

PROPOSER SELF DECLARATION

Proposer Name :- _____

Address :- _____

Contact No :- _____ Email id :- _____

Proposed for :- AROGYA PLUS / AROGYA PREMIER / AROGYA TOP UP / RETAIL HEALTH / AROGYA SANJEEVANI

Policy Term :- 1 Year 2 Year 3 Year Policy Type :- INDIVIDUAL FAMILY NON FLOATER FAMILY FLOATER

Sum Insured :- _____ Deductible :- _____

Members	DOB	Relation	Sum Insured	Deductible	Smoke	Alcohol	Tobacco

Details of Medicines :-

Members	Hypertension	Diabetes	Thyroid	Any Other

Details of past Hospitalisation { Kindly attach discharge summary and related reports }

Members	Hospitalisation (If Yes)

Signature :-

NO CLAIM DECLARATION AND GOOD HEALTH DECLARATION

I hereby declare that I had never made any claims in my previous policies and I am in Good Health condition. (For all insured members)

Signature :-

Date :-