



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 : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

AROGYA SANJEEVANI POLICY, STAR HEALTH AND ALLIED INSURANCE CO. LTD.		Ref. No.			The company will not be on risk until the proposal has been accepted and full payment of premium has been received. Please fill up the form in block letters.	
Unique Identification No.: SHAHLIP21119V022021 Proposal Form - Unique Reference No.: SHA/PR0052		Policy No.				
Policy Issuing Office:		SM CODE			SM NAME	
		AGENT / CORPORATE AGENT / BROKER / IMF / POS / MICRO AGENT CODE			AGENT / CORPORATE AGENT / BROKER / IMF / POS / MICRO AGENT NAME	
POS	GST No.			PAN No.		
Name of the Proposer Mr / Mrs / Ms.				Date of Birth	DD/MM/YYYY	
Occupation of the Proposer				Annual Income	Rs.	
Residential Address:			Office Address:			
Pin Code:			Pin Code:			
Email ID				Mobile Number		
Period of Insurance	From			To		
GST Number				PAN Number		
NOMINATION	Nominee's Name			Relationship to the Proposer	Date of Birth	Age in Yrs
					DD/MM/YYYY	
	Name of the Appointee (if nominee is a minor)			Relationship to the Nominee	Date of Birth	Age in Yrs
					DD/MM/YYYY	
(Incase of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)						
Policy Type (Please ✓)		<input type="checkbox"/> Individual		<input type="checkbox"/> Floater		
For policy type on Individual basis : Please see page no.2						
Applicable for policy type on floater basis						
Sum Insured Rs.*						
Family Size	Number of Adults				Total Number of Members	
	Number of Children					
	Numbers of Parents / Parent-in-law					
Do you want to pay the premium in Instalments (Only on ECS mode): <input type="checkbox"/> YES <input type="checkbox"/> NO (If you choose NO Premium to be paid Annually)						
If yes choose Instalment options			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Halfyearly			
*please check brochure for the available sum insured options						
I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository				<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you wish to receive the physical copy of the policy document
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If you already have an e-Insurance Account (eIA) number, kindly provide e-Insurance Account (eIA) number _____						
If you don't have an e-Insurance Account (eIA) number, choose any one Insurance Repository						
<input type="checkbox"/> KARVY <input type="checkbox"/> CAMSRep - CAMS Insurance Repository & Services <input type="checkbox"/> CIRL - Central Insurance Repository Limited <input type="checkbox"/> NDML - NSDL Data Management Services limited						
Bank Details of the Proposer	Account Number		Type of Account : <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> Others please specify _____			
	Name of the Bank		Name of the Branch		IFSC Code	
Please attach a photo copy of cancelled cheque leaf of the above Bank Account.						
Payments Details	Annual Premium	Rs.				
	Mode of Payment	Cash / Cheque / DD / Credit Card / Debit Card / NEFT / CC Mandate / ECS (Please fill the enclosed ECS form)				
Cheque / DD No.		Date		Drawn on		Branch
Please attach any one proof of Date of Birth		<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Voter ID		<input type="checkbox"/> PAN Card
		<input type="checkbox"/> Driving License		<input type="checkbox"/> Aadhar Card		<input type="checkbox"/> Any other Govt. Recognised Proof

Details of the person proposed for insurance		Insured Person - 1		Insured Person - 2		Insured Person - 3		Insured Person - 4		Insured Person - 5		Insured Person - 6		
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/YYYY	M / F / Thirdgender	DD/MM/YYYY	
Height (cms)	Weight (kgs)	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	CMS	KGS	
Relationship with proposer														
Occupation	Annual Income (Rs.)													
For policy type on Individual basis														
Sum Insured Opted (Rs.) /														
Existing Insurance Coverage with this company and any other company - give details	1. Name of the Insurance Company													
	2. Period of Insurance													
	3. Sum Insured (Rs)													
	4. Policy No.													
Details of Claims	1. Ailment for which Claim was made	Year	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	YYYY	
	2. Claim Amount Paid / 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 insurance in good health free from physical and mental disease or infirmity. If not give details														
2. Has the person proposed for insurance consulted / diagnosed / taken treatment / been admitted for any illness/injury. If Yes, give details														
3. Does the person proposed for insurance have any complications during / following birth. If yes, please submit all necessary documents.														
4. Has the person proposed for insurance ever suffered or suffering from any of the following														
a) Diabetes Mellitus - If Yes, since when														
b) High BP, Cholesterol - If Yes, since when														
c) Heart Disease - If Yes, since when														
d) Stroke, epilepsy, fainting attack, chronic headache, Parkinson's disease, Alzheimer's disease, - If Yes since when														
e) Tuberculosis, asthma, other respiratory infections - If Yes, since when														
f) Disease of bones/joints, slipped disc, spinal disorder, injury to ligaments - If Yes, since when														
g) Cancer, Pre Cancerous Lesion - If Yes, since when														
h) Gynecological disorder such as DUB, Fibroid Uterus, Ovarian cyst - or have undergone cesarean / Hys- terectomy If Yes, since when														
i) Treatment for sub fertility or has been advised for? (answer if applicable) - If Yes provide details.														
j) Disease of Stomach, Intestine, Liver, Gall bladder / Pancreas, Kidney, Urinary bladder, Urinary Tract Diseases - If Yes, since when														
k) Disease of Prostrate / Fistula / Piles / Genital diseases - If Yes, since when														
l) Cataract and other diseases of the eye and ENT disease - If Yes since when														
m)Any Other Problem (Please Specify)														
5. Has the person/s proposed for insurance														
a) Undergone any medical test?														
b) Prescribed any medicines? If yes														
i) Name the illness for which medicines have been prescribed														
ii) Details of medicines and drugs prescribed.														
iii)Period for which these drugs were taken.														
c) Been advised for any surgery / treatment ? - If Yes, give details														
d) Received /receiving any payment for any disability / injury / illness/ disease. Give details														
6. Does the person proposed for insurance	a)Chew Tobacco - If Yes, since when													
	b)Smoke - If Yes, since when													
	c)Consume Alcohol - If Yes, since when													
7. Is the person proposed for insurance positive for HIV If yes, please mention your CD4count (Please attach proof)														
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)														
		code		Name of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POS / Micro Agent		Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POS / Micro Agent								
Social Sector Classification* : <input type="checkbox"/> Yes <input type="checkbox"/> No														
BUSINESS TYPE	If Yes: <input type="checkbox"/> a. Unorganized Sector <input type="checkbox"/> b. Other Categories of Persons													
	<input type="checkbox"/> c. Economically Vulnerable or Backward Classes <input type="checkbox"/> d. Informal Sector													
Rural Sector Classification (This classification is based upon the address of the proposer) : <input type="checkbox"/> Urban <input type="checkbox"/> Rural														

* "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;

