KSHEMA GENERAL INSURANCE LIMITED

Kshema Group Health Insurance

UIN: KSGHLGP27039V012627

Kshema Group Health Insurance

Proposal Form

Instructions For Filling Up the Form: -

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non- description or on non-disclosure of any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information having been with held by the proposer or any one acting on his behalf.
4. Kindly contact the Company's Office or Intermediary/ Agents for any doubts or clarifications on the proposal form. Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by Kshema General Insurance Company Limited. ("Company").

INTERMEDIARY DETAILS	
Intermediary Name	
Intermediary Code	
Intermediary Contact Details	
Policy Issuing Office Code	
Policy Issuing Office Name	
Proposal received date	
Business Type	
PERIOD OF INSURANCE	
Policy Start Date	
Policy End Date	
PROPOSER DETAILS	
Name of the Proposer	
Communication Address:	
City	
State	
Pincode	
Landmark	
Permanent Address:	
City	
State	
Pincode	
Landmark	
Mobile Number	
Email ID	
Nationality	
Nature of Business	
GSTIN/ISDIN	
PAN No	
Group Type	Employer – Employee / Non-Employer Employee
Policy Type	Individual / Floater

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Business Type	Fresh/ Renewal / Rollover

CO – INSURANCE DETAILS	
Insurer Name	Share Percentage

COVERAGE DETAILS
Please refer to Annexure-A at the end of this form and choose the covers.

ELECTRONIC INSURANCE ACCOUNