

THE NEW INDIA ASSURANCE CO. LTD.

Regd. & Head Office: 87, M.G. Road, Fort, Mumbai- 400 001.

NIA MODERN TREATMENT RIDER

PROPOSAL FORM

(URN: NIA/Health/23-24/MR)

Please read the Terms and Conditions of the policy before filling up this form.

- A.** The Company shall not be on risk until the proposal has been accepted by the Company and communications of acceptance has been given to the proposer in writing on full payment of premium.
- B.** The Entry Age for this Rider shall be up to the Entry Age of the respective Base Policy & subject to the below conditions. However, This Rider is not available for persons suffering from or suffered in the past one or more of the following Illnesses/Conditions:
- Cancer (even if treatment is completed)
 - Age related macular degeneration
 - Sickle cell anaemia
 - Thalassemia Major
- C.** The Rider can be purchased along with the Base Policy and cannot be purchased in isolation or as a separate product.
- D.** Rider can be purchased only at the time of inception or at renewal of the Base policy and cannot be opted in/out during the course of policy.
- E.** In case of a payment of a claim under Modern Treatments, this Rider cannot be opted out at the time of Renewal.
- F.** Modern treatment procedures are payable only once during a policy period (this is applicable only to surgical procedures i.e. except for Oral Chemotherapy, Intravitreal Injections and Immunotherapy-Monoclonal Antibody to be given as injection)
- G.** A deductible of 10% is applicable on the admissible claim amount. Please see the detailed T&Cs.
- H.** No pre and post hospitalization expenses are payable for claims under oral chemotherapy.
- I.** If other family members residing with proposer i.e. spouse, eligible children, eligible parents etc. are required to be covered, complete details of each person should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.
- J.** **Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-co-operation by the insured will nullify the cover under the policy.**

1. Name of the Proposer:

2. Policy Number of the Retail Health Policy:

3. Type of Policy (Individual/Floater):

4. Details of the Persons:

S. No	Name of all the persons	Date of Birth	Age	Gender (M/F/T)	Relation with the Proposer	PED if any as listed under point no B above
1.						
2.						
3.						
4.						
5.						

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5. Important:

- a) The information that you give to us on this proposal form or in any supplementary Information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have communicated to us. It is therefore important that your answer is complete and accurate in all respect.
- b) The question in this proposal are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your Agent/Insurance advisor/ Insurance Company.
- c) The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.
- d) The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/personal statement, declaration and connected documents, or any material fact* information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.

*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

6. Declaration: I declare that the persons proposed for insurance are my family members and I also declare that

(STRIKE OUT ONE OF THESE TWO STATEMENTS THAT IS NOT APPLICABLE)

- I. I declare that the persons proposed for insurance are my family members and they are not engaged in high risk occupation. **Yes/No**
- II. I also declare that Insured Persons declared for this Rider are **Yes/No**
 - a. Not suffering from or suffered in the past one or more of the following Illnesses/Conditions:
 - Cancer (even if treatment is completed)
 - Age related macular degeneration
 - Sickle cell anaemia
 - Thallassemia
- III. I have given explicit information of such sickness/disease/injury sustained in the above columns where the information has been sought. **Yes/No**
- IV. "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.
- V. 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.
- VI. I/We further declare that I/we 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.
- VII. 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 life to be insured/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.

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VIII. 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."

Signature of Proposer _____

Date: ____/____/____

Place: _____

Photographs of Insured Persons:

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
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7. 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 an insurance in respect or 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 in the policy, nor shall any person taking out of renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or table of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

8. **INTERMEDIARY DECLARATION:** I, _____ in my capacity as an Agent/ Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

Name of the Intermediary:

Date:

Place

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Intermediary Code:

Signature of the Intermediary

9. VERNACULAR DECLARATION

Declaration in case the proposal is filled by other than Proposer (or) the proposer has signed in vernacular language (or) the proposer is illiterate (It is to be certified by someone other than an agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: _____ Place: _____ Date: _____

Signature of the Translator _____

Name of the Proposer: _____ Place: _____ Date: _____

Signature of the Proposer: _____

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10. FOR OFFICE USE ONLY:

S. No	Name of insured person	Premium
1.		
2.		
3.		
4.		
5.		
Remarks of Underwriter:		Total:
		GST
		Gross Total