Shefali Hajee / Garment Manufacturer

PROTECTING your health has its own rewards

Activ Health - Platinum

- Wide range of cover from ₹2 lacs - ₹2 crore
- Earn up to 30% premium as HealthReturns™
- Day 1 cover for Chronic Illnesses
- 100% Reload of Sum Insured in case of unrelated illness
- Cumulative Bonus of 20% of Sum Insured for every claim free year, max upto 100%

Health Insurance

Aditya Birla Health Insurance Co. Limited

ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Platinum Plan Comparison: Essential and Enhanced

	Product Features	Essential	Enhanced
	Policy Term	1,2 or 3 years	
	Sum Insured (₹)	50,000, 75,000, 1 Lac – 10 Lacs*	2 Lac - 10 Lac*, 15 Lac, 20 Lac, 25 Lac, 30 Lac, 40 Lac, 50 Lac, 100 Lac, 150 Lac, 200 Lacs
I.	**Basic Covers**		
a	**In-patient Hospitalization Covered up to**	a) Single Private Room b) Shared room c) General/Economy ward	a) Any room (Available for Sum Insured > 7 Lacs) b) Single Private Room c) Shared Room (available for Sum Insured's < 5 Lacs)
b	**Pre-hospitalization Medical Expenses**	30 days	60 days
c	**Post-hospitalization Medical Expenses**	60 days	180 days
d	**Day care Treatment**	Available	Available
e	**Domiciliary Hospitalization**	Available	Available
f	**Road Ambulance Cover**	Network Providers - Covered up to Actual expenses Non- network Providers- Reimbursed up to max of ₹2000 per hospitalization	Network Providers - Actual expenses Non-Network Providers - Reimbursed up to max of ₹5000 per hospitalization
g	**Organ Donor Expenses**	Not Available	Available
h	**Reload of Sum Insured**	Not Available	Available
i	**Mandatory Co-payment**	20%	Not Applicable
j	**Co-payment for treatment in a Higher Zone**	Zone II to Zone I: 10% • Zone III to Zone II: 15% • Zone III to Zone I: 25%	Zone II to Zone I: 10% • Zone III to Zone II: 15% • Zone III to Zone I: 25%
k	**Co-payment for treatment in a Higher room category**	a) General/ Economy ward to Shared Room - 15% b) General/ Economy ward to Single Private Room - 25% c) General/ Economy ward to Any Room - 50% d) Shared Room to Single Private Room - 15% e) Shared Room to Any Room - 40% f) Single Private Room to Any Room - 25%	a) Shared Room to Single Private Room - 15% b) Shared Room to Any Room - 40% c) Single Private Room to Any Room- 25%
l	**Benefit for Hospital Room Choice For Zone 1 cities**	a) Shared Room to General/ Economy Ward – 10% b) Single Private Room to General/Economy Ward – 20% c) Single Private Room to Shared Room – 10%	a) Single Private Room to Shared Room - 10% b) Any room to Shared Room – 30% c) Any room to Single Private Room – 20%
	For Zone 2 and 3 cities	a) Shared Room to General/ Economy Ward - 5% b) Single Private Room to General/Economy Ward - 15% c) Single Private Room to Shared Room - 5%	a) Single Private Room to Shared Room – 5% b) Any room to take treatment in Shared Room - 25% c) Any room to Single Private Room - 15%
m	**Cumulative Bonus**	- 10% increase of Sum Insured every claim free year, Max up to 100% - Accumulated bonus will not reduce even when you claim in any subsequent year	- 20% increase of Sum Insured every claim free year, Max up to 100% - Accumulated bonus will not reduce even when you claim in any subsequent year
n	**Health Check up program**	Available once every policy year, starting from the first year	Available once every policy year, starting from the first year
o	**Recovery Benefit**	Not Available	1% of Sum Insured, max of ₹10,000 (10 days of hospitalization)
p	**Second E-Opinion on Critical Illness**	Available	Available
q	**Worldwide Emergency Assistance Services**	Not Available	Available
r	**Chronic Management Program**	Available	
s	**HealthReturns™**	Available, Earned by ways of Percentage of Premium earned through Healthy Heart Score™ and Active Dayz™ • Benefit for Hospital Room Choice	
t	**Wellness Coach**	Available	

*In multiples of ₹1 Lac

Please contact your advisor for available optional covers.

