fresh proposals are as follows:

THRESHOLD LIMIT	SUM INSURED
2 Lacs	3 Lacs, 5 Lacs
3 Lacs	3 Lacs, 5 Lacs, 7 Lacs
5 Lacs	5 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 45 Lacs, 70 Lacs, 95 Lacs
10 Lacs	10 Lacs, 15 Lacs, 20 Lacs, 40 Lacs, 65 Lacs, 90 Lacs
15 Lacs	15 Lacs, 35 Lacs, 60 Lacs, 85 Lacs
20 Lacs	20 Lacs, 30 Lacs, 55 Lacs, 80 Lacs
25 Lacs	25 Lacs, 50 Lacs, 75 Lacs

PROCEDURE FOR TAKING A POLICY

- a. The duly completed and signed Proposal form giving details of all the Insured Persons along with the pre-acceptance health check-up reports, if any, should be submitted to the nearest office of the Company.
- b. The pre-acceptance health check-up reports, wherever required at Company's discretion have to be submitted at Proposer's cost in the following cases:
 - i. Persons with an adverse medical history as revealed from the proposal form (fresh entrants)
 - ii. Persons above 60 years of age (fresh entrants)

c. The reports required are:

Physical examination (report to be signed by the Doctor with minimum MD/MS qualification)	Serum Creatinine
CBC	SGOT & SGPT
Urine Routine & Microscopic	ECG
HbA1c (Glycosylated Haemoglobin)	Stress Test if necessitated
Lipid Profile	Any other investigation required by the company

The date of medical reports should not exceed 30 (thirty) days prior to the date of proposal.

PAYMENT OF PREMIUM

- a. Full premium must be paid before the commencement of risk for this Policy to come into effect.
- b. Premium payable – As per Premium Table attached.

Discounts:

- i. **Family Discount:** A discount of 5% is offered on the total premium only if the policy is taken on individual Sum Insured basis and covers the Policyholder and any one or more of the following: a. Spouse b. Dependent Children.
- ii. **Direct Discount:** A discount of 10% will be applicable for fresh policies purchased online through the Company's website. (Kindly choose office code : 500400). For renewals, the same discount of 10% shall be offered provided the original policy was purchased either directly from our office without any intermediary or online through the Company's website and all subsequent renewals are only made through the Company's website.

TAX BENEFIT

Tax rebate is available as per provision of Income Tax Rules under Section 80-D.

*** This is Brief details of the product. Please visit <https://uiic.co.in/en/downloadforms/downloads> for complete Policy prospectus.



Super Top-Up Medicare Policy

Proposal Form

Important Instructions

(Please read the instructions below carefully before filling out this form)

- This Proposal Form shall be the basis of the policy to be issued. Thus, please provide all the information sought in this Proposal Form & all additional relevant information fully & accurately. Please do not leave any space blank or put dashes.
- The Company will not be on risk until the Proposal has been accepted by the Company and communication of the acceptance has been given to the proposer in writing after full payment of premium.
- Details of up to 6 Insured Persons, including the proposer, can be filled in this Proposal Form. For additional members, please use a fresh form.
- Pre-policy health check-up reports not older than 30 days are required to be submitted in case of proposals for persons above the stipulated age or in case of enhancement of Sum Insured beyond the specified limit as explained in the prospectus.
- Persons porting (switching) from similar deductible based health insurance policies of other non-life insurance or stand-alone health insurance companies must complete Annexure C (portability form) along with Proposal Form, Annexure A, B (if required).
- List of documents required is provided in Annexure D.

