2 of 4

3 of 4

- -

Insured person Details (Please fill in the respective column for each person proposed to be covered)

Common Proposal Form

ar Health and Allied Insurance (Details of the person pro		Insured P		on Details (Please fill Insured F		Insured F			Person - 4	Insured P	non Proposal erson - 5
Name											
Gender	Date of Birth	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M / F / Thirdgender	DD/MM/YYYY	M/F/Thirdgender	DD/MM/YYYY	M/F/Thirdgender	DD/MM/YYY
leight (cms)	Weight (kgs)	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KG
Relationship with proposer	Ι								1		
Dccupation Do you want Gold Plan [Appli	Annual Income (Rs.)										
Insurance Policy (Individual)]		YES	/NO	YES	S/NO	YES	NO	YES	S/NO	YES	NO
Sum Insured Opted (Rs.) Add-ons : [Applicable for Medicla	ssic Insurance Policy										
(Individual)) - Do you want add on (Patient Care add-on is available o above 60yrs of age.)	covers - If Yes, Please tick (~	¹⁾ Hospital Cash	Patient Care	Hospital Cash	Patient Care	Hospital Cash	Patient Care	Hospital Cash	Patient Care	Hospital Cash	Patient Car
ي ال Name of the Insu	Irance Company										
2. Period of Insurar	nce										
1. Name of the Insu auto Auto Pure Auto Support Auto Pure Auto Support Auto Pure Auto Support Auto Pure Auto Support Auto Support Support Auto Support Auto Support Su)										
4. 1 0109 110.			1000								
to s المعادي المعادم المعادم المماممماممام الممام المماممامممممامماممممماممامممممامممم	h Claim was made Year		YYYY		YYYY		YYYY		YYYY		YYY
2. Claim Amount Pa	aid / Rejected										
Health History : Please provide answer in detail. A	mere dash is not sufficient.	Family Physician'	s Name				Phone			Regn No	
1. Is the person proposed for insu free from physical and mental of											
give details 2. Has the person proposed for in diagnosed /taken treatment /be	surance consulted/										
illness/injury. If Yes,give details 3. Does the person proposed for i complications during / followin	nsurance have any										
all necessary documents.	5 J J J		owing								
a) Diabetes Mellitus - If Yes, si		lering from any of the foll	owing								
b) High BP, Cholesterol - If Yes	s, since when										
c) Heart Disease - If Yes, since											
d) Stroke, epilepsy, fainting attac Parkinson's disease, Alzheime											
e) Tuberculosis, asthma, other Yes, since when											
f) Disease of bones /joints, sli injury to ligaments - If Yes,											
 g) Cancer, Pre Cancerous Les h) Gynecological disorder such 											
Ovarian cyst - or have unde terectomy If Yes, since when											
i) Treatment for sub fertility o (answer if applicable) – If Ye											
j) Disease of Stomach, Intesti Pancreas, Kidney, Urinary b Diseases - If Yes, since whe	ladder, Urinary Tract										
k) Disease of Prostrate / Fistul If Yes, since when	la / Piles / Genital diseases -										
I) Cataract and other diseases - If Yes since when	s of the eye and ENT disease										
m) Any Other Problem (Please S											
5. Has the person/s proposed for A). Undergone any medical test	1?										
 B). Prescribed any medicines? i). Name the illness for wh prescribed 	· · · · · · · · · · · · · · · · · · ·										
ii). Details of medicines and	d drugs prescribed.										
iii). Period for which these	drugs were taken.										
C). Been advised for any surge details	ry / treatment ? - If Yes, give										
D). Received /receiving any pay injury / illness/ disease. Giv	/ment for any disability / ve details										
	cco - If Yes, since when										
person proposed b) Smoke - If ` for	Yes, since when										
	Alcohol - If Yes, since when										
7. Is the person proposed for insu please mention your CD4count Applicable for Star Comprehens 8. Does the Insured Occupation re	(Please attach proof) sive Insurance Policy										
labour ? 9. Does the Insured Person engage in activity or sport which is hazardou	or propose to engage in any										
as Racing, Mountaineering, Winter 10. Name of the family m	sport etc if so please specify nember chosen for Pe	ersonal Accident I									
(Note : The sum insured for personinsured opted for health cover. P	ersonal Accident cover is not a	available for dependent chi	Idren and for persons abov	re 70) years							
Declaration of the Agent/ Intern (Please Enclose Insurance Ag		t, If Any)			ormation furnished in t	the proposal is true to	the best of my knowl	edge and recomm	nend acceptance	of the proposal.	
Code :	Person	Name of of Corporate Agent /	the Agent / Specified Authorised Employee ales Person of the IMF				Signature :				