Product Features		Essential	Enhanced
Optional Covers	**OPD Expenses**	₹5000 to ₹20,000, in multiples of ₹1,000 General Medical Practitioner/ Specialist medical ractitioner: 10% of OPD Limit per visit, • Medicine and Diagnostic: 50% of OPD Limit • Road Traffic Accident Diagnostic (over and above OPD Limit): ₹10,000 Cumulative Bonus applicable on Unutilized OPD Expenses*: 5% increase carry forward available for 12 months from the completion of policy year, No reduction on claim Available on individual basis for individual and family floater type policies *Not applicable for OPD limit for Road Traffic Accident diagnostics	₹5000 to ₹20,000, in multiples of ₹1,000 • General Medical Practitioner/ Specialist medical Practitioner: 10% of OPD Limit per visit, • Medicine and Diagnostic: 50% of OPD Limit • Road Traffic Accident Diagnostic (over and above OPD Limit): ₹10,000Cumulative Bonus applicable on Unutilized OPD Expenses*: 5% increase carry forward available for 12 months from the completion of policy year, No reduction on claimAvailable on individual basis for individual and family floater type policies*Not applicable for OPD limit for Road Traffic Accident diagnostics"
	Deductible	SI 1 Lac – ₹25,000, 50,000 SI 2 Lac – ₹25,000, 50,000, 1 Lac SI 3 Lac – ₹25,000, 50,000, 1 Lac SI 4 Lac/ 5Lac/ 6 Lac/ 7 Lac/ 8 Lac/ 9 Lac/ 10 Lac • ₹25,000, 50,000, 1 Lac, 2 Lac	SI 2 Lac – ₹25,000, 50,000, 1 Lac SI 3 Lac – ₹25,000, 50,000, 1 Lac SI 4 Lac/ 5Lac/ 6 Lac/ 7 Lac/ 8 Lac/ 9 Lac/ 10 Lac • ₹25,000, 50,000, 1 Lac, 2 Lac, SI 15 Lac/ 20 Lac/ 25 Lac - 3 Lac, 4 Lac, 5 Lac
	Maternity Expenses	**Maternity Expenses:** Normal delivery - ₹75,000 C-section delivery - ₹100,000 • Coverage of Stem cell preservation - ₹35000, over and above maternity limit **New Born Baby Expenses:** Covered upto maternity Sum Insured **Vaccination Expenses:** Covered upto maternity Sum Insured	**Maternity Expenses:** Normal delivery - ₹75,000 C-section delivery - ₹100,000 • Coverage of Stem cell preservation - ₹35000, over and above maternity limit **New Born Baby Expenses:** Covered upto maternity Sum Insured Vaccination Expenses: Covered upto maternity Sum Insured
	Hospital Cash Benefit	₹500 to ₹5000 in multiples of ₹500 A deductible of 24 hours shall apply under this Benefit.	₹500 to ₹5000 in multiples of ₹500 A deductible of 24 hours shall apply under this Benefit.
	Waiver of Mandatory Co-payment	Applicable	Not Applicable

Free look cancellation:

- Customers will have a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
- Health insurance policy contracts with a term of 3 years offered over distance marketing mode shall have a period of 30 days from the date of receipt of the Policy.

Eligibility and Coverage:

- The minimum age of entry is 91 days and there is no maximum entry age.
- Children up to 25 years can be covered under the floater as dependents.
- Family floater plan we cover upto 9 members (6 Adults + 3 children) comprising of self, spouse, dependant parents, dependant parents-in-law, children up to 25 years (up to 3).

Hospitalization Benefits

Key Features

- 60 days of pre and 180 days of post-hospitalisation coverage
- Road ambulance expenses covered
- 527 Day Care procedures covered
- Annual health check up from 1st year

100% Reload of Sum Insured

- We will reload 100% of sum insured in case of an unrelated illness in the same policy year.
- In case of road accidents, we reload the sum insured in the first claim itself.

Cumulative Bonus

Earn a cumulative bonus every policy year when you don't claim

- 20% on Enhanced plan, maximum up to 100% of sum insured.
- The already accumulated bonus will not reduce even when you claim in any subsequent year unless utilized.

Chronic Management Program

Activ Health's Chronic Management Program (CMP) has been specially designed for people with chronic conditions like **Diabetes**, **Asthma**, **High Cholesterol** and **High Blood Pressure**.

Day 1 Cover*

We offer you Day 1 cover for chronic conditions to help you get back on the path of healthy living.

Automatic Upgrade

If you develop a chronic condition after buying the policy, you will get upgraded to the program without any additional premium.

The Chronic Management Program Benefits

HealthReturns™

Stay active and get upto 30% of your premium as HealthReturns™

How to earn HealthReturns™

Get Started

❶

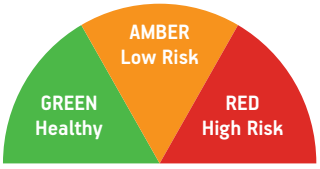
Download the Activ Health App

Know Your Health

❷

Find out your Healthy Heart Score™

Take the Health Assessment by calling our call centre and get the score. It indicates how healthy you are.



Get Active

❸

Improve Your Health by Getting Active

1 Active = Day

10,000 steps per day or
300 calories burned or
30 minute gym session

or do a fitness assessment test every six months.

Get Rewarded

- Earn up to 30% of your premium as HealthReturns™ by just completing 13 Active Dayz™ every month
- Earn up to 6% of your premium as HealthReturns™ by just completing 4 Active Dayz™ every month

Earn HealthReturns™ as a % of your premium

Active Dayz™	Healthy Heart Score™		
	Green	Amber	Red
13+	30%	12%	6%
10-12	18%	7%	4%
7 - 9	12%	5%	2%
4 - 6	6%	2%	1%
0 - 3	0%	0%	0%

HealthReturns™ is an offering under Aditya Birla Health Insurance plan and will be managed end to end by Aditya Birla Health Insurance Co. Limited.

How to use HealthReturns™*

Use it to
buy medicines

Use it to pay for
diagnostic tests.

Use it to pay your
next policy premium.

Keep it like a fund for
any health contingency.

*Conditions apply

Key Renewal Terms

The Policy will automatically terminate at the end of the Policy Period. The Policy is ordinarily renewable on mutual consent for life, subject to realization of Renewal premium.

The premium payable on Renewal shall be paid to Us on or before the Policy Period end date and in any event before the expiry of the Grace Period. Policy would be considered as a fresh policy if there would be break of more than 30 days between the previous Policy expiry date and current Policy Start date.

We however shall not be liable for any claim arising out of an ailment suffered or Hospitalisation commencing or disease/illness/condition contracted during the period between the expiry of previous policy and Start date of subsequent policy and such disease/Illness/condition shall be treated as a Pre-Existing Disease.

Any unutilised funds under HealthReturns™ (from the previous Policy year/ month) will be available for claims during the Grace Period. You shall not be able to earn HealthReturns™ during the Grace Period.

In case the Policy is not renewed before the end of the Grace Period, any unutilized funds under HealthReturns™ shall be available for a claim as up to a period of 12 months from the date of expiry of the Policy.

Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure of material facts or non-co-operation by You.

Where We have discontinued or withdrawn this product/plan You will have the option to renew under the nearest substitute Policy being issued by Us, however benefits payable shall be subject to the terms contained in such other Policy which has been approved by IRDAI.

You shall disclose to Us in writing of any chronic condition acquired by any Insured Person at the time of seeking Renewal of this Policy or during the Policy tenure, irrespective of any claim arising or made. If an Insured Person is found to be suffering from a covered chronic condition, post any waiting period (if applicable), then We shall manage such conditions under Chronic Management Program as per the terms and conditions laid out under the relevant section.

We may revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

Alterations like increase/ decrease in Sum Insured or Change in Plan/Product, addition/deletion of Insured Persons (except due to child Birth/Marriage or Death) will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the Proposal Form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.

Any enhanced Sum Insured during any Policy Renewals will not be available for an illness, disease, Injury already contracted under the preceding Policy Periods. All waiting periods as mentioned below shall apply afresh for this enhanced limit from the effective date of such enhancement.

Where an Insured Person is added to this Policy, either by way of endorsement, all waiting periods as per relevant section will be applicable considering such Policy Year as the first year of Policy with Us with respect to the Insured Person.

In case of Family Floater Policies, children attaining 25 years at the time of Renewal will be moved out of the floater into an individual cover. However, all continuity benefits for such Insured Person on the Policy will remain intact. Cumulative Bonus earned on the Policy will stay with the Insured Persons(s) covered under the original Policy.

