

Annexure 4

The Branch Manager, Union Bank Of India.

Date : __ / __ / ____

Branch Name: _____

Sub: RENEWAL cum MODIFICATION Form for Union Health Care Policy

Certificate No. _____ Proposer Name: _____

RENEWAL Declaration : I having Union Health Care Policy under above Certificate No. And hereby I request you to renew the policy with the **SAME SUM ASSURED** for the year 2019. I also take the responsibility of intimating the branch for renewing my policy during renewal period every year.

I would like to make the modification as detailed here under:

a. Modification in Sum Assured:

Existing sum Assured	New Sum Assured
Rs. _____	Rs. _____

I agree that the enhanced sum assured will be considered equal to taking the new policy & hence for the enhanced portion of sum assured all the rules, regulations & clauses related to new policy will be applicable including exclusions as per the Union Health Care prospectus.

b. Deletion of members: (for addition of member(s) use **Proposal form**)

Sr No	Name	Age	Relation
1			
2			
3			

c. Other Modification:

New Account No.	New Contact No.	New Email	New Address

Signature _____