



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

**Enrolment Form - Star Group Health Insurance
UIN : SHAHLGP21214V022021**

SM/RM CODE		SM/RM NAME					
SPECIFIED PERSON CODE		SPECIFIED PERSON NAME					
CO CODE		CO NAME					
Transaction /Cheque Date		Transaction /Cheque No.					
Name of Proposer (Group Administrator)							
Name of the Primary Applicant : Mr./Mrs./Ms.							
Savings / Current /Loan Account No:							
Permanent Address: City State Pincode:							
Address for Communication: City State Pincode:							
Mobile No							
Email Id							
Occupation:							
Annual Income:							
PAN No:							
AADHAR No:							
Nominee's Name							
Relationship of the Nominee with the Primary Applicant							
Date of Birth of the Nominee :		Age of the Nominee :					
Name of the appointee (if nominee is a minor)							
Nominee Address							
Relationship of the appointee to the nominee and Age							
Type of Policy		Individual / Floater					
Period of Insurance		From: To:					
Sum Insured Opted (Please Tick) Applicable for Floater Policy							
Rs.2 Lakhs	Rs.3 Lakhs	Rs.4 Lakhs	Rs.5 Lakhs	Rs.7 Lakhs	Rs.10 Lakhs	Rs.15 Lakhs	Rs.20 Lakhs
Family Size (Please Tick) Applicable for Floater Policy							
1A	1A+1C	1A+2C	2A	2A+1C	2A+2C		

Details of the person proposed for Insurance	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4
Name				
Gender				
Date of Birth				
Age in years				
Relationship with the primary applicant				
Sum Insured Opted Rs. (Applicable for Individual Policy)				
Details of Pre-existing Diseases if any				
Any Other Medical Condition / Disability / Physical Deformity / Diagnostic Testing/Routine Health Check-Up / Investigation / Prior History of accident:				

Declaration: I /we hereby declare, on my /our 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 the 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 further declare that I/ we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposed after the proposal has been submitted but before communication of the risk acceptance by the company. I/ we declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/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 proposal including the medical records for the sole purpose of proposal underwriting and /or claims settlement and with any Governmental and/or Regulatory authority.

I / we confirm having understood that in the event of a request for cancellation of cover I / we shall not be eligible for any refund even if there is a claim. I/ we also confirm that the source of funds for premium paid under this policy is legal.

The contents of the proposal form and features of the product have been fully explained to me / us and I / we have fully understood the significance of the proposed contract. 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: The policy shall commence on or after the date of payment of Premium. 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 Primary Applicant :

Date :

Place:

Signature of Proposer :

Declaration of the Intermediary: I /We confirm that the product has been explained to the primary applicant and is suitable for the primary applicant

Code:

Name:

Signature of the Intermediary with Seal:

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 Rupees Ten Lakh.