Premium Details

The Premium charged on the Policy shall depend on the Sum Insured, Plan, Policy Tenure, Age, Policy Type and Optional Covers opted.
Additionally the health status of the individual will also be considered and premium might be loaded depending on the health condition.

Cashless Claims

- 24/7 claims assistance
- Cashless claims across large network of hospitals
- Pre-authorization intimation available through app and toll free
- Active engagement during hospital stay, admission and discharge

Permanent Exclusion*

Preventive care	Psychiatric or psychological disorders
Convalescence and Rehabilitation	Congenital external diseases
Experimental, investigational or Unproven Treatment	Sexually transmitted disease
Self-inflicted injuries	HIV and AIDS
Weight management programs	Treatment taken outside India
Treatment of obesity (including morbid obesity)	Stem cell therapy or Surgery
All routine examinations and preventive health check-ups	Non allopathic treatment
Circumcisions	Cosmetic, aesthetic and re-shaping treatments and Surgeries
Treatment for alopecia	
Artificial life maintenance	Treatment for correction of eyesight due to refractive error including routine examination
Treatment for developmental problems	
Items of personal comfort and convenience	Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens

Waiting Periods*

- **30 days waiting period:** For any treatment within the first 30 days of the cover,except accidental injury.
- 2 year waiting period: For specific illnesses/treatment like Cataract, Hernia, Sinusitis, Joint replacement surgery Varicose veins etc.
- Chronic Management program waiting period: As per terms of the policy
- Pre-existing disease waiting period: 48 months on Essential plans and 36 months on Enhanced plans

*This is an indicative list. Please refer to policy wordings for detailed list of exclusions and waiting periods.

You can avail a long term discount of 7.5% and 10% upon selecting a 2 and 3 year policy respectively.

Health Insurance

Aditya Birla Health Insurance Co. Limited

ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.
Product Name: Activ Health - Platinum Enhanced, Product UIN: IRDAI/HLT/ABHI/P-H/V.1/32/16-17,
Advertisement UIN: ABHI/LF/18-19/1748. Address:- 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000, Fax: +91 22 6225 7700. For more details on risk factors, terms and conditions please read terms and conditions carefully before concluding a sale. Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and Trademark/logo HealthReturns, Healthy Heart Score and Active Dayz are owned by MMI Group Limited. These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s). HealthReturns™ is an offering under Aditya Birla Health Insurance plan and will be managed end to end by Aditya Birla Health Insurance Co. Limited.

Health Insurance
Aditya Birla Health Insurance Co. Limited

ADITYA BIRLA CAPITAL
PROTECTING INVESTING FINANCING ADVISING

Activ Health Proposal Form - 1

Application No.:

1) Please fill the form in BLOCK LETTERS. 2) All details marked with* are mandatory. (The proposer must authenticate the cancellations / alterations in this form).

Customer ID: _____ Branch Stamp:
(To be filled by Branch Official)

I. Proposer Details:

Title*: Mr. ☐ **Mrs.** ☐ **Ms.** ☐ Gender*: Male ☐ Female ☐ DOB*: D D M M Y Y Y Y

Name*:	First Middle Last
Correspondence Address*:	City* _____ Town (District) _____ State* _____ PIN Code* ☐☐☐☐☐☐
Contact Number*:	STD Code _____ Landline Number _____ Mobile Number* _____ Emergency Contact Number _____ Emergency Name / Relationship _____
Email Id*:	
Identification Type*:	Please mention the ID number (In the order of the following): Aadhar Card ☐ PAN Card ☐ Passport ☐ Driving License ☐ Others ☐ _____ Please mention Number _____
PAN No^:	^(PAN No is mandatory in case premium is > Rs 1,00,000 (irrespective of the mode of payment of premium) Or > Rs 50,000 accepted in Cash)
GST Registration Status:	Consumer ☐ Registered Dealer ☐ Compounding Dealer ☐ Please specify GST Identity Number: _____ (mandatory for Registered dealer & Compounding dealer)
UPI Number:	
Marital Status:	Single ☐ Married ☐ Divorced ☐ Widow(er) ☐ Separated ☐
Nationality*:	Indian ☐ Non Resident Indian ☐ Foreign National with Indian Origin ☐ Person of Indian Origin ☐ Others ☐ _____
Educational Qualification:	Below Matric ☐ Matric ☐ Graduate ☐ Post Graduate ☐ Diploma ☐ Professional Degree ☐ Others ☐ _____
Occupation#:	Government Employee ☐ Private Service ☐ Self Employed ☐ Housewife ☐ Retired ☐ Others ☐ _____
Annual Gross Income (₹):	

