

Maha Bank Swasthya Yojana (Group Health Insurance Scheme) Policy – Enrolment Form

I. DETAILS OF ACCOUNT HOLDER

Enrolment No.: _____

Name (Mr./Ms./Mrs.): _____

Address: _____

City/Town: _____ District: _____ State: _____ Pin Code: _____

Tel. No. (with STD Code): _____ (Home) _____ (Mobile)

E-mail: _____

II. PLEASE SELECT YOUR PLAN OPTION

PLAN A ☐ [You can cover yourself, your spouse & 2 dependent children (maximum 4 members)]

PLAN B ☐ [You can cover yourself, your spouse, 2 dependent children & 2 parents (maximum 6 members)]

Name	Relationship to Account Holder	Gender	Date of Birth							
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	D	D	M	M	Y	Y	Y	Y
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	D	D	M	M	Y	Y	Y	Y
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	D	D	M	M	Y	Y	Y	Y
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	D	D	M	M	Y	Y	Y	Y
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	D	D	M	M	Y	Y	Y	Y
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	D	D	M	M	Y	Y	Y	Y

SUM INSURED (Rs.) ☐ 1,00,000 ☐ 2,00,000 ☐ 3,00,000 ☐ 4,00,000 ☐ 5,00,000 ☐ 7,00,000 ☐ 8,00,000 ☐ 10,00,000

Nominee Details

Nominee Name: _____ Nominee Relationship: _____

Nominee Address: _____

_____ Nominee Contact No: _____

III. MEDICAL INFORMATION AND WARRANTY ON BEHALF OF ALL PERSONS TO BE INSURED

I declare that me or any other member proposed to be insured under this policy do not have or never had:

- Any complications related to Diabetes, Hypertension, and Hypothyroidism
- Any problem with vision or eyes other than having undergone cataract operation in either or both eyes, or having errors of refraction
- Tumour or Cancer anywhere in the body
- Arthritis, Spine or Joint disorder in the last 5 years
- Any problem with reproductive organs like prostate, testes
- Any stone disease like kidney or ureter stones in the last 3 years
- Any disease of major organs including but not limited to brain (includes stroke or paralysis), heart, kidney, lungs, liver or mental health disorder
- Taken any medicine more than 21 days consistently in last 5 years except for infrequent acidity, loose motion, common cold, fever, headache; high cholesterol, asthma, diabetes, hypertension, and hyperthyroidism
- Ever reported positive for Hepatitis B, HIV/AIDS, or other sexually transmitted disease
- Any major surgery (other than those done under local anaesthesia) in last 5 years other than family planning / C-Section (Applicable for Females)
- Any disorder of the cervix, uterus, ovary(ies), abnormal bleeding or problem with reproductive system in the last 5 years.
(Applicable for female members proposed to be insured)

I / We are neither awaiting any treatment, medical (except as mentioned in III.8 above) or surgical, nor attending any follow up for any disease / condition / ailment/ injury / addiction.

☐ Yes, I confirm ☐ No, I cannot confirm

IV. DECLARATION (Please read carefully and tick against each statement before signing the proposal form)

☐ I/We hereby declare and warrant 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 agree that this declaration shall be the basis of the decision by United India Insurance Company Ltd to cover or not cover us under insurance.

☐ I understand that the information provided by me will form the basis of the insurance cover and that the policy coverage will come into force only after full receipt of the premium chargeable.

☐ 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.

☐ I hereby authorize Bank of Maharashtra to debit my account no. _____ with the Bank for Rs. _____ towards first premium for availing the said United India Insurance Cover.

☐ I hereby request and authorize the Bank to debit the same account number on the yearly due dates with the applicable renewal premium.

Please note: The premium is subject to change with prior regulatory approval or due to a change in applicable goods and service tax.

DISCLAIMER: United India Insurance Company Ltd. shall not be responsible / liable to anybody, in any manner, whatsoever for non-credit / delayed credit of any payment due in relation to insurance policy into above bank account of Proposer/Policy holder and any other consequential loss directly / indirectly, for whatsoever reasons thereof including but not limited to incomplete / incorrect information by Proposer / Policy Holder.

Date: DD/MM/YYYY

Place: _____

Signature of the Account Holder: _____

V. CERTIFICATE FROM ACCOUNTHOLDER IN CASE PROPOSAL FORM IS NOT FILLED BY HIM/HER

The proposal form is filled up by my representative, but the contents of the document have been fully explained to me and I have understood and confirm the same.

Signature of the Account Holder: _____

Date: DD/MM/YYYY

Place: _____

Relation of Representative to Account Holder: _____

VI. DECLARATION FROM BANK OF MAHARASHTRA (BOM) REPRESENTATIVE

I/We confirm that I/We have explained the product features to the proposer and its suitability to him/her and other insured persons.

Date: DD/MM/YYYY

Place: _____

Signature of authorised representative of BOM: _____

VII. STATUTORY WARNING (Section 41 of Insurance Act, 1938 – Prohibition of Rebates)

Section 41 of Insurance Act, 1938 as amended by Insurance Laws Amendment Act, 2015 (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 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.
- Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

VIII. TO BE FILLED BY THE BANK

Branch Name:												DP Code:	
Bank of Maharashtra												Branch Pin Code:	
A/C No:													
Staff number of branch staff:													
UIN: UIIHLGP22150V032122													