I. Proposer Details

(Please submit a copy of Aadhaar/Passport/Election Photo ID Card/Latest Electricity Bill/Bank Pass Book as Proof of Address)

Name:

Date of Birth: DD/MM/YYYY Gender: Male Female Transgender Marital Status: Single Married

Occupation: Salaried Self-Employed Others, please specify

PAN Card No: Aadhaar Card/Passport No: E-Insurance Account No.
(if available)

Address:

City: District: State: Pin Code:

Tel. No. (with STD Code): (Home) (Mobile)

E-mail:

II. Nomination

(Please enter nominee details for the Proposer. For other members, the proposer is deemed to be the nominee)

Nominee Name: Nominee Relationship:

Nominee Address:

..... Nominee Contact No:

III. Coverage Details

(Sum Insured is in Rs. Lacs)

Cover Type: Individual Sum Insured Basis Family Floater Basis

The following Threshold/SI combinations are available:

Threshold	SI Options
2 Lacs	3 Lacs, 5 Lacs
3 Lacs	3 Lacs, 5 Lacs, 7 Lacs
5 Lacs	5 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 45 Lacs, 70 Lacs and 95 Lacs
10 Lacs	10 Lacs, 15 Lacs, 20 Lacs, 40 Lacs, 65 Lacs and 90 Lacs
15 Lacs	15 Lacs, 35 Lacs, 60 Lacs and 85 Lacs
20 Lacs	20 Lacs, 30 Lacs, 55 Lacs, 80 Lacs
25 Lacs	25 Lacs, 50 Lacs, 75 Lacs

Important Note: Please enter the Threshold/SI combination you require in the table provided under Section IV (Insured Person Details). In case you are opting for policy on Family Floater basis, enter the Threshold/SI combination under Proposer only. In case you are opting for policy on Individual Sum Insured basis, enter the Threshold/SI combination for each of the Insured persons.

Optional Cover required for Daily Cash Allowance on Hospitalisation: Yes No

Coverage required from am/pm of DD/MM/YYYY to midnight of DD/MM/YYYY

IV. Insured Person Details

No. of Persons Covered (including proposer): _____ (in figures) _____ (in words)

Please paste a stamp size photograph and sign for each insured person in the box provided in the next page. In case of minor, guardian/proposer may sign. Another stamp size copy of the same photograph is to be submitted with this proposal form, with the proposer/insured person's name written on the back of the photograph.

Proposer Photo	Insured Person 2 Photo	Insured Person 3 Photo	Insured Person 4 Photo	Insured Person 5 Photo	Insured Person 6 Photo
Signature					

All fields are mandatory. Please do not leave any field blank.

Customer Code						
Details	Proposer	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
Name						
Date of Birth (DD/MM/YYYY)						
AADHAAR No.						
Age						
Gender (M/F)						
Sum Insured						
Threshold						
Height (cm)						
Weight (kg)						
Blood Group						
Marital Status						
Relationship with Proposer						
Dependent (Y/N)						
Occupation						

V. Existing/Previous Insurance Policy Details

Does any person proposed to be insured presently hold a health insurance policy from any insured (including UIIC)? Yes No

If yes, please give details below:

Details	Proposer	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
Company						
Policy No.						
Policy Name						
Expiry Date						
Sum Insured						
Threshold/ Deductible						
Last Claimed Date						
Claimed Amount						
Porting/Migrating (Y/N)						

Kindly fill Annexure C if insured is porting from another insurer to UIIC.

Please note that the continuity of benefits shall NOT be considered in the following cases: a) the above question is not replied in the affirmative; b) Details are not provided; c) Portability Form (Annexure C) and relevant supporting documents are not submitted to UIIC.

VI. Medical Information

Medical History of Proposer and Insured Persons. Tick Yes/No. Please do not leave the spaces blank

	Proposer	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Are/Is you/the person proposed for insurance in good health and free from physical and mental disease or infirmity or medical complaints	Y N	Y N	Y N	Y N	Y N	Y N
Have any of the persons who are proposed for insurance ever suffered from/are suffering from any of the following:						
Psychiatric Disorder	Y N	Y N	Y N	Y N	Y N	Y N