II. Product / Plan Details*:

Plan Type*:	**Platinum:** Enhanced ☐ Essential ☐	**Tenure*:** 1 Year ☐ 2 Years ☐ 3 Years ☐	**Cover*:** Individual ☐ Family Floater ☐

Sum Insured* (₹): (For family floater policy)

Enhanced:
2 Lac ☐ 3 Lac ☐ 4 Lac ☐ 5 Lac ☐ 6 Lac ☐ 7 Lac ☐ 8 Lac ☐ 9 Lac ☐
10 Lac ☐ 15 Lac ☐ 20 Lac ☐ 25 Lac ☐ 30 Lac ☐ 40 Lac ☐ 50 Lac ☐ 100 Lac ☐
150 Lac ☐ 200 Lac ☐

Essential:
50,000 ☐ 75,000 ☐ 1 Lac ☐ 2 Lac ☐ 3 Lac ☐ 4 Lac ☐ 5 Lac ☐ 6 Lac ☐
7 Lac ☐ 8 Lac ☐ 9 Lac ☐ 10 Lac ☐

Room Type* (For family floater policy)

Enhanced
a) Any Room (Available for Sum Insured > 7 lac) ☐ b) Single Private Room ☐
c) Shared Room (Available for Sum Insured < 5 lac) ☐

Essential
a) Single Private Room ☐ b) Shared Room ☐ c) General / Economy Ward ☐
Your premium shall be based on choice of room type that you make at the time of proposal.

Zone of Cover	Insured					
	1	2	3	4	5	6
Zone I (All India Cover)						
Zone II (All India Cover excluding cities in Zone I)						
Zone III (Rest of India excluding cities in Zone I & II)						

Individual Policy: Your zone is based on the city mentioned in the Proposal form.
Family Floater – A single Zone shall be applicable to all members covered under the Policy, which will be by default the highest Zone applicable amongst the Insured members. You also have an option of selecting another Zone from the applicable Zone of any of the Insured Persons in the Policy.
Note: You have an option of upgrading to a higher zone which will enable you to get wider hospital network access outside your zone. If you choose to upgrade your Zone, please tick against the Zone of Cover you would like to opt. Zone can only be upgraded to higher than default.

III. Insured Details*:

☐ Is Proposer also the Insured

	Insured					
	1	2	3	4	5	6
Name*						
Relationship with Proposer*						
Member ID (Only if existing customer of ABHI)						
Gender*	M / F	M / F	M / F	M / F	M / F	M / F
DOB* (dd/mm/yyyy)						
Height* (cms)						
Weight* (kgs)						
City*						
Contact Number**						
Nationality*						
Occupation*#						
Annual Income (₹):						
Sum Insured* (Separate only for Individual cover)						
Room Category* (Separate only for Individual cover)						
Optional Covers (Separate only for Individual cover)						
a. OPD* ₹5000 - ₹20,000 in multiples of 1000 *Road Traffic Accident Diagnostic (over and above OPD Limit): Rs. 10,000						
b. Deductible (Select any one)						
Sum Insured: 1 lac Deductible: ₹25,000 & ₹50,000						
Sum Insured: 2 lac Deductible: ₹25,000, ₹50,000 & 1 lac						
Sum Insured: 3 lac Deductible: ₹25,000, ₹50,000 & 1 lac						
Sum Insured: 4-10 lac Deductible: ₹25,000, ₹50,000, 1, 2 lac						
Sum Insured: 15 - 25 lac Deductible: 3,4,5 lac						
c. Maternity Expenses (YES / NO)						
d. Hospital Cash Benefit ₹500 - ₹5000 in mupltipes of 500						
e. Waiver of mandatory co-payment (YES / NO) (applicable for Essential Plan only)						
Mention Your ID proof No.: Aadhar Card / PAN Card / Passport / Driving License						

**Contact no. is mandatory for each insured. In case the contact number is not available, please mention the contact number for proposer

 # Uninsurable Occupations (Indicative): Army, Navy and Air force operations, circus personnel, stunt pilots, mountaineers, professionals in car / bike racing, Jockeys, Wrestlers, Explosive handlers.

