

Add-ons: Health 241 add-on (Allowed only for 1 year policy tenure): Yes No
 Newborn care add on (Allowed only for the insured person and/or spouse)
 Option 1 upto maternity limit option 2 upto complete sum insured
 Instalment premium payment mode: Single Half Yearly Quarterly Monthly

Nominee details

Nominee name : _____ Date of birth:

Relationship with proposer: _____

If the nominee is aged less than 18 years, please fill the details below

Name of the appointee: _____ Date of birth:

Relationship with the nominee: _____

In event of death of the proposer, any payment due under the policy shall become payable to the nominee proposed herein. The receipt of the proceeds by the nominee shall be sufficient discharge of the company. The nominee for all the other person(s) proposed to be insured shall be the proposer himself.

Insured details

1 Name of the insured person: _____ Gender: _____ DOB:

Policy type: Fresh Renew Ported ABHA ID: _____ Sum insured: _____

Plan variant: _____ Date of inception:

Relationship with proposer: _____ Height (cm.): Weight (kg.): Nationality: _____

2 Name of the insured person: _____ Gender: _____ DOB:

Policy type: Fresh Renew Ported ABHA ID: _____ Sum insured: _____

Plan variant: _____ Date of inception:

Relationship with proposer: _____ Height (cm.): Weight (kg.): Nationality: _____

3 Name of the insured person: _____ Gender: _____ DOB:

Policy type: Fresh Renew Ported ABHA ID: _____ Sum insured: _____

Plan variant: _____ Date of inception:

Relationship with proposer: _____ Height (cm.): Weight (kg.): Nationality: _____

4 Name of the insured person: _____ Gender: _____ DOB:

Policy type: Fresh Renew Ported ABHA ID: _____ Sum insured: _____

Plan variant: _____ Date of inception:

Relationship with proposer: _____ Height (cm.): Weight (kg.): Nationality: _____

5 Name of the insured person: _____ Gender: _____ DOB:

Policy type: Fresh Renew Ported ABHA ID: _____ Sum insured: _____

Plan variant: _____ Date of inception:

Relationship with proposer: _____ Height (cm.): Weight (kg.): Nationality: _____

6 Name of the insured person: _____ Gender: _____ DOB:

Policy type: Fresh Renew Ported ABHA ID: _____ Sum insured: _____

Plan variant: _____ Date of inception:

Relationship with proposer: _____ Height (cm.): Weight (kg.): Nationality: _____

7 Name of the insured person: _____ Gender: _____ DOB:

Policy type: Fresh Renew Ported ABHA ID: _____ Sum insured: _____

Plan variant: _____ Date of inception:

Relationship with proposer: _____ Height (cm.): Weight (kg.): Nationality: _____

8 Name of the insured person: _____ Gender: _____ DOB:

Policy type: Fresh Renew Ported ABHA ID: _____ Sum insured: _____

Plan variant: _____ Date of inception:

Relationship with proposer: _____ Height (cm.): Weight (kg.): Nationality: _____

Premium payment information:

Payment by Cash / Cheque / Demand Draft / Card (Strike out whichever is not applicable):

Cheque No.: Demand draft No.:

Authorisation ID: Premium amount (₹):

Premium amount in words: _____

Date :

Bank name: _____

In case of payment through Cheque/Demand draft, the instrument should be drawn in favour of "Zuno General Insurance Limited"

Key exclusions: i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

ii. Waiting period for specific illness. iii. Waiting period for pre-existing disease. iv. Permanent exclusions. For a detailed list of exclusions, please refer to Policy Wording*. (*, ** Not applicable for Newborn Care Add-on)

Bank account details:

Account No.:

Account type : _____

IFSC:

Bank name: _____

Bank branch name: _____

Name of account holder: _____

Note: Please submit a copy of a cancelled cheque alongwith this Proposal Form.

I declare that the abovementioned information is true and correct. I hereby authorise the Company to credit payment/ refund, if any, to this above mentioned account directly and further, I shall not hold the Company responsible for any non-credit/ non-payment, if any, due to any reason including, but not limited to, incorrect/ incomplete information. I agree that the Company reserves the right to use any alternative payment option such as cheque/ demand draft basis necessity/ requirement at its sole discretion.

Date:

Place: _____

Signature of the Proposer:

(On behalf of all the persons to be insured under the policy)

Medical/lifestyle related information

Has any proposed insured, at present or in the past, been diagnosed with/ suffered from/ treated for/ taken medication for any of the following conditions?

If yes, please provide details in the additional information section below: (Yes=Y, No=N)

Particulars	1	2	3	4	5	6	7	8
1. Diabetes								
2. Hypertension/High BP								
3. Epilepsy								
4. Highcholesterol								
5. Thyroid disorder								
6. Asthma								
7. Cancer								
8. Heart disease								
9. Kidney disorder (Stone, infection, failure, polyp)								
10. Liver diseases (Cirrhosis, jaundice, hepatitis)								
11. Is any of the proposed insured, receiving any treatment/ medication or have in the past received treatment or undergone surgeries for any medical condition/disability?								
12. Please provide details of hereditary medical history, if any:								
13. Does any of the proposed insured have any allergies / reaction to any drug?								
14. *Whether insured / spouse is pregnant if yes please provide expected delivery date of baby. If expected delivery date of baby falls less than or equal to 9 months from first inception of this add on then please attach copies of antenatal check-up reports /first consultation paper /USG/Any screening test done.								
15. *If self or spouse is not insured then please provide health status details (If receiving any treatment/medication, or has in the past received treatment or undergone surgeries for any medical condition/disability?)								
*Mandatory question for if newborn care add on opted								

Additional information

(If your answer is 'yes' to any of the above questions or the proposed insured are suffering from any other pre-existing disease which is not mentioned in the above list, please provide details here)

Name of the proposed insured	Details of disease/condition
1	
2	
3	
4	
5	
6	
7	
8	

If there is any other disclosure to be made, please write the same in a separate sheet, sign the sheet and attach it to this Proposal Form.

Details of previous/existing health insurance	Insured person (Yes = Y, No = N)							
	1	2	3	4	5	6	7	8
Please fill the following details with respect to health insurance proposals/policies with the company or any other insurance companies:								
Have any of the proposed insured person(s) ever filed a claim with their current/previous insurer? If Yes, please provide details on a separate sheet.								
Has any of your proposal(s) for health insurance been declined, cancelled, charged a higher premium or issued with special condition(s)?								
Is any of the proposed insured person(s) covered under any other health insurance policy with the company?								

Statutory warning prohibition of rebates (under 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 prospectus 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.

Declaration

a. I/We hereby declare, on my behalf and on behalf of all person(s) proposed to be insured, that the above statements, answers and/ or particulars given by me/us are true and complete, in all respects, to the best of my/our knowledge and that I/we am/are authorized to propose on behalf of these other persons .

b. I/We understand that the information provided by me/us 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 .

c. 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.

d. I/We declare that I/We consent to the Company seeking medical information from any doctor or hospital, who/ which , at any time 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 which 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.

e. I/We authorize the Company to share information pertaining to my/our proposal including the medical records, of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement with any Governmental and/or regulatory authority.

Other important declarations :

a. I/We agree to receive service related information from Zuno General Insurance Ltd. and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.

b. I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to availing the insurance policy from the Company.

c. I/We hereby agree that this declaration shall form the basis of the contract between me/ us and Zuno General Insurance Limited. I/We, hereby, further declare that this proposal form is signed with my own free will/consent and no person has directly and/or indirectly misguided and/or induced me/us to enter into the said insurance Contract

d. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company

e. I hereby grant my express consent and permission to Zuno General Insurance Limited & its TPAs to access my medical records through ABHA for insurance policy-related purposes like underwriting the policy, processing the claim, verifying the documents submitted, etc.

Date:

Place: _____

Signature of the Proposer:

(On behalf of all the persons to be insured under the policy)

Vernacular declaration

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the company).

Name of the Proposer:

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:

Signature of the Proposer

Signature of the witness:

Date:

Place: _____

Name of witness: _____

Declaration by insurance agent/ intermediary

I, _____, in my capacity as an Insurance Agent/ POSP/ Specified Person of the Corporate Agent/ authorised person of the Broker/ IMF, do hereby declare that I have explained the product features, including its suitability, and 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 the Proposer, in this Proposal Form, to the questions contained herein and that any details sought herein shall form the basis of the contract of insurance between the Company and the Proposer, if this Proposal is accepted by the Company. I have further explained that if any untrue statement(s)/ information/ response(s) is/ are contained in this Proposal Form, including addendum(s), affidavit(s), statement(s), submission(s), or if there has been a non-disclosure of any material fact, the policy issued thereon shall, at the option of the Company, be treated as null and void and the premium amount paid against the policy may be forfeited by the Company.

Name of Insurance Agent/ POSP/ Specified Person of the Corporate Agent/ authorised person of the Broker/ IMF: _____

Agency Code/ License No.: _____

Date:

Place: _____

Signature

As a go-green initiative, Zuno General Insurance Ltd. shall be sending the policy documents to your e-mail address, as provided by you in this Proposal Form.

- I do not want the physical copy of my policy documents.
- I want the physical copy of the policy documents to be sent to my address, as mentioned in this Proposal Form.



Acknowledgement

We acknowledge with thanks the receipt of your proposal dated _____ towards Zuno Health Insurance of _____ and _____ persons.

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. _____ for an amount of ₹ _____.

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised or the requirement for pre-policy check-up is not fulfilled.

If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Signature of the receiver
and official seal

Zuno General Insurance Limited, (Formerly known as Edelweiss General Insurance Company Limited) Registered Office: 2nd Floor, Tower 3, Wing B, Kohinoor City Mall, Kohinoor City, Kiro Road, Kurla (West), Mumbai - 400 070, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000 (Toll-Free), 022 42312000 (Call charges applicable) Email: support@hizuno.com, Website: www.hizuno.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4231 2022, Dedicated Toll-Free Number for Grievance: 1800 120 216216.