

**Proposal Form for Reliance HealthWise Policy**  
(For persons age 46 years and above)

The Policy does not commence until the proposal is accepted by the Company and premium is paid

Intermediary Code No. \_\_\_\_\_

**Proposer Details**

1. Name of the Proposer  Mr.  Ms. F I R S T M I D D L E L A S T  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Pincode \_\_\_\_\_  
 Residence Number \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email ID \_\_\_\_\_

**Plan / Policy Details**

2. Number of Family Members to be covered under the Policy  1 Member  2 Members  3 Members  4 Members  
 3. Details of the Family Members to be covered under the Policy:

Sr. No.	Name	Gender	DOB	Relationship with Proposer	Occupation	Pre-existing illness/injury/condition, if any	Name of Nominee	Relationship with Insured
				Self				

(Please specify YES/NO in the column provided for Pre-existing illness)

4. Plan Details  Silver  Standard  
 5. Sum Insured  2L  3L  4L  5L  
 6. Tenure of Policy  1 Year  2 Years  
 7. Policy Start Date d d | m m | y y | y y Policy End Date d d | m m | y y | y y

**Family Doctor Details**

8. Name Dr. F I R S T M I D D L E L A S T  
 Address for the Doctor \_\_\_\_\_  
 Plot No./Door No. \_\_\_\_\_ Building Name \_\_\_\_\_  
 Road/Street/Sector \_\_\_\_\_  
 Area \_\_\_\_\_  
 Taluka/Village/District/City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Mobile \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

**Acknowledgement (On behalf of Reliance General Insurance)**

Name of the Proposer \_\_\_\_\_  
 Intermediary Code No. \_\_\_\_\_  
 Branch Name \_\_\_\_\_  
 Plan Opted: \_\_\_\_\_

Signature of Authorised Representative of the Company

## Details of Insured's Medical History

9. Details of Pre-Existing Disease/Illness/Injury/Condition, if any:

Sr. No.	Family Member's Name	Name of Disease/Injury suffering from	Month & Year when first treated

## Details of Other Insurance Policy

10. Details of any other Insurance like Mediclaim, Critical Illness or any other Medical Insurance Policy currently held by you or your Family Members.

Name of Family Member	Sum Insured	Period of Insurance		No Claim Bonus/Cumulative Bonus%*	Claims Received /Receivable (Rs.)	Treatment/ Disease Details	Name of Insurance Company and Policy No.
		From dd/mm/yy	To dd/mm/yy				

\*Please attach necessary proof stating the details of the insurance company with whom you have the expiring insurance policy

11. Payment Details (to be filled only after proposal is approved)

Cheque  DD

Cheque or DD Amount  /- Amount in words (  )

Bank Name

Cheque/DD No.

Cheque/DD Date

12. Account Holder's Name

Relationship with Insured

## Declaration

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Reliance General Insurance Company Limited any change/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Signature  Date  Place

## Prohibition of rebates - Section 41 of The Insurance Act 1938

1. 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 or 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 may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

## Registered & Corporate Office Address

**Reliance General Insurance Co. Ltd.**

**Registered Office** Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

**Corporate Office** 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

For any assistance call **1800 3002 8282** (toll free) | **3989 8282** (local charges apply)