<form></form>	Health Insurance Specialize the prop			_/- by an ac	Cash	ı / vi nce	de Cheo of risk	que/ [by us	DD N	lo	eipt of f	the Cas	sh/Chec	ue will a	dt.				A drawn on	Acknov policy fro	wled	gem Mrs/ N	ent ^{II} s	COMPANY LI	Cheque g	given	by you	is banked	for opera	tional co	onvenier	nce and	g with payment banking of the eccipt, subject
				e. If th	e pro	posa									Contact	our offic	ce, in case	policy is n	ot received	d within 1							Sigr	ature of	the				
Insued Persin-1 Insued Persin-2 Insued Persin-3 Insued Persin-4 Insued Persin-4 Nome: Nome: <td< td=""><td>Sum Fam</td><td>STA UID n Ins nily S</td><td>AR C D No. Sure Size</td><td>:OMP : IRD d Op (A=,</td><td>REH A/NI otior Adu</td><td>EN: HI ns /</td><td>SIVE IN LT/SHA Availal C=Chi</td><td>NSUR Al/P-H ble F Id) (</td><td>RAN(1/V.II Rs. i √)</td><td>UID CE P II/398 in La</td><td>No.: I POLIC 8/14-1 akhs</td><td>RDAI/ Y 5 * (√)</td><td>HLT/Sł</td><td>iai/p-h stai uid n uid 1</td><td>/V.III/129 R CRITI o.: IRD/ 1 A</td><td>2)/2017- CARE A/NL-H</td><td>18 PLUS INS LT/SHAI// 1.5 A+1C</td><td>SURANCE P-H(C)/V.</td><td>UIE E POLICY /138/13-1</td><td>O No.: S 4 3 3</td><td>HAHL</td><td>.IP200 STAI</td><td>63V03 R HEA UID N</td><td>31920 ALTH GAIN INSUR Io.: SHAHLIP1808</td><td>8V021</td><td>POL 718 7.5</td><td>ICY</td><td></td><td>ID No.: Star UID No</td><td>Shahli Famil' D.: IRDA</td><td>P1910 Y DELI VNL-H 15</td><td>1V0318 TE INS LT/SHA</td><td>319 URANCE POLIO M/P-H/V.I/139/13</td></td<>	Sum Fam	STA UID n Ins nily S	AR C D No. Sure Size	:OMP : IRD d Op (A=,	REH A/NI otior Adu	EN: HI ns /	SIVE IN LT/SHA Availal C=Chi	NSUR Al/P-H ble F Id) (RAN(1/V.II Rs. i √)	UID CE P II/398 in La	No.: I POLIC 8/14-1 akhs	RDAI/ Y 5 * (√)	HLT/Sł	iai/p-h stai uid n uid 1	/V.III/129 R CRITI o.: IRD/ 1 A	2)/2017- CARE A/NL-H	18 PLUS INS LT/SHAI// 1.5 A+1C	SURANCE P-H(C)/V.	UIE E POLICY /138/13-1	O No.: S 4 3 3	HAHL	.IP200 STAI	63V03 R HEA UID N	31920 ALTH GAIN INSUR Io.: SHAHLIP1808	8V021	POL 718 7.5	ICY		ID No.: Star UID No	Shahli Famil' D.: IRDA	P1910 Y DELI VNL-H 15	1V0318 TE INS LT/SHA	319 URANCE POLIO M/P-H/V.I/139/13
		P										Pl						F										f					
<form></form>	Name :										Name	:					Na	ame :						Name :					Na	ame :			
	that the i 3. I furthe information whom an 5. I autho	inform ier dec ion fro n appli orize t	nation clare t om any lication the co	provid hat I w y docto n for in mpany	ed by rill noti or or fr suran / to sh	me v fy in rom a ce or are i	will form t writing a hospital n the pers informatic	the bas ny cha l who/v son to on perf	sis of ange o which be in taining	f the in occurr n at an nsured ng to m	nsurance ring in the sytime h l/propos	e policy ne occup as atten er has b osal inclu	is subject pation or ded on the een mad uding the	t to the Bo general h ne person de for the medical i	oard appro ealth of th to be insu purpose o records of	oved und e life to b ured/prop f underw the insu	erwriting pol be insured/pr loser or from riting the pro red/propose	licy of the in roposer afte any past of oposal and/o r for the sole	rs given by r surer and th r the propos present em r claim settl purpose of	me are tru at the poli al has bei aployer co lement.	cy will c en subrr ncerning ing the j	come int nitted bu g anythi proposa	to force of ut before ing which al and /or	only after full payment of e communication of the sh affects the physical of or claims settlement and	of the pre risk acce r mental	emium eptanc health	t charges by the of the p	able. company. 4 erson to be	. I declare insured/pr	and conso oposer ar	ent to the nd seekin	e compar ig informa	y seeking medical ation from any insure
							iven is ba	anked 1	for op	peratio	onal con	venienc	e and co	mmencen	nent of ris					you.		/ by c	cash/vide	e cheque /DD no	Sig	gnatu	Г	l	di	awn on			
