

Insured Details

Name of Insured Members (Full Name in Block Letter)	Date of Birth	Gender		Relationship with Account Holder
Primary Member	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Self
Insured 2 :	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Spouse
Insured 3 :	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Son/Daughter
Insured 4 :	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Son/Daughter

Note: In case multiple members cover will be offered only on floater basis.

Previous Policy Details:

Kindly provide the particulars for the previous policy

Policy Period (From-To) (DD-MM-YYYY)	Name of the Insurer & Product	Policy / COI Number	Sum Insured	Covered Since
				_____Year

Premium including GST @ 18%:

Age Less than 45	1 L	1.5 L	2 L	2.5 L	3 L	5 L	6 L	7 L	8 L	9 L	10 L	12 L	15 L
1 Person	4461	6483	8032	9694	11360	12920	16932	20144	23143	26172	29264	37296	42183
2 Persons	4907	7130	8831	10661	12501	14213	18630	22160	25461	28792	32194	41027	46408
3 Persons	5471	7951	9850	11892	13937	15847	20773	24712	28391	32110	35898	45749	51746
4 Persons	5887	8558	10600	12799	14995	17054	22348	26591	30494	34552	38630	49230	55684
Age 45 or less than 55	1 L	1.5 L	2 L	2.5 L	3 L	5 L	6 L	7 L	8 L	9 L	10 L	12 L	15 L
1 Person	5984	9038	11328	14361	16091	21088	25721	30794	35320	39889	44548	55877	65636
2 Persons	6581	9942	12432	15795	17697	23140	28237	33788	38796	43852	49012	61444	72153
3 Persons	7342	11092	13861	17613	19737	25866	31547	37740	43322	48961	54709	68570	80575
4 Persons	7900	11932	14917	18949	21235	27833	33946	40616	46620	52681	58868	73787	86704
Age 55 and above	1 L	1.5 L	2 L	2.5 L	3 L	5 L	6 L	7 L	8 L	9 L	10 L	12 L	15 L
1 Person	8104	12242	15308	19447	21790	28559	36662	43869	50347	56894	63567	78877	92126
2 Persons	8915	13467	16836	21391	23968	31416	40331	48252	55384	62590	69937	86772	101352
3 Persons	9946	15019	18776	23848	26731	35036	44980	53810	61766	69802	77996	96772	113033
4 Persons	10696	16159	20204	25667	28764	37700	48395	57902	66462	75111	83928	104132	121629

Nominee Details

Name of Nominee :

Date of Birth : / / (DD/MM/YYYY) Relationship :

Name of Appointee* :

Date of Birth : / / (DD/MM/YYYY) Relationship :

(*Only where the Nominee of Age 18 years or less.)

Declaration

- 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 due to change in GST as specified from time to time by the Government of India or due to medical inflation or change in plan/age/addition of member(s).
- I have read and understood the scheme details/brochure/prospectus/sales literature/Terms and Conditions of the Group Policy and confirm to abide by the same.
- I/We declare and consent to the Insurer seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/applicant or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/Applicant and seeking information from any insurance company to which an Application for insurance on the life to be assured/applicant has been made for the purpose of underwriting the application and/or claim settlement.
- Receipt of application form by the Insurer shall not be construed as acceptance of Application. Commencement of risk under the Certificate of Insurance shall be subject to realization of full premium and individual underwriting by the Insurer. The Insurer at its sole discretion reserves the right to accept or reject any Application. Cover would start from the date as specified in the Certificate of Insurance.
- I/We understand that the Cover offered is under the Group scheme designed for Union Bank of India customers. The scheme is underwritten, administered and serviced by Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) (IRDA Registration No. 148). I/We further understand that a Union Bank of India customer is not involved in settlement of claims and I/We shall directly pursue any of our dispute/claim with the Insurer.
- I/We further declare, on my behalf and on behalf of each of the persons proposed to be insured that there is all information which is relevant to this Application that has been disclosed and not withheld. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Insurer.

Disclaimer: Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) 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 bank account of Proposer / Policy holder (mentioned under "For Office Use Only" 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 : _____ (As per Bank Records)