



Proposal Form for Overseas Mediclaim Policy

(Employment & Studies)

(To be submitted in original with two copies)

(Available to persons in the age group of 18-60 years)

ELIGIBILITY

This Insurance is specially designed for you if you are an Indian Citizen residing or will be proceeding shortly temporarily outside India solely for the purpose of EITHER

1. furthering your education : OR
2. engaging in research activities: OR
3. temporary posting in a sedentary non-manual work. provided you are a holder of a appropriate and valid visa for the same purpose issued by the authorities in India.

IMPORTANT NOTICES

If a spouse or a child accompanying you is/are also to be covered, a separate proposal form should be completed by each accompanying person.

You must complete and sign a proposal Form to the best of your knowledge and belief and all materials facts must be disclosed. An adult may complete and sign on behalf of his child aged 18 years or less.

*A material fact is one that is likely to influence the acceptance or assessment of the proposal. You should consult the Insurance Company if you are in any doubt as to what constitutes a material fact.

1.0 PERSONAL DETAILS

1.1 Name (Mr./Mrs./Master): _____

(BLOCK LETTER)

1.2 Sex: Male/Female

1.3 Date of Birth: ____ / ____ / ____ Age: _____

DD MM YY

1.4 Height: _____ ft. ____ in (_____ cms) Weight: _____ lbs _____ (Kgs.)

1.5 Passport No.: _____

1.6 Date of Issue: _____

1.7 Type of Visa Held: F.I. _____ J.I. _____ H.I. _____ Any other

(Student)

(Research)

(Temporary Employment)

1.8 State Type: _____

1.9 Is the proposed person a spouse or child of an Insured person (participant), If so state Policy Number _____ of Insured person and Passport No. _____ of participant.

2.0 Your address in India: _____

_____ of Insured person and Passport No. _____ of participant.

2.1 Your next to kin Mr./ Mrs./Miss):

2.2 Relationship:

2.3 Address: _____
_____ Tel.: No.: _____

3.0 Your Country of Visit:

3.1 Country of Studying or Posting: _____

3.2 Address in Country of Studying or posting: _____
_____ Tel. No.: _____

3.3 Name and Address of School/Work place you are attending _____
_____ Tel. No. _____

4.0 Brief details of nature of future studies/research and activities/or employment/employment undertaken: _____

_____ From ____ / ____ TO ____ / ____
MM YY MM YY

4.1 Name and Address of Indian Sponsor _____

_____ Relationship _____

5.0 Period of Insurance required: _____

5.1 Commencement Date: ____ / ____ / ____
DD MM YY

5.2 Total Period of months that you are intending to study/work in the Country of Study/Posting: _____ months.

6.0 YOUR MEDICAL HISTORY:

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO (A DASH IS NOT SUFFICIENT)

6.1 Are you in good health and free from physical defect or infirmity _____

6.2 Do you ordinarily enjoy good health? _____

6.3 Have you ever suffered from:

(a) any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? _____

(b) high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes? _____

(c) a "slipped disk " or other spinal disorder, a hernia, or any rheumatic or arthritic condition _____

(d) any respiratory, urinary or allergic condition, or any disorder of the stomach or bowels? _____

(e) any other condition requiring specialist consultation or surgical or hospital treatment in the future? _____

(f) any symptom or tendency that might necessitate such consultation or treatment in the future? _____

6.4 Have you any intention of engaging in winter sports or any other Sports or pastimes rendering you liable to personal injury? _____

6.5 Are there any additional facts affecting the proposed insurance which should be disclosed to insurers _____



6.6 Name and Address of usual medical physician in India _____

_____ Tel. No. _____

7.0 Please attach a copy of your medical report. If any, which was required for Entry Visa or Application to Study.

7.1 If your answer is YES to most of the questions 6.3 (C) to (f), _____
please give full details with dates _____

DECLARATION

Please read IMPORTANT NOTICES above before your signing

I hereby declare and warrant that the above statements are true and complete. I consent to the Insurance Company and/or their appointed Claims Administrator seeking medical information from any doctor who has at any time attended concerning anything which affects my physical or mental health/and I authorise the giving of such information.

I am willing to accept the policy, subject to the terms exceptions and condition prescribed by the Insurance Company therein.

Date: ____/____/____
 DD MM YY

Place: _____

Signature _____

9.0 STUDY

If you are under 18 years of age and/or residing with your parents must confirm the accuracy of the information provided in this proposal by signing below:

Date: ____/____/____

Place: _____

Signature of Parent (or Guardian): _____

10.0 EMPLOYMENT:

If you are being posted overseas by an Indian Employer, the competent official of your Company must confirm the accuracy of the information provided in the proposal by signing below:

Employer competent official's signature: _____

Name: _____

Designation: _____

Seal: _____

Place: _____

Date: ____/____/____
 DD MM YY

IMPORTANT

IF YOU ARE NOT ABLE TO SIGN THIS DECLARATION AND WARRANTY AT THE TIME OF PROPOSAL OR HAVING SIGNED THE DECLARATION AND THEREAFTER CIRCUMSTANCES CHANGE BEFORE THE FIRST DAY OF INSURANCE WHEREBY THE DECLARATION RENDERED INVALID, YOU MUST INFORM THE INSURANCE COMPANY FOR FURTHER ADVICES.

UNDERTAKING

I, Mr./Mrs./Miss/Master _____
do hereby agree and undertake to refund to the Insurance Company Providing the insurance (hereinafter referred to as Insurers) all medical related expenses, made by Insurer's Claims Administrators on my behalf which expenses are found to be not payable as per terms and conditions of the policy and which expenses are required to be reimbursed by the Insurers to the Claims Administrators under the agreement made between the Insurers and their Claims Administrators. Such payment would be refunded by me to the Insurers in Indian rupees immediately.

Date: _____ / _____ / _____
 DD MM YY

Place: _____

Signature of Proposer: _____

Note: Medical Reports are needed where

- (A) Trip is for period over 60 days and**
 - (a) insured person is over 60 years of age visiting USA/Canada**
 - (b) insured person is over 70 years of age and visiting countries other than USA/Canada**
- (B) Proposal reveals that insured had suffered from/suffering from any illness/disease.**

MEDICAL EXAMINATION: (TO BE COMPLETED BY A DOCTOR WHO HOLDS A M.D. DEGREE)

1. (a) History
 - (b) Any past history of disease.
 Operation, accidents, investigation etc.
 - (c) General Examination.
 - (d) Systemic Examination.
2. Electrocardiography
 - (a) Does the attached Electrocardiograph in your professional opinion show any abnormalities and if so. Please describe
 - (b) Does the abnormality represent a current illness or disease which may possibly be expected to require medical treatment during proposer's forth coming trip?:
 - (c) Does the proposer now or did he/she in the past require medication for this abnormality:
 - (d) Please describe any treatment taken by the Proposer in the past or being-taken at present:



(e) Do you recommend stress test ? If so,
please obtain the report on such test.

3. Does the Blood / Urine Strip Test show any Sugar?

4. Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his medical condition?

Signature of Doctor : _____

Name of Doctor : _____

Qualification : _____

Address : _____

Tel. No. : _____

SECTION - 41 OF INSURANCE ACT 1938

PROHIBITION OF REBATES

1. No persons 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to _____ Ten Lakh rupees.