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.

v. 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.

vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.

vii. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.

viii. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.

ix. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.

x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

xi. I authorize the Company to exchange,share or part with the information relating to myself/person(s) to be insured with any external entity other than regulatory and statutory bodies, as may be required and I will not hold the Company or its agents liable for use/sharing of this information.Yes/No (non selection, the option shall be constructed as "Yes" by the Company)

xii. I hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form 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.

Signature: _____ Date: d d m m y y y y Place: _____

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in _ _ _ _ _ _ _ _ _ _ language. I further confirm & declare that contents read over & explained to me have been understood by me.

_____

_____

_____

Signature/Thumb Impression of the Proposer: _____

Identified by Name & Signature : _____

Date: d d m m y y y y **Place:** _____

Prohibition of rebates - Section 41 of The Insurance Act, 1938

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, 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 published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

Reliance General Insurance Co. Ltd. Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.
Corporate Office: 570, Rectifier House, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai 400031.

Insurance is a subject matter of solicitation. IRDA Registration No. 103. UIN: IRDA/NL-HLT/RGI/P-H/V.I/318/13-14

Registered & Corporate Office Address

Reliance General Insurance Company Limited.

Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.

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For any assistance call **1800 3009** (toll free)

RGI/MCOM/HL-11/PF/Ver. 1.3/291113

RELIANCE General Insurance

1800 3009 (toll free)
www.reliancegeneral.co.in

Proposal Form for Reliance HealthGain Policy

Proposal Form No: _____

1. To be filled and signed by proposer.
2. This proposal shall be the basis of contract for Policy issuance.
3. Reliance General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

Intermediary Details

Intermediary Name ☐Mr. ☐Mrs. ☐Ms. F I R S T M I D D L E L A S T
Intermediary Code
Branch Name
Branch Code
Sales Manager Name ☐Mr. ☐Mrs. ☐Ms. F I R S T M I D D L E L A S T
Sales Manager Code

Proposer Details

1. Name of the Proposer ☐Mr. ☐Mrs. ☐Ms. F I R S T M I D D L E L A S T
2. Address

Flat Building Road/Street/Sector
Area City
Pin Code State Country
Residence Number Mobile
Gender Marital Status (Married/Single/Others)
Mother's Maiden Name F I R S T M I D D L E L A S T
D.O.B d d m m y y y y PAN No.
Email Id Nationality
Source of Funds ☐Business ☐Profession ☐Salary ☐Agricultural Income ☐Savings ☐Others
Monthly Income: ☐Upto ₹ 20,000 ☐₹ 20,001 to ₹ 50,000 ☐₹ 50,001 to ₹ 1,00,000 ☐₹ 1,00,000 and above

Plan/Policy Details

a. Plan & Base Sum insured (₹) (Tick One) Plan A ☐3 Lacs ☐6 Lacs ☐9 Lacs Plan B ☐12 Lacs ☐15 Lacs ☐18 Lacs
b. Cover Type: ☐Individual ☐Floater
c. No. of members to be covered (Minimum 2 Members in case of Floater) ☐(1-6 members)
d. Policy Tenure 1 Year

Nomination Details

The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.

Name of Nominee	D.O.B	Relationship with Proposer	Address of Nominee
	dd/mm/yyyy		

Details of person(s) proposed to be insured

Section A : Personal Details						
Details	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Name — First name						
Name — Last name						
DOB	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
Gender						
Nationality						
Relationship with Proposer						
Marital Status						
Occupation						
Height (in cms.)						
Weight (in kgs.)						

