



Ref. No.: _____

Policy No.: _____

PLEASE FILL UP THE FORM IN BLOCK LETTERS

The company will not be on risk until the proposal has been accepted and full payment of premium has been received.

Star Critical Illness Multipay Insurance Policy
 Unique Identification No.: SHAHLIP22140V012122

Policy Issuing Office

SM CODE	
SM NAME	
AGENT / CORPORATE AGENT / BROKER / IMF / CODE	
AGENT / CORPORATE AGENT / BROKER / IMF / NAME	

Please affix Passport size photograph of the Proposer

PROPOSER DETAILS

Prefix	First Name	Middle Name	Last Name
Proposer Name (same as KYC/ID proof)			
Father / Spouse Name			
Mother Name			
Date of Birth	D D M M Y Y Y Y	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
Business Type	Do you come under below mentioned Social Sector Classification*		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes (please tick)	Unorganized Sector <input type="checkbox"/> Economically Vulnerable or Backward Classes <input type="checkbox"/> Other Categories of Persons <input type="checkbox"/> Informal Sector <input type="checkbox"/>	Rural and Social Sector Classification
			Are you a ASHA worker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
			Are you a MGNREGA worker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas; (a) "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons.(b)"Economically Vulnerable or Backward Classes" means persons who live below the poverty line. (c) "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability. (d) "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship.

Source of Income	Salaried <input type="checkbox"/> Business <input type="checkbox"/> Others, please specify _____	Proof of Income to be submitted	IT Returns <input type="checkbox"/> 3mths Payslip <input type="checkbox"/> Other Proof, please specify _____
Annual Income (in Rs.) :	PAN Number [†]	If PAN number is not available submit Form 60 [†]	
GST Number	Residential Status	Indian Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Foreign National <input type="checkbox"/>	
CKYC Number	Email ID		
Do you wish to update CKYC with the KYC details provided here	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you (Proposer) or any of the insured person is a PEP (Politically Exposed Person) or related to PEP ^{‡‡‡}	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details

Current Address	Address line 1	Permanent Address (should be same as address Proof)	Address line 1
	Address line 2		Address line 2
	City / Town / Village		City / Town / Village
	District		District
	State		State
	Country and Pincode		Country and Pincode
	Mobile Number		Alternate Mobile Number

Please attach any one proof in support of ID and Address ^{††}	Voter ID <input type="checkbox"/>	Driving License Exp Dt.:	Aadhar Card <input type="checkbox"/>	Passport Exp Dt.:	NREGA Job Card <input type="checkbox"/>	Any Other Govt. Notified Document <input type="checkbox"/>
Nomination	Nominee's Name :	Relationship to Proposer :	Date of Birth	D D M M Y Y Y Y	Age	in yrs
	Name of the Appointee (if nominee is a minor) :	Relationship to Nominee :	Date of Birth	D D M M Y Y Y Y	Age	in yrs

(Incase of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee) | Do you wish to receive the copy of the policy document by Email / Whatsapp / Any other electronic mode

I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you already have an e-Insurance Account (eIA) number, please provide:	If you don't have an (eIA) number, please choose any one Insurance Repository	Karvy Insurance Repository Limited	CAMS Insurance Repository Services Limited
				CDSL Insurance Repository Limited	NSDL National Insurance Repository (NIR)

Please choose the Policy Term Opted	1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/>	Period of Insurance	From	D D M M Y Y Y Y	To	D D M M Y Y Y Y
Premium can also be paid: Annually for 1 year term / Biennial for 2 year term / Triennial for 3 years	Do you want to pay the premium in Instalments	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes (Please choose Instalment option)	Quarterly <input type="checkbox"/> Halfyearly <input type="checkbox"/>		

(Please check the brochure for policy term and Instalment facility in respect of each product)

[†]The copy of PAN card or Form 60 is mandatory | ^{‡‡‡}If CKYC number is provided, proof of submission is not mandatory | ^{‡‡‡}Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office : 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. | Phone : 044 - 28288800
 Email : support@starhealth.in | Website : www.starhealth.in | CIN : L66010TN2005PLC056649 | IRDAI Regn. No. : 129