IV. Previous / Current Insurance Details:

Please fill the following details with respect to retail health insurance policies(s) currently held with the any other insurance company except **Aditya Birla Health Insurance Co. Limited**

Insured Sr. No.	Policy No.	Insurer Name	Start Date	End Date	Sum Insured	Claim (Yes / No)	Do you want to consider this policy for portability (Yes / No)

In case you want portability of your previous policy, kindly fill the portability form separately.

V. Nominee Details*:

Nominee Name	Nominee relationship with Proposer	Nominee Contact Number

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee and the receipt of the proceeds by such nominee would be sufficient discharge to the company. For all other persons covered under the policy, the proposer will be the nominee.

VI. Information On Health And Lifestyle*:

Please answer the following questions in "Yes" OR "No" with respect to the persons proposed to be insured

SEC 1	Has any of the person proposed to be insured ever suffered from / currently suffering from any of the following?	Insured					
		1	2	3	4	5	6
1	Heart Attack, Heart Disease (Ischaemic / Coronary), Heart Valve disease, or any heart disease or procedure / surgery like Angioplasty / PTCA or By Pass Surgery (CABG), High Cholesterol or High Triglycerides, Peripheral Vascular Disease						
2	Tuberculosis (TB), Bronchitis, COPD, or any other lung / respiratory disease						
3	Ulcer (Stomach/Duodenal), Reflux Disease (GERD), Anal fissure, fistula, Piles, Gall Bladder Stone, Alcoholic Liver disease, Liver cirrhosis or any other digestive tract disease						
4	Kidney / Renal Failure, Stone in kidney or urinary tract, Prostate enlargement / Prostate disease, hernia, hydrocele, varicocele, or any other kidney / urinary tract disease						
5	Brain Stroke, Epilepsy (fits), Paralysis, Brain Tumour, Parkinsonism, Alzheimers Disease, Multiple sclerosis, Down Syndrome or any other Brain / Spinal Cord or nervous system disease						
6	Auto immune disease, SLE (Systemic Lupus Erythematosus) or Motor Neuron Disease, Myasthenia Gravis, Scleroderma						
7	Tumour - benign or malignant, Cancer, ulcer, growth, cyst, or mass in the body, Leukaemia, Lymphoma, or any blood cancer						
8	Arthritis of any type, Spondylosis, Slipped Disc, or any disease of the muscles, bones or joints						
9	Cataract, Deviated Nasal Septum, Nasal Polyps, or any disease of the Ear, Nose, Throat, Thyroid, Teeth, Eye [please mention the refractive error / spectacle number in Dioptres (if any)]						

SEC 1	Has any of the person proposed to be insured ever suffered from/ currently suffering from any of the following?	Insured					
		1	2	3	4	5	6
10	HIV / AIDS, immunodeficiency or any venereal disease (VD) / sexually transmitted diseases (STD)						
11	Psychiatric / Mental illnesses, congenital / birth defect, disability or deformity whether physical / mental						
12	Fibroid (Uterus), Breast Lumps, Polycystic Ovary Disease (PCOD) or any other Gynaecological disease						
13	Polio, Genetic Disorder, Obstructive Sleep Apnoea (OSA), Varicose Veins						

SEC 2	Has any of the persons proposed to be insured had any of the following?	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
14	Under any regular medication prescribed by the Doctor **other than vitamin pills and tonics?**						
15	Blood tests, X-Ray / USG / Scan / MRI in the last 5 years **other than routine or pre-employment health check?**						
16	Surgery done or advised and still pending for the surgery to be done?						
17	Suffered from any other disease / illness / accident / injury other than common cold or viral fever?						
18	Any of the insured persons is pregnant? If yes, please mention the expected date of delivery.						
19	Whether there is diabetes, hypertension or any other complication occurred during current or earlier pregnancy?						

