



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvarkottam High Road,  
Nungambakkam, Chennai - 600 034. Phone: 044 - 2828 8800

CIN: L66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Type of Policy	<input type="checkbox"/> Fresh	<input type="checkbox"/> Renewal	Enrollment Form No.: .....
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## STAR GROUP CRITICARE GOLD

UIN No.: SHAHLGP19048V011819

Star Branch Name / Code	Bank Branch Name / Code	SP Name / Code	Intermediary Name / Code	Relationship Manager's Code
Transaction ID			Transaction Date	

**GUIDELINES FOR COMPLETION OF THE FORM** (To be filled by the proposed person)

- Please answer all the questions fully and correctly in **CAPITAL LETTERS**. Where any question does not apply, please mention clearly that the same is not applicable.
- Insurance is a contract of Utmost Good Faith requiring disclosure of all material facts without any suppression in response to the questions in the form.
- The Policy shall become void at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material fact in the form / personal statement, declaration and connected documents or any one acting on his behalf.
- **The Product is applicable for only MORTGAGE LOANS. Note:** The liability of the company does not commence until this form has been accepted and premium is received by the company

Details of person/s proposed for insurance	Primary Applicant	Joint Applicant
<b>Name of Proposer (Group Administrator)</b>		
<b>Name: Mr. / Mrs. / Ms.</b>		
<b>Gender</b>	M / F	M / F
<b>Date of Birth</b>	DD/MM/YYYY	DD/MM/YYYY
<b>Occupation</b>		
<b>Annual Income (Rs.)</b>		
<b>Relationship with the Primary Applicant</b>	<b>Self</b>	
<b>Loan Account No</b>		
<b>Sum Insured Opted (Rs.)</b>		
<b>Permanent Address</b>		
<b>City</b>		
<b>State</b>		
<b>Pincode</b>		
<b>Address for Communication</b>		
<b>City</b>		
<b>State</b>		
<b>Pincode</b>		
<b>Mobile No</b>		
<b>Email</b>		
<b>PAN No.</b>		
<b>Aadhar No.</b>		
<b>Nominee Name</b>		
<b>Nominee Date of Birth</b>	DD / MM / YYYY	
(In case of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)		
<b>Relationship with Nominee</b>		
<b>Nominee Address</b>		
<b>Details of Pre-existing Disease, if any</b>		
<b>Sum Insured (Rs.) - Critical Illness (Not exceeding Loan Amount)</b>		

Period of Insurance (Maximum 5 Years)			
Commencement Date of Insurance			Expiry Date of Insurance
Details of person/s proposed for insurance		Primary Applicant	Joint Applicant
DETAILS OF MORTGAGE LOAN			
Mortgage Loan Tenure (Yrs)			
Premium (Excluding GST)			
GST No.(If applicable)			
Loan Sanction Amount (Rs.)			
Loan Disbursal Date		DD/MM/YYYY	

**Declaration**

1. I 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 are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons. 2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable. 3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the form has been submitted but before communication of the risk acceptance by the company. 4. I declare that I consent to the company seeking medical information from any doctor or from a hospital who/which at anytime 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 form and/or claim settlement. 5. I authorize the company to share information pertaining to my form including the medical records of the insured/proposer for the sole purpose of underwriting the form and /or claims settlement and with any Governmental and/or Regulatory authority. I confirm that the payment is made through my card / bank account. I also confirm that the source of funds for premium paid under this policy is legal. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCPR.

I / we confirm having understood that in the event of a request for cancellation of cover under a one year tenure policy I shall not be eligible for any refund even if there is no claim. For multi year tenure the refund shall be as per terms and conditions of the Master Policy.

The terminology in the proposal form with the terms and conditions of the policy are explained to me in vernacular language (mother tongue)

**Terms & Conditions**

I/ we understand & agree that no benefit under the policy shall be payable for any major medical illness event or procedure which results due to any pre-existing illness or symptom or which is diagnosed within 90 days of policy inception day. In case of any claim made under the policy no premium shall be refunded on cancellation of the policy. The aggregate of Sum Insured opted by the applicants(s) under the same Loan application number cannot exceed the loan sanctioned amount or the principal outstanding as on the date of last EMI due prior to the date of payment. The policy shall commence on or after the date of payment of Premium.

The contents of the form and connected documents have been fully explained to me / us and I / we have fully understood the significance of the proposed contract.

The Policy may be renewed by mutual consent and in such event the renewal premium shall be remitted on or before the date of expiry of this Policy.

**Signature of Insured Persons**

Primary Applicant

Joint Applicant

**Signature of Proposer**

**Declaration of the Intermediary:** I / We confirm that the product's suitability has been explained to the proposer. The information furnished in the form is true to the best of my knowledge and recommend acceptance of the form.

CO Code

CO Name

Signature of the Intermediary  
(Seal & Sign of Authorized Signatory of Bank Branch)

**Prohibition of Rebates: Section 41 of 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 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 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 liable for a penalty which may extend to ten lakh rupees.