Interdept confirming that the details have been explained Interdept confirming proprior takes out reacting and interdept confirming proprior takes out reacting proprior takes out reacting propring takes out reacting proprior takes out reacting proprin	WHE								OR	SIG	NS IN A	A LANC			ENT FR	OM TH/		E	The conte	ents of t	ne proj	posal f	form ar	nd features of the	imp the	ressi prop	on of oser :	s: Section /	1 of Incurs	unce Act 1	038 No.	arson st	all allow or offer to
<form><form></form></form>									the	detai	ls hav	e been	explai	ned to th	ne propo	oser.			product h understo	nave bee od the si	n fully ignifica	ance o	f the pi	o me and I have fully roposed contract.	either o insurar whole o shall ar	directl nce in or par ny pei	y or indi respect t of the c son taki	rectly, as an of any kind ommission ng out or re	induceme of risk rela payable or newing or	nt to any p ting to live any rebat continuing	person to es or pro te of the g a policy	o take out perty in I premium / accept a	or renew or contin ndia, any rebate of shown on the polic any rebate, except s
Website : www.starthealth.in * CIN: U607 COPOSAL FORM Ref. No. AGRNT AGRNT CODE AGRNT CODE AGRNT CODE AGRNT CODE AGRNT CODE	D)ate			Nan	ne o	f the pe	erson	who	o exp	lained		Si	gnature	of the p	erson v	vho explai	ned	Signa	ature / Tl	numb i	impres	sion o	of the proposer	insurer Any pe	rson	- making c	efault in co	mplying wi	th the pro			
Website ::www.starthealth.in * clll: U601 COPOSAL FORM Ref. No. AGE NT assification :: :: :: :::::::::::::::::::::::::::																																	
Vielosite : www.startnealth.in * CIN : U6601 ORM Ref. No. Policy No. SM CODE Specification is based upon the address of the proposel. Specification is based upon the address of the proposel. state canonically Vielesable or Backware CoDE state canonically Vielesable or Backware Comparison Comparison Solution is based upon the address of the proposel. state canonically Vielesable or Backware Comparison Comparison Solution Solutions (Sector Comparison Comparison Comparison Comparison Solutions) Comparison	attach any one	Cheque / DD No. :		Please attach a photo copy of			CAMSRep -	e-Insura A) nimb	I would like to receive my insura	(Incase of Multiple nomin	(if nominee is a minor)	Not the Proposer			Period of Insurance	Email ID :					Residence Address	Occupation of the Proposer	Name of the Proposer Mr / Mrs / Ms.		tor" includes unorganise nised sector" includes se adv tailors. leather and	Rural	Social Sector			Policy Issuing Office	Unique Reference No.:	COMMON PROPO	Percent & Cring Health The Health Insurance Specialist
Image: contract of the contra	of Birth :		Premium	cancelled chequ	ınk :	er:	MS Insurance	e Acc	Ince policy and all						From		The H							ard C ard C ance t ance t alle, se	sector, informal sec employed workers nnerv workers. pal	on (This classifica	: 🗆 Yes 🗖				SHAI/PR000	AL FO	R
Image: contract of the contra	I Certificate	Date :		e leaf of the a				imber, kindly p Insurance Ren	he informatior	form conta							lealt		6					getable vendors, v getable vendors, v rsons who live bel lity as defined in t persons or person persons or person and domestic serv	nomically agricultu ers. pow	ion is based u	lf Yes					Ref. I	Regd. & Co Chen Website :
CIN: U6601 actor control c - Cere - Cere - Core					Nam		0 V		n related to th	iining nom														asherwormer w the povert Persons w with disabili level of org es and man	erable or backwa pourers, bidi work n workers. physic	upon the add	a. Unoi	PERS	COD	SM CC	- <u>0</u> .	No.	Regd. & Corporate Office: Chennai - 600 034. · Website : www.starhealt
or CIN.: U6601 recable or Backwar oposer): □ Urbar recable of persons recable of persons or To Tal Insurance Rep Type of <i>P</i> Mode of Payme on :		Draw		Account.	e of the Brar			irance Accou	e proposed in	inee detail							Sun							ing wor abilities ion and ring, wit	sses and rick kiln v	lress of the p	rganised Sec nomically Vul	m Q r			-)ffice: 1, N 034. ★ Pł rhealth.in