	Proposer	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Genetic Disorders	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Diabetes Mellitus, Hypertension	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Blood Disorder, HIV/AIDS, Venereal Diseases	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Diseases of Cardiovascular system, Heart diseases	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Disease of Prostate/Fistula, Piles, Hernia, Varicose Veins	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Disease of bones/joint including arthritis, rheumatic pain, slipped disc, spinal disorder, injury to ligaments or paralysis	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Nervous Disorders, Epilepsy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Any disorder/disease of the stomach, intestine, liver, gall bladder, pancreas, kidney, urinary bladder, urinary tract	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Tumour, Cancer, Pre-cancerous lesion, ulcer, boil, cyst or wound etc. which does not heal or improve despite treatment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Cataract and other diseases of the eye	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
ENT Diseases, Respiratory or allergic disease	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Gynaecological disorder such as DUB, Fibroid Uterus, Prolapsed Uterus, Ovarian cyst – or have undergone caesarean/Hysterectomy	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Thyroiditis/Goitre	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Any other illness, disease, accident or surgery/operation sustained?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Any complaint that may necessitate treatment in the future?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

If you answered 'Yes' to any of the questions above, please give details in the table below. Additionally, also submit Annexure A, B.

Name of the Persons to be insured	Illness	Date of Last Consultation (DD/MM/YYYY)	Treatment Undergone	Name of the treating Doctor	Hospital Name, Phone No.	Present Status

Information on Habits. Please tick Yes/No and answer the questions, if applicable.

Does the applicant/any of the persons proposed to be insured consume any of the following?

	Proposer	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Chewable Tobacco / Gutkha / Pan Masala	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Alcohol	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Cigarettes	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Illegal Drugs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

If you answered 'Yes' to any of the questions above, please give details below on the quantity consumed per week.

Chewable Tobacco/Gutkha/Pan Masala:
Alcohol:
Cigarettes:
Illegal Drugs:

Family History

Have any first-degree relatives of ANY of the persons proposed to be insured suffered or are suffering from Cancer, Diabetes, Hypertension, heart disease, kidney disease, stroke, multiple sclerosis or any other hereditary disorders? Yes No

If Yes, please give details in a separate sheet on the relationship to the insured person, the diagnosed disease, age of the affected member and cause of death (if applicable).

Past Proposals

Has any proposal for life, health or critical illness insurance for any of the persons proposed to be insured ever been declined, postponed, loaded or made subject to any special conditions by any insurance company? Yes No

Pre-Policy Check-up Reports. Please tick Yes/No if the relevant documents for that test are submitted, if applicable.

The reports should not be dated more than 30 days prior to the date of proposal.

Proposer Insured 2 Insured 3 Insured 4 Insured 5 Insured 6

Physical Examination	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Complete Blood Count	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Urine Routine and Microscopic Examination	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
HbA1c (Blood Sugar)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Lipid Profile	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Serum Creatinine	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
SGOT & SGPT	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
ECG (Electrocardiogram)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Any other report as required by UIIC	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

VII. Payment and Bank Account Details

Premium Amount (₹): _____ (in words) _____

Premium Payment Options: Annual Half-Yearly Quarterly Monthly

Premium Payment Modes: Cash Cheque DD Credit/Debit Card ECS

Cheque No.: _____ Date: DD/MM/YYYY

Credit/Debit Card No. _____ Card Type: Visa Master Card Expiry Date: DD/MM/YYYY

Bank Name: _____ Bank Account No: _____

VIII. Declaration (Please read carefully and tick against each statement before signing the proposal form)

- 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.
 - I understand that the information provided by me will form the basis of the insurance policy and that the policy will come into force only after full receipt of the premium chargeable.
 - I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
 - 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 proposer or from any past or present employer concerning anything which affects the physical or mental health of the proposer and seeking information from any insurance company to which an application for insurance on the proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
 - I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I/We declare that I/We have Submitted the above proposal along with payment of ₹ _____ by Cash/vidе cheque/DD No _____ dated _____ drawn on _____. I understand that the cash/cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.
- I also confirm that the source of funds for premium paid under this policy is legal.