Has any person to be insured been diagnosed/hospitalized/under any treatment for any illness / disease or injury during any time in past? If yes please select the disease / injury as mentioned below. If others, please specify

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
A. Diabetes	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
B. Hypertension	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
C. Respiratory disorder(s)	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
D. HIV/AIDS/STD	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
E. Liver disease(s)	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
F. Cancer/Tumor	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
G. Heart Disease(s)	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
H. Arthritis/Joint pain	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
I. Kidney Disease(s)	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
J. Paralysis/Stroke	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
K. Congenital Disease(s)	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
L. Injury	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy	☐ Yes mm yyyy
M. Others (Please Specify) Name of Disease / Injury						
Since	mm yyyy	mm yyyy	mm yyyy	mm yyyy	mm yyyy	mm yyyy
Does any person proposed to be insured smoke or consume tobacco or alcohol? If yes, please indicate	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No

Are you an employee of Reliance Group Company? ☐ Yes / ☐ No

If yes, please mention Employee SAP ID

Note : The Company may apply a risk loading upto 150% on the premium payable (based upon the declarations made in the Proposal form and the health status of the members proposed to be insured).These loadings would be applied from the first policy and its subsequent renewals with the Company. Any loadings, if applicable, shall be suitably intimated to the Proposer based on the assessment of the Proposal form and/or medical tests. The Proposer shall be required to pay the additional premium within 15 days of such intimation. The Company shall only be at any risk once it receives and accepts this additional premium . In the event of non-receipt of this additional premium within the stipulated time, the Company shall cancel your proposal and refund the amount after deducting cost of medical tests, if any.

Section B: Current/Previous Health - Insurance details

Details	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Name of Insurer						
Policy no.						
Policy period — From (DD/MM/YYYY)						
Policy period — To (DD/MM/YYYY)						
Sum Insured (₹)						

Type of Cover	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
	☐ IND ☐ FLOATER	☐ IND ☐ FLOATER	☐ IND ☐ FLOATER	☐ IND ☐ FLOATER	☐ IND ☐ FLOATER	☐ IND ☐ FLOATER
Have any of the persons to be insured ever filed a claim with their current/previous insurer? If yes, please provide details on a separate sheet	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No
Has any proposal of life, critical illness or health insurance been declined, cancelled or charged a higher premium?	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No
Are any of the persons proposed for insurance covered under any other health insurance policy with the Company? (Including Critical Illness)	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No

Are you applying for portability? ☐ Yes / ☐ No (If yes, please fill in the separate Portability Form)

Do you have any other Reliance General Insurance Policy? ☐ Yes / ☐ No

If yes, please mention policy number

Attending Physician's Details

Name of Family Physician: ☐ Mr. ☐ Mrs. ☐ Ms. FIRST MIDDLE LAST

Contact Number Email Id

Premium Payment Details

Payment by: Cheque*/DD*/ Credit Card#/Debit Card # (Tick whichever is applicable)

☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card

Cheque or DD Amount /- Amount in words ( )

Bank Name

Cheque No./DD No./Card No. Cheque/DD Date dd mm yyyy

Name of the Premium Payer

*In case of payment made through Cheque / DD then please issue an A/c payee instrument in favour of "Reliance General Insurance Company Limited" #In case of payment made through Credit/ Debit Card the Card needs to be in the name of the Proposer

Declaration & Warranty on Behalf of All Persons Proposed to be Insured

I. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.

ii. 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.

iii. I/We further declare that I/We will notify in writing any change occuring 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.

iv. I/We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured /

Acknowledgement for Proposal

Please retain this counterfoil for your records (on behalf of Reliance General Insurance Company Limited)

NOT VALID AGAINST CASH Proposal Form No.

Date: dd mm yyyy

We acknowledge the receipt of payment of ₹ _____ vide cheque/DD _____ from Mr./Mrs./Ms. _____ .

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. Reliance General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of Policy shall be subject to receipt of completed proposal form, premium payment, medical reports (wherever applicable) and underwriting decision of the Company.

Name of the Employee:

Signature of the Employee: _____

Company Seal & Stamp

Insurance is a subject matter of solicitation. IRDA Registration No. 103. UIN: IRDA/NL-HLT/RGI/P-H/V.I/318/13-14