Image: construction of the company will not be on risk until the and full payment of premium has been and full payment of adagories of pressors proposed for rinsurance for ackward Classes SPECIFIED b Other Categories of ackward Classes scobers, bath in rural and urban areas. c. Informal Sector scobers, ontruction worker, distingment, handisch addismacht ack beer and urban areas. pressors of pressors runado adjective of generating employment and income, with the drangories of pressors prin Code Mobile Number Pin Code Relationship to the full precipation / Act, 1995 and who meres. prin Code relationship to the transport of the specifying the % to eaccet the complex set. prin Code ret Fin Code Fin Code ret of Birth Fin Code Fin Code ret of Report of Unburg Structure Fin Code ret of Report of Code	AN Card	n on :	Mode o		nch :	-	Insur			h					5		anc								F, S	roposer) : 🗆	<u>م</u>						<u> </u>
2005PLC056649 × IRDAI F 2005PLC056649 × IRDAI F company Will not be on risk until the toron preposed for insurance for the sector in block letters. At a person proposed for insurance for the adoptives, fishermen, hanals, handicraft milk producers, rickshaw pullers, safakemach and cooles or such other categories of persons of per	Driving L		f Payment : C			/pe of Accou	nce Reposito	er	cy through in	e enclose	th	Date		PAN		Mob	e S							Protection of Rig Protection of Rig rimary objective (ur intensive, hav	of persons, both i s, cobblers, cons persons. primarv) Urban 🗖 R	ackward Cla	PEF		Z, co	Plea: of the	and t	Street, Va 4 - 282888 J66010TN
Ib. Other Categories of premium here on risk until the of premium lengories of persons Ib. Other Categories of a reas. areas. areas. Ib. Other Categories of persons cipation Act, 1995 and who melles, statilarmachation insurance for insurance of persons cipation Act, 1995 and who melles and income, with het an and informal employer-empleters and who melles and who melle		Bran	àsh / Chque						surance repos	duly spec	e Nominee	of Birth		Number		ile Numbe	Deci		T		-	An	Dat	ind coolies or su hts and Full Part of generating em ing often unwritte	n rural and urban truction workers, milk producers. r			AME		ME	e person pro	company will	lluvar Kot 00 ★ Em: 2005PLC(
IRDAL F Intersection Intersectin <	Aadhar C	ch :) / DD / Credi		IFS		NDML - N		sitory	cifying the						, r	alis		eal			nual Incon	te of Birth	icipation) Act, 19 licipation) Act, 19 ployment and inc an and informal e	ı areas. , fishermen, ham; rickshaw pullers.		 ☐ b. Other C ☐ d. Informal 				form in block posed for ins	I not be on ris of premium h	ttam High ail : supp 056649 ★
			't Card / Debit		C Code :	iers piease si	SDL Data Ma			% to each							Pin Code :		Pin Code :			ne Rs.:		ies of persons;: 95 and who may come, with hetero, mployer-employe	als, handicraft art safaikarmacharis		ategories of I Sector				c letters. Also urance for is.	sk until the pi ias been rect	Tank Street, Valluvar Kottam High Road, Nungambakkam, e : 044 - 28288800 ★ Email : support@starhealth.in CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129
I Regin. No. : 129 I Regin. No. : 129 I Regin. No. : 129 I received. Also soubmat bottographs of each for issuance of identity cards acharis, salt growers, sericulture workers, nanchereogeneous activities like retail trade, mployee relationship; I ve			t Card /			ресіту	anagemen		(es	nominee														not be gainfully geneous activit	isans, handloor , salt growers.		Persons				submit pho	roposal has eived.	ungamba lealth.in lgn. No.
Image: Image: Image: Image: Im	y other Govt. F						to 1		_	<u> </u>	Ag	B										I		lie 2	% ⊐	1					오 주		

Proposal Form No. :

_ _ .