Date: DD/MM/YYYY Place: _____ Signature of the Proposer: _____

Name of the Proposer (in BLOCK letters): _____

IX. Vernacular Declaration

The proposal form is filled up by my representative, but the contents of the documents have been fully explained to me and I am willing to accept the coverage subject to terms, conditions and exceptions prescribed by the Insurance Company therein.

Date: DD/MM/YYYY Place: _____ Signature of the Proposer: _____

Name of the Proposer (in BLOCK letters): _____

Please note that this should necessarily be signed by the proposer and not his/her representative

X. Declaration from Intermediary

I/We confirm that I/We have explained the product features to the proposer and its suitability to him/her and other insured persons.

Date: DD/MM/YYYY

Place: _____

Signature of Intermediary: _____

XI. Statutory Warning (Section 41 of 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 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 prospectus or tables of the Insurers.
- Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

XII. Office Use Only

Gross Premium: _____

Net Premium: _____

Intermediary Code: _____

Development Officer Code: _____

Issuing Office Code: _____

Issuing Office Address: _____

XIII. Checklist (Please refer to Annexure D for a detailed list on what constitute as valid documents)

Please ensure all the following documents are attached along with the completed proposal form.

- | | |
|--|--|
| <input type="checkbox"/> Proof of Identity | <input type="checkbox"/> 2 Stamp size photographs for each insured person (one of which to be pasted in Section IV) |
| <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Pre-Policy Check-up Reports, if applicable |
| <input type="checkbox"/> Proof of Age | <input type="checkbox"/> PAN Details (in case PAN not available, Form 60 or 61 as per Rule 114B of the Income-tax Rule,1962 must be submitted) |
| <input type="checkbox"/> Photocopies of all previous, existing health insurance policies and endorsements, if applicable | |
| <input type="checkbox"/> Cancelled cheque (supporting bank account details) | |

Acknowledgement by the Company

Date: DD/MM/YYYY

We acknowledge the receipt of your proposal and amount by Cash/Cheque/Others _____ of amount of

Rs. _____ dated DD/MM/YYYY

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought 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 premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

This Annexure is to be completed by EACH insured person who has answered 'Yes' to any of the questions in Section VI (Medical History) or has any pre-existing conditions/adverse history in respect of any illness.

Name of Insured Person:

Diabetes Questionnaire

- Date of 1st Diagnosis of Diabetes :
• Do you take any anti-diabetic drugs? :
If so, please give name with dosage
• Please give details of fasting and postprandial blood sugar readings, E.C.G. findings & other investigation reports with date. Please also send reports :
• Please state whether you have been diagnosed with any complication of diabetes? :

Hypertension Questionnaire

- Date of 1st Diagnosis of Hypertension :
• What is your blood pressure reading? :
Please state with dates
• Please state names of anti-hypertensive drugs with dosage details :
• Are you a smoker? :
• Is it essential/secondary/malignant hypertension? :
• Please state whether you have been diagnosed with any complication of hypertension? :
• Please give findings of all investigation reports :

Chest Pain or Coronary Insufficiency or Myocardial Infarction Questionnaire

- Date of 1st Diagnosis :
Did you ever suffer from chest pain/coronary insufficiency/myocardial infarction? If so, please give diagnosis and date.
• Please state the name and dose of drugs you are taking at present :
• Please state the findings with dates of investigations done like ECG, Stress Test, coronary angiography, X-ray, pathology reports, etc. Please send reports with the proposal form. :
• Please state the date of hospitalisation and names of Hospitals and consultants :
• Please state complications and other related disease, if suffered. :
• Please state whether you can do your regular work and whether you have any limitation of activity? :
• Are you advised any special treatment? If so, please give information :

Any other Pre-Existing Condition

- Nature of illness/disease/injury & treatment received :
• Date of 1st Diagnosis :
• Whether fully cured? :

Date: ..DD/MM/YYYY..