SEC 3	If any question is answered "Yes" in Sections 1 and 2 please provide the details of the illness / Medicine / Tests done / Surgery / Procedure in the space provided	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
20	Exact diagnosis						
21	Date of diagnosis						
22	Last consultation date						
23	Details of treatment given (Hospitalised / OPD)						
24	Doctor / Hospital Name & Phone Number where such treatment was undertaken						
25	Please attach reports of Lab / Blood tests, X-ray / USG / Scan / MRI or other tests done (Attached / Not attached)						
26	If hospitalised, then please attach discharge card / summary (Attached / Not attached)						

SEC 4	Family Doctor Details: (Non mandatory)	
27	Name	
28	Qualification	
29	Address	
30	City / Town / Village / Taluka	
31	Phone number	
32	Doctor registration number	
33	Email id	

SEC 5	Does any person proposed to be insured Smoke or consume tobacco in any form, or alcohol. If yes, please indicate the Quantity (Qty) consumed. If not, please indicate "No"	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
34	Smoking - i) No. of Cigarettes per day ii) Number of years	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs
35	Tobacco in any form - i) Amount per day ii) Number of years	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs
36	Alcohol - i) Number of units per week ii) Number of years	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs	Qty/Yrs

SEC 6	Information with respect to any of the proposed insured:	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
37	Has any application for any insurance policy (life, health, hospital daily cash or critical illness insurance ever been declined by any insurance company? If Yes, please indicate the name of the product and the insurance company in the space provided						

Additional Information: Please attach extra sheets if required

Chronic Diseases:

Do you or any of the proposed members have any of the following diseases? Please tick YES / NO.

If yes, please fill up the details provided in the **Specific Section for Chronic Diseases**

Diabetes (YES / NO)

High Blood Pressure (Hypertension) (YES / NO)

Asthma / Chronic Pulmonary Obstructive Disease (YES / NO)

High Cholesterol / High Triglycerides (Hyperlipidemia) (YES / NO)

VII. Premium Payment Details:

Mode of Premium Payment:	Cash ☐	Cheque ☐	Demand Draft ☐	Pay Order ☐	Credit Card ☐
	Debit Card ☐	Online ☐	E-wallet ☐	IMPS / NEFT / RTGS ☐	

Instrument Number	Instrument Date	Instrument Amount (₹)	Name of Premium Payer	Relationship of Payor with Proposer	Bank Details

VIII. Bank Account 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.

Please select any one of the below options as applicable.

☐ Bank account details as mentioned on the cheque being submitted along with the Proposal Form towards premium payment for insurance Policy should be used by the Company for electronic fund transfer as mode of payment.

Please fill the below table if the premium payment cheque does not have all the details required for electronic fund transfer.

☐ I do not have any existing bank account. I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of payment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever is earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer after receipt of aforesaid pending bank details from me.

☐ Bank account details as provided below and for which I am submitting a acceptable documentary evidence (cancelled cheque with Full Name or latest Bank Passbook), should be used by the Company for electronic fund transfer as mode of payment. I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy.

Name as in Bank Account: _____

Bank Name: _____ Account Number: _____

Bank Branch: _____ IFSC Code: _____ MICR Code: _____

Bank City: _____ Account Type (Current / Saving): _____

I agree and undertake to intimate in writing to Aditya Birla Health Insurance Company Ltd. about any change in bank account details. I also hereby certify that the particulars furnished above are correct to the best of my knowledge.

Date: _____

Place: _____ **Signature:** _____

Cancelled cheque should be attached along with the NEFT format. In case cancelled blank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation shall be required.

DISCLAIMER: Aditya Birla Health Insurance 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 transaction 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.

IX. Declaration & Authorization*:

I 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 am 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 Insurer and that the policy will come into force only after full payment of the premium chargeable.

I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who / which at anytime 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 person to be insured / proposer and seeking information from any insurer to whom 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.

I authorize the company to share information pertaining to my proposal including the medical records of the insured / proposer for the sole purpose of underwriting the proposal and / or claims settlement and with any Governmental and / or Regulatory authority .

I consent to and authorize any of Company's authorized representatives not being direct employees of the Company to seek medical information required for the purpose of policy issuance or claim settlement under this policy from any hospital/medical practitioner that I or any person proposed to be insured / insured has attended or may attend in future concerning any disease or illness or injury.

Date: _____

Place: _____ **Signature:** _____

X. Authorization For Electronic Policy Fulfillment And Service Communications:

1) I hereby consent that the policy documents may be sent to me by email.

Please tick:

☐ Yes: If yes, Please provide us your e-mail id: _____

☐ No

2) I hereby consent to and authorize Aditya Birla Health Insurance Company to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of the Company from time to time.

☐ Yes

☐ No

XI. Vernacular Declaration:

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from Aditya Birla Health Insurance Company to the Proposer in the language understood by him / her. The same have been fully understood by him / her and the replies have been recorded as per the information provided by the Proposer. Replies have been read out to, fully understood and confirmed by the Proposer.

