

MEMBER ENROLMENT FORM - Health Plus

The group constitutes of members of Bandhan Bank who agree to enroll under this Health Plus policy and to make payment of premium in this regard to Niva Bupa Health Insurance Company Limited.

1- PRIMARY INSURED DETAILS

Name F I R S T N A M E M I D D L E N A M E L A S T N A M E

Gender Male Female Others Date of Birth D D M M Y Y Y Y

Address

City District

State Pin-code

Email ID

Mobile Relationship with Proposer

Occupation: _____ Existing Disease/Disorder: _____

Previous year Policy Account No.: _____ Previous Policy start date: _____

Previous Insurer Name: _____ Previous Product Name: _____

Previous Sum Insured: _____

2- PLAN TYPE

It is a group port plan hence, we will be giving continuous coverage to customers as per previous sum insured and waiting periods.

Account No.: _____ LG Code: _____ Branch Code: _____

Policy Tenure: 1 year

Coverage: 1A 1A1C 1A2C 1A3C 1A4C 2A 2A1C 2A2C 2A3C 2A4C

Sum Insured (INR): 2 Lacs 3 Lacs 4 Lacs 5 Lacs 7.5 Lacs 10 Lacs 15 Lacs

Premium (INR, Including Tax): _____

Inpatient Care	Up to Base Sum Insured	
Emergency Ground Ambulance- Within India	INR 2000 per hospitalization	
Maternity (36 months waiting period)	<input type="checkbox"/> Up to 4L: Up to INR 10,000 per delivery, Maximum 2 delivery/termination. <input type="checkbox"/> 5L & Above: Up to INR 25,000 per delivery, Maximum 2 delivery/termination	
Co-Payment	15% on each claim	
e-Consultation	Within Network Provider only	
No Claim Bonus	10% per annum for every claim free year. upto 100% of Base Sum Insured	
Sub-limit on specified illness/conditions	Applicable (As per Annexure VII , Option C of policy wordings)	
Pre Existing Disease waiting Period	36 Months	Waiting period is applicable since the inception of the original policy and not from date of porting.
Initial Waiting Period	30 Days	
Specific Disease Waiting Period	24 Months	

Members covered:

Title	Member Name (First, Middle, Last)	Gender (M/F/Others)	Date of Birth (DD/MM/YYYY)	Relationship with Member

3- NOMINATION

Nominee Name	Relationship	Appointee Details (if nominee is minor)

4- CANCELLATION/TERMINATION

Once the Insured ceases to be a member or the policy is cancelled by the Master policyholder or the insurer for any reason whatsoever, the cover will automatically stand cancelled. However, the Insured under this policy can port to a similar approved retail health policy available with the company as per 'Portability Guidelines', subject to the Company's underwriting criteria.

5- DECLARATION (Please read carefully and put a check mark against each before signing the proposal form)

- I/We 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/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I/We understand that the information provided by me/us will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We declare and further consent to the Company seeking medical information from any doctor or hospital who/which at any time has attended on the person 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/We authorize the Company to share information pertaining to my/our 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/We authorize the company to send all my policy and service related communication to the email ID.
- I/We provide my consent and authorize the company to make welcome/service calls or any other commercial communication with respect to the proposed or the existing policy. The said consent will override any registration on DND registry.
- The contents of the enrolment form and connected documents have been fully explained to me and I have fully understood the significance to the proposed content.
- I/We authorize Bandhan bank to debit my Bandhan Bank Savings/Current account against premium payment towards Niva Bupa Health Insurance policy opted by me. I/we are aware of the terms and conditions and I/We hereby give my consent to the health questionnaire above.
- I opt to receive all my policy related refunds in the same account number.

Dated: _____ Signature of the Customer _____
 Place _____ Name of the Customer _____

6- STATUTORY WARNING (PROHIBITION OF REBATES)

- i. 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 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 maybe allowed in accordance with the published prospectus or tables of the insurer.
- ii. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

Coverage subject to terms & conditions, waiting periods, exclusions as per policy T&C.

PORTABILITY FORM

Policy Number	Insurance Company	Risk Start Date	Risk End Date

Name of proposed insured for whom portability is requested	First policy start date	No of years of continuous coverage for which portability is requested	Current No claim Bonus	Sum insured

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