Place:

Signature of Insured Person:

This Annexure is to be completed by the consulting physician/surgeon if ANY of the insured persons have answered 'Yes' to any of the questions in Section VI (Medical History) or have any pre-existing conditions/adverse history in respect of any illness.

• Name of the Insured Person :

History

• Present complaints and investigation, if any? :

.....
.....

• Any past history of disease, operations, accidents, investigations with date, major medical complaints of hospitalisation? :

.....
.....

• Details of present and past medication with duration :

.....
.....

• Is he/she cured of diseases, if any? :

When was your treatment, if any, given, stopped?

.....
.....

• General Examination :

.....
.....

• Systematic Examination :

Signature of Consulting Physician

Signature of Proposer

.....

.....

Name of Consulting Physician:

Place:

Qualifications

Date: DD/MM/YYYY

Address:

Telephone No:

Office Use Only

Do you consider the risk acceptable?

Competent Authority:

Branch Manager:

Divisional Manager:

This Annexure is to be completed by the policyholder who is porting from a health insurance policy issued by another insurance company

Name of Policyholder:

PORTABILITY FORM

1.	Name of the Policyholder/ Insured (s)	
2.	Date of Birth / Age	
3.	Address of the Policyholder / Insured	
4.	Details of Existing Insurer	
	a. Name of insurance company	
	b. Name of the product	
	c. Sum Insured	
	d. Cumulative Bonus	
	e. Add-ons/riders taken	
5.	Details of the Proposed Insurance	
	a. Name of the product proposed/intended to take	
	b. Sum Insured proposed	
	c. Whether Cumulative Bonus to be converted to an enhanced sum insured	
6.	Reason(s) for Portability	
7.	No. of family members to be included in the policy to be ported	
Enclosure: Photocopy of the existing & previous policy documents		
Date:		
Signature of the Policyholder		

- Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy? (Please indicate Yes / NO):
.....

- If Yes, please give written consent to the declaration below:

I am aware that the waiting period for the following disease(s)/treatment(s) is more than the previous policy terms. I hereby agree to observe the additional waiting period for the following disease(s)/treatment(s).

Name of the Disease / Treatment	Waiting Period in Days / Years
1.	
2.	
3.	
4.	

Date: DD/MM/YYYY

Place:

Signature of Policyholder:

This Annexure details the list of documents that are required along with this proposal form and the documents that are considered as valid

Documents Required

- Completed Proposal Form
- Cancelled Cheque (supporting bank account details)
- Stamp Size Photograph (2 no.) for each insured person
- Pre-Policy Check-up reports (if applicable)
- Copy of existing health insurance policies (if applicable)
- Proof of Identity (any one document listed below)
- Proof of residence (any one document listed below)
- PAN Details (In case PAN not available, Form 60 or 61 as per Rule 114B of the Income-Tax Rule, 1962 must be submitted)

Documentary Proof

Features	Documents
Proof of Identity	<ul style="list-style-type: none"> i. Passport ii. PAN Card iii. Voter’s Identity Card iv. Driving License v. Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(c) of the ‘The Prevention of Corruption Act, 1988’) verifying the identity and residence of the customer vi. Aadhaar Card vii. Job card issued by NREGA duly signed by an officer of the State Government
Proof of Residence	<ul style="list-style-type: none"> i. Passport ii. Driving License iii. Aadhaar Card iv. Voter’s Identity Card v. Job card issued by NREGA duly signed by an officer of the State Government vi. Letter issued by National Population Register containing details of name and address <p>Where the above documents do not have the updated address, the following documents shall be deemed to be valid documents for the purpose of Proof of Residence.</p> <ul style="list-style-type: none"> i. Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill) ii. Property or Municipal Tax receipt iii. Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address iv. Current Photo Passbook with details of permanent/present residence address (updated up to the previous month) v. Current statement of bank account with details of permanent/present residence address (as downloaded) vi. Ration card vii. Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof viii. Employer’s certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)
Proofs of both Identity and Residence	Written confirmation from the banks where the proposer is a customer, regarding identification and proof of residence