



THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI - 400 001.

AROGYA PRAGATI PLUS (TOP-UP REINVENTED)

PROPOSAL FORM

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

Name of the Intermediary:		Mobile Number:	
Intermediary Code:		Email ID:	

Arogya Pragati Plus (Top-Up Reinvented) Policy.

- 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.
- Pre-acceptance Health Check-up is compulsory for persons suffering from any Pre-Existing Diseases / Medical History and/or for persons aged 56 Years & above. Please refer to the Annexure for the list of Medical Tests required and the Sum Insured Eligibility.
- Complete details of each person to be covered should be furnished. Two Stamp size photograph of each person are to be submitted, one of which is to be affixed on the proposal.
- Fresh proposal form is required when there is request for change in Plan or Enhancement in the Sum Insured or for Opting any Optional Covers.
- Non-disclosure of facts material to the assessment of the risk, providing misleading information, and/or misrepresentation, fraud or non-co-operation by the insured will nullify the cover under the policy.**

1. Proposer's Details

Name of the Proposer (As per the Id Card)		Date of Birth	
Gender (M/F/T)	Male/Female/Third Gender	Educational Qualifications	
Address for Correspondence	Landmark/Area/City/Town:		
	District:	State:	Pin:
Email Id		Occupation	
Mobile Number		Family Income	
Nature of Id	PAN Card/Voter Id/Passport/Any other	Id Card No	
PAN Card No		GST No (If applicable)	

2. Nominee Details

S. No.	NAME	Relation	Date of Birth	Appointee Name* (If the Nominee is minor)	Relationship with Minor (Nominee)	% Share nominee is entitled to*

* If only one nominee is mentioned then insurer will consider his/her Share as 100%

3. Details of persons to be Proposed to be Insured and Type of Plan:

Plan Chosen: Gold Plan/ Platinum Plan : _____

Threshold	Sum Insured Available
5 L to 15 L	1 L to 50 L
16 L to 50 L	5 L to 50 L
Thresholds and Sum Insureds are available in multiples of 1 L	

Details	Name of the Person	DOB	Gender (M/F/T)	Relation with the Policyholder	Occupation
Member 1					
Member 2					
Member 3					
Member 4					
Member 5					
Member 6					

Type of Cover (Individual / Floater):

Details	Name of the Person	Threshold		Sum Insured	
		Individual	Floater	Individual	Floater
Member 1					
Member 2					
Member 3					
Member 4					
Member 5					
Member 6					

4. OPTIONAL COVERS (Available for Persons 18 Y and above):

For Optional Cover - Critical Care Benefit - Policyholder shall choose the Benefit Amount at the time of Inception of First Policy or Renewal

Plan	Benefit Payable
Gold Plan	Rs. 5,00,000
Platinum Plan	Rs. 5,00,000 or Rs. 7,50,000

Personal Accident Benefit

Coverage: Death + Permanent Total Disablement (PTD) + Permanent Partial Disability (PPD)

Sum Insured for PA =50% of selected Sum Insured under TOP UP Policy. For example, Sum Insured under this Policy is 10 L, PA Sum Insured shall be 5 L.

Details	Name of the Person	Optional Cover (Critical Care Benefit) - (Yes/No) For Platinum Plan - Please specify the Benefit Amount chosen		Optional Cover (Personal Accident Benefit) (Yes/No)	
		Individual	Floater	Individual	Floater
Member 1					
Member 2					
Member 3					
Member 4					
Member 5					
Member 6					

5. Riders Table(YES/NO)

Name of Insured						
Critical Illness Rider						

6. MEDICAL HISTORY: Please answer the following questions with **Yes or No** (A dash is not sufficient and give full details in respect of all the persons to be insured)

Are all the members proposed for insurance in good health and free from Pre-Existing Diseases? (Yes/No), If No, give details of the Pre-Existing diseases for each member.

S. No.	Name of the Person	Nature of illness / pre-existing diseases	S. No.	Name of the Person	Nature of illness / pre-existing diseases
Member 1			Member 4		
Member 2			Member 5		
Member 3			Member 6		

Hospitalization History: Has any of the members proposed for Insurance ever been Hospitalized in the past (including COVID-19)? If so, please submit the details (Discharge Summary, Medical Reports etc..) of the Hospitalization.

