

Description-A benefit policy that pays a lump sum benefit (upto the Sum Insured opted) on the first diagnosis of the critical illnesses covered in the insurance plan on completion of the survival period.

Application No.	Plan Tenure (1 year/ 2 year)	Premium				
OV	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 year					
PLAN DETAILS	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Sum Insured						

GENERAL EXCLUSIONS

The following is an outline of the general exclusions under the policy.

For more details on the exclusions and the waiting periods please refer to the policy wordings before purchasing this policy.

90 days waiting period in the first year and is not applicable in subsequent renewals, 4 years waiting period for any pre-existing condition.

Non medical - War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane. Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.

Medical - Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section). Congenital internal or external diseases, defects or anomalies, genetic disorders. Any critical illness in presence of HIV infection and / or any AIDS . Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines.

Please specify Preferred Risk Start Date* (if any) in space provided

*Will be subject to policy terms and conditions and the acceptance norms specific to this product.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements 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.
- I understand that the information provided by me will form the basis of 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.
- 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.
- I/we declare and further consent to the company, seeking medical information from any hospital I who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and 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.
- I/We 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.
- I/We have understood the purpose of Aadhar authentication and hereby state that I/We have no objection in providing my Aadhar details

Signature of Proposer: _____ Date: _____ Time: _____ Place: _____

Vernacular Declaration: Certification in case the proposer has signed in vernacular (to be witnessed by someone other than 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.

Signature of Proposer: _____ Date: _____ Place: _____

Name of the witness: _____

Signature of witness: _____ Date: _____ Place: _____