

SHREE MEMNAGAR STHANAKWASI JAIN SANGH

PROPOSAL FORM FOR GROUP MEDILAIM FLOATER POLICY

Plan name: _____ Sum Insured: _____ Certificate No. : _____

	1	2	3	4	5	6
Name of Main Member (1) & Family Member	Surname :					
	First Name :					
	Last Name :					
Date of Birth						
Male or Female						
Relationship with the Main Member	Self					
Occupation						
Income Per Annum (Rs)						
Permanent / Present Address OR Address for Correspondence						
Phone No. with STD Code :	Off.			Resi.		Mo.
Name of the Nominee						

NOTE : PLEASE NOTE THAT YOUR PROPOSAL FORM IS SUBJECT TO APPROVAL AND ACCEPTANCE BY INSURANCE COMPANY AND INSURANCE COVER WILL START FROM THE DATE OF POLICY EVENTUALLY ISSUED BY THE INSURANCE COMPANY

	1	2	3	4	5	6
Family Doctor's Name, Reg. No. & Address with Telephone No.						
Are you presently covered under any other Mediclaim Insurance Policy?						
Have you received any claim in past? or Pending ? (if yes give details)						
Have you ever suffered any diseases? If yes, give details.						
Any additional facts affecting the proposal which should be disclosed to the insurer.						

DECLARATION

I hereby declare & warrant that the above statements are true and complete in all respect. I consent and authorize to seek medical information from any hospital, medical practitioner who had at any time attended on me concerning any disease or illness which affects my physical or mental health. I agree that this proposal shall form the basis of the contract. Should the insurer be affected upon after the insurance is effected, if it is found that the statements, answers, or particulars stated in the Proposal Form and its questionnaires are incorrect or untrue in any respect, the insurance Company shall incur no liability under the said insurance. I have read the relevant prospectus and I am willing to accept the different coverages subject to the terms & conditions of the respective insurance as a member of QMPL. I / we propose this insurance with them. I understand and accept that in the event of any dispute related to renewal, claim, damage, etc., will have to be settled with insurance company as per terms & conditions of insurance company and QMPL does not take any responsibility whatsoever.

Signature of the Member : _____ Place : _____

In presence of witness : _____ Date : _____

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