

Proposal Form for Reliance HealthWise Policy
(For persons age 45 years and below)

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

Details of Insured's Medical History

8. 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

9. Is this proposal by way renewal of existing policy without break for Self Spouse Dependant Child 1 Dependant Child 2
 If Yes, please submit a copy of the previous policy/renewal notice

Payment Details

10. Cheque DD
 Cheque or DD Amount _____ /- Amount in words (_____)
 Bank Name _____
 Cheque/DD No. _____ Cheque/DD Date d | d | m | m | y | y | y | y
 11. 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 of Proposer _____ Date d | d | m | m | y | y | y | y Place _____

Prohibition of rebates - Section 41 of The Insurance Act 1938

- 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.
- Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-



Proposal Form for Reliance HealthWise Policy - Acknowledgement (For persons age 45 years and below)

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

Details of Insured's Medical History

8. 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

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 If Yes, please submit a copy of the previous policy/renewal notice

Payment Details

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 Cheque or DD Amount _____ /- Amount in words (_____)
 Bank Name _____
 Cheque/DD No. _____ Cheque/DD Date d | d | m | m | y | y | y | y
 11. Account Holder's Name _____
 Relationship with Insured _____

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