g) Respiratory Conditions/Disorders: Shortness/difficulty of breath, Tuberculosis, Asthma, Bronchitis, Chronic Obstructive Pulmonary Disease COPD, Chronic cough, coughing of blood, etc or any other lung/respiratory disorder/impairment of lung function				
h) Urinary Conditions/Disorders: Renal Failure/Chronic renal disorder, Renal Transplant, Congenital disorders of renal system, End Stage Renal Disorder, Proteinuria				
i) Digestive Conditions/Disorders: Jaundice, chronic diarrhea, intestinal bleeding/problems/polyps, diseases of the pancreas, liver or gall bladder, hepatitis A/B/C/other, jaundice, Cirrhosis, inflammatory Bowel Disease unexplained weight loss or gain, eating disorder or any other gastro intestinal condition				
j) Autoimmune Disease (Rheumatoid Arthritis/SLE/Ankylosing Spondylitis etc.) or Genetic Disorder				
k) Any other problem please specify				
2. Does the person proposed for insurance has any of the mentioned habits				
a) Chew Tobacco - If Yes, since when				
b) Smoke - If Yes, since when				
c) Consume Alcohol - If Yes, since when				
d) If a, b, c, mentioned as yes mandatory to give details whether having symptoms or diagnosed with any local or systemic complications.				
3. Has any application for insurance on proposed life been postponed, declined, rejected, accepted with special terms or accepted with extra premium?				
4. Please provide details, if any, regarding occupation or business, which may render you to susceptible to injury or illness. (e.g. exposure to chemical substance/hazardous materia/harmful dust or gases/explosives/working at heights/handling heavy machinery etc.)? or Does the person proposed for insurance take part in any hobbies/activities that could be considered dangerous in any way? E.g. aviation (other than as a farepaying passenger), mountaineering, deep sea diving or any form of racing?				
5. Is the person proposed for insurance undergone or recommended to undergo any hospitalization, operation / sugery or any other investigations (excluding check ups for employment / insurance / foreign visit)?				
6. Has the person proposed for insurance ever been tested positive for HIV/AIDS or been tested/treated for other sexually transmitted disease or awaiting the results of such a test?				
7. Are any of your family members suffering from/have suffered from/have died of Heart Disease or High Blood Pressure or Stroke or Diabetes or Kidney disease or Cancer or HIV/AIDS?				
8. Type and total number of medical documents provided				
9. Additional Questions for female life				
a. Is the person proposed for insurance presently pregnant? if yes, please mention the expected date of delivery?				
b. Any complaint of Diabetes, Hypertension or any complication during current or earlier pregnancy?				
c. Has the person proposed for insurance ever undergone hysterectomy or ever had any disease of uterus, cervix or ovaries?				
Declaration of the Agent / Intermediary : I / We confirm that the product's suitability has been explained to the proposer. The information furnished in the proposal is true to the best of my knowledge and recommend acceptance of the proposal. (Please Enclose Insurance Agent's Confidential Report, If Any)				
Date	Code	Name of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF	Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF	

Received the proposal for Star Critical Illness Multipay Insurance Policy policy from Mr/ Mrs/ Ms. _____ along with payment of Rs. _____/- by Cash / vide Cheque/ DD No. _____ dt. _____ drawn on _____. The Cash/Cheque given by you is banked for operational convenience and banking of the Cash/Cheque does not mean acceptance of risk by us. The receipt of the Cash/Cheque will also be acknowledged by our office vide collection receipt. If the proposal is accepted, the cover will commence from the policy start date as stated in the policy schedule, subject to realization of the Cheque. If the proposal is not accepted, the amount paid will be refunded. Contact our office, in case policy is not received within 15 days from the date of payment of premium.

Date: _____ **Place:** _____ **Name & Code of the authorised person:** _____ **Signature of the authorised person:** _____

Star Critical Illness Multipay Insurance Policy

Please affix stamp size photograph of Insured Person - 1	Please affix stamp size photograph of Insured Person - 2	Please affix stamp size photograph of Insured Person - 3	Please affix stamp size photograph of Insured Person - 4	Please affix stamp size photograph of Insured Person - 5
----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------

Submitted the above proposal for Star Critical Illness Multipay Insurance Policy policy along with payment of Rs. _____ by cash/vide 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.

Declaration

The primary duty of the proposer is to fill out the proposal form and also to make sure that the proposal contains all the details correctly. If you or any of the insured person(s) have suffered or suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in a repudiation of the claim/cancellation of the policy.

I/we agree that the PAN details and other information provided by me/us in the proposal form may be used by the Company to download/ verify / modify / add my/our KYC documents from the CERSAI* CKYC portal for processing this application. I/We understand that only the acceptable officially valid documents would be relied upon for processing this application. (*Central Registry of Securitization and Asset Reconstruction and security Interest of India) I hereby consent to receiving information from Central KYC Registry through SMS / email on the above registered number/email address.

1. 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. 2. 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. 3. 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. 4. I declare that I consent to the company seeking medical information from any doctor or from a hospital who/which at anytime 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. 5. 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, which includes sharing of my medical data through ABHA. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCPDR.

Place	Date	Name	Signature / Thumb impression of the proposer:

WHERE THE PROPOSER IS ILLITERATE OR SIGNS IN A LANGUAGE DIFFERENT FROM THAT OF THE LANGUAGE OF THE PROPOSAL FORM.

I hereby confirm that the details have been explained to the proposer.		
Date	Name of the person who explained	Signature of the person who explained

The contents of the proposal form and features of the product have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature / Thumb impression of the proposer

Prohibition of Rebates: Section 41 of 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 liable for a penalty which may extend to ten lakh rupees.

Beware of spurious phone calls and fictitious/fraudulent offers and never respond to calls/emails/embedded links in SMS/emails asking you to update User id/Password/Credit Card Number/CVV/OTP etc. Insurance is a contract of the utmost good faith, requiring the insured to answer all of the questions on the proposal form honestly and without omitting any information that is relevant. When submitting the proposal form, kindly reveal all pertinent information. If any important information is omitted from the proposal form, personal statement, declaration, or related papers, or if the proposer or someone acting on his behalf makes any false or erroneous statements, misrepresentations, or omissions, the Policy will be invalid, at the insurer's discretion. Please get in touch with the company's offices or agents if you have any questions about the proposal form.