S. No.	Name of the Person	Nature of Hospitalization	S. No.	Name of the Person	Nature of Hospitalization
Member 1			Member 4		
Member 2			Member 5		
Member 3			Member 6		

7. Are there any additional facts affecting the proposed Insurance, which should be disclosed to insurer? If So, then give details below:
8. **Loyalty Discount:** This policy also offers 5% discount for having any active retail health policy of our company. If you are having a policy, please give the details below.

Please mention the details of all the Insured Persons, if they are having separate policies.

Note: In order to be eligible for this Discount, the Sum Insured of the Base Policy should be 5 L

and above. Critical Illness Policies such as New India Cancer Guard, New India Criti Protect Policy and any such other Policies shall not be considered as Base Policy for availing this Discount.

Policies eligible for 5% Discount are New India Mediclaim Policy, New India Floater Mediclaim Policy, Yuva Bharat Health Policy, Young India Digi Health Policy, New India Asha Kiran Policy, New India Premier Mediclaim Policy, Arogya Sanjeevani Policy, New India Assurance Co Ltd and New India Sixty Plus Mediclaim Policy.

Member	Policy Number of Retail Health Policy of NIACL
Member 1	
Member 2	
Member 3	
Member 4	
Member 5	
Member 6	

9. **Staff Discount:** This Policy offers 10% Discount for our Staff. Please mention the Staff Number for availing this Discount. Please note that Digital Discount and Staff Discount cannot be clubbed together.

SR NO:

10. **Policy Term:** (1 Yr. / 2 Yr. / 3 Yr.) _____

11. Proposed Policy Period : From _____ to _____

12. Please Tick ☐ if you wish to receive the physical copy.

By Default Policy documents shall be shared to your Registered Email ID.

13. **Important:**

- 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.
- The question in this proposal is 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.
- The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.
- 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.

14. Special Conditions applicable for Long Term Policies

- a) Policy Term, Discounts, Sum Insured and Threshold applicable are illustrated with example as follows:

Policy Term	Policy Period	Threshold	Sum Insured	Discount in %
One year	1.1.2024 to 31.12.2024	5,00,000	10,00,000	0
Two years	1.1.2024 to 31.12.2024	5,00,000	10,00,000	5
	1.1.2025 to 31.12.2025	5,00,000	10,00,000	
Three years	1.1.2024 to 31.12.2024	5,00,000	10,00,000	7
	1.1.2025 to 31.12.2025	5,00,000	10,00,000	
	1.1.2026 to 31.12.2026	5,00,000	10,00,000	

- b) No modifications during midterm of policy term for the following is allowed:
- Increase of Threshold or Sum Insured
 - Decrease of Threshold or Sum Insured
 - Plan Change
 - Opting in or out of optional covers
 - Addition of members except newly wedded spouse of new born baby (after completion of 3 months).
- c) In cases where the policy term exceeds one year, Threshold, Sum Insured, Sub-limits (if applicable) are reckoned separately for each year.
- d) There is no provision for carrying over these benefits from one policy year to another. It's essential to understand that benefits and coverages specific to the second or third year cannot be utilized during the first year itself meaning the benefits are not cumulative.
- e) The terms, conditions, and exclusions stipulated in the Policy or any associated Endorsements are integral to the contract and must be adhered to. These provisions apply separately to each policy year.

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

- "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.
- 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.
- 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 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.

- e) 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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16. STATUTORY WARNING

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.

- 17. 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 : _____

Intermediary Code : _____

Signature of the Intermediary : _____

18. VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate (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 : _____

19. FOR OFFICE USE ONLY:

S No	Name of the Person	Gross Premium (Including Optional Covers, Loading / Discount), if any	S No	Name of the Person	Gross Premium (Including Optional Covers, Loading / Discount), if any
Member 1			Member 4		
Member 2			Member 5		
Member 3			Member 6		
Remarks of the underwriter:					
Total Gross Premium					
GST					
Net Premium (Including GST)					

CHOICE OF TPA.

Third Party Administrator (TPA) means a Company registered with the IRDAI, and engaged by Us for providing health services.