Declarant Name: _____ Declarant Signature: _____

Date: _____

Proposer Name: _____ **Proposer Signature / Thumb impression:** _____

Proposer Sign Date: _____ Place: _____

XII. Electronic Insurance Account Details Of Proposer:

(E-mail id is mandatory):

Do you have an EIA Account: Yes ☐ No ☐ If No, do you wish to apply for EIA Account: Yes ☐ No ☐

If Yes, please quote EIA Account Number: _____

If applied, please mention your preferred Insurance Repository (IR): _____

Email id (Registered with Insurance Repository): _____

Your Policy will be credited in your EIA account and your address details as mentioned in the EIA account shall override the address provided in this application for Insurance. We request you to inform the Repository of any changes in the details immediately

***Proofs**

ID Proof: Passport ☐ PAN Card Copy ☐ Voter's Id ☐ Driving License ☐ Letter from a recognized public Authority

Proof of Residence: Telephone Bill ☐ Bank Account Statement ☐ Letter from recognized public authority ☐ Electricity Bill ☐ Ration card ☐

Age Proof: 10th Certificate ☐ DOB certificate ☐ Doctor certificate from recognised hospital/doctor ☐ Passport ☐ PAN Card ☐ Aadhar card ☐

(More detailed list to each above listed proofs can be provided)

Section 41 of Insurance Act 1938 (Prohibition of rebates):

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 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.
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.

XIII. Additional Declarations Pertaining To Value Added Benefits*:

I / We agree that on the issuance of the Policy, I / We will provide the Company with all relevant details relating to the tracking device and / or mobile app downloaded at the earliest. I / We understand and agree that these details are required by the Company for the Company to track, record and calculate my / our eligibility for the Value Added Benefits under the Policy. I / We declare and consent through my / our own free will and without any duress that the Company may access and record these details on a periodic basis and use these details for calculating and according the Value Added Benefits under the Policy. I / We further declare and consent that the original reports pertaining to any health assessments or tests undertaken by me / us in order to determine the eligibility to avail or continue to avail the Value Added Benefits under the Policy will be handed over by the concerned network providers directly to the Company and will remain on the Company's records.

Date: _____

Place: _____ **Signature:** _____

XIV. Insurance Advisor Report:

Business Source Channel (Please tick the channel applicable and fill details in BLOCK letters)

Agency ☐ Corporate Agency ☐ Direct Sales ☐ Broker ☐ Other Channels ☐

Intermediary Details	
Intermediary Name	
Intermediary Code	
Ref Code 1	
Ref Code 2	
SP Code (For Corporate Agency channel only)	
RM / LG / Ref Code (For Corporate Agency channel only)	
Sales Manager Name (for All Channels)	
Sales Manager Code (For All Channels)	
ABHI Branch Details (to be filled for all channels)	
Intermediary Branch Name	
Intermediary Branch Code	

I, _____ in my capacity as an Insurance Advisor / Specified Person of the Corporate Agent / Authorised 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 and that any details sought will herein 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, or if there has been a non-disclosure of any material fact, the policy issued to his / her favor pursuant to this Proposal may be treated as null and void by the Company and all premiums paid under the Policy may be forfeited to the company.

Date: _____ **Signature of Agent:** _____

(Insurance Advisor Signed date cannot be prior to Customer's Signed date)

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.
Product Name: Activ Health, Product UIN: IRDAI/HLT/ABHI/P-H/V.1/32/16-17. Address: 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000, Fax: +91 22 6225 7700. For more details on risk factors, terms and conditions please read terms and conditions carefully before concluding a sale. Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and Trademark/logo HealthReturns, Healthy Heart Score and Active Dayz are owned by MMI Group Limited. These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

Contact us:
1800 270 7000

ADITYA BIRLA CAPITAL

Acknowledgement:

Application Number: _____

We acknowledge with thanks the receipt of your application and amount by Cash / Cheque / Demand Draft / Others _____

_____ of amount of Rs. _____

dated _____ drawn on _____

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 a proposal for insurance, it shall be subject to the policy terms and conditions and We shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If We do not accept the proposal, We will inform you and refund the payment, if any, received from you without interest.

Name of the Branch Official: _____ **Signature of Branch Official:** _____

Date: _____