The following TPAs are allotted for servicing your Policy.

1. Assigned TPA:
2. Optional TPA:

If you wish to change your Assigned TPA to Optional TPA, please sign the below declaration and submit it to the Operating Office.

I wish to change my Assigned TPA to Optional TPA i.e. to _____

Signature of the Proposer _____ Date _____

Recommended by the Office In-charge : _____

Name : _____

Date : _____

Seal :

Annexure:

Sum Insured Eligibility based on Age and Health Conditions.

Age Entry	Health Condition	Pre Acceptance Medical Examination	Sum Insured Eligibility
Up to 55 Years	With No Medical Conditions / PED / Claims History / Adverse History	Not Required	Up to 50 Lakhs
	With PED / Claims History	Required	Up to 30 Lakhs
56 to 65 Years	With No Medical Conditions / PED / Claims History	Required	Up to 30 Lakhs
	With PED / Claims History	Required	Up to 15 Lakhs
66 Years & above	Only Renewals on As-Is Where-is Basis Will Be Accepted.		
	No Issuance of Fresh Policies or Enhancement of Sum Insured or Reduction of Threshold is allowed.		

List of Medical Tests Required

Complete blood count (CBC)	Routine Urine Analysis (RUA)
Blood Sugar (Fasting & PP)	Resting ECG
SGPT	X Ray Chest - PA view
SGOT	Physician Check-Up
Serum Cholesterol	Serum HDL
Serum Triglycerides	Eye Check-Up For Cataract & Glucoma
USG of Abdomen and Pelvis	HbA1c Test

Description of Benefits under Gold Plan and Platinum Plan

Description of benefits	Gold Plan	Platinum Plan
Room rent	1% of the Sum Insured (or) Rs. 15,000, whichever is less	Single AC Room
ICU charges	2% of the Sum Insured (or) Rs. 25,000, whichever is less	Actuals
Pre hospitalization expenses	30 days	60 days
Post hospitalization expenses	60 days	90 days.
Cataract surgery	Upto Rs. 50,000 per Eye	Upto Rs. 1,00,000 per Eye
Modern Treatments	As per the limits mentioned in 3.10 of the Policy Clause	Up to 100% of the Sum Insured
Medical second opinion for Critical illnesses	Up to Rs. 2500 in a Policy Period	Up to Rs. 5000 in a Policy Period
Road Ambulance	Actuals	Actuals
Air ambulance	Not available	Actuals once in a policy period.
Non-Medical items (consumables)	Not Available	Inbuilt cover upto Rs. 25000
Benefits under Optional covers (On payment of Additional Premium)		
Critical Care benefit	Rs. 5,00,000	Rs. 5,00,000 or Rs. 7,50,000
Personal Accident benefit	50% of Sum Insured	

NEFT details

Mandatory details required to process all payment due in relation to your policy including refunds (if any) and/or claims directly to your Bank account.

I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:

Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the company for electronic fund transfer as mode of payment.(cancelled cheque should be of the same bank account in which the refund needs to be credited directly)

Particulars of Bank account:

Name(As in Bank Account)	
Name of the Bank	
Name of Branch	
Bank Account Number	
MICR No	
IFSC Code	

I agree and undertake to initiate in writing to **The New India Assurance Company Ltd** about any change in the bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's signature:

Date:

DISCLAIMER: The New India Assurance Company Ltd. Shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete for any reason whatsoever including without limitation – failure on part of the Bank/s involved to perform any of their obligations for aforesaid NEFT transaction or incomplete/incorrect information by Customer/Policy Holder.

Aforesaid NEFT transactions shall be governed by applicable Reserve Bank of India rules, directions & guidelines and shall be subject to participating Bank user terms and conditions related to NEFT facility. **The New India Assurance Company Ltd** shall be indemnified against any loss/damages/claims caused to **The New India Assurance Company Ltd** in carrying out your aforesaid NEFT instructions.

Instructions

- It is important for these electronic payment systems that the policy Holder's name in the Policy must be exactly match with the name in the Bank Account records/details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFSC Code, which is applicable to NEFT only.(a number allotted to each participating bank branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case of cancelled bank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required.
- NEFT Form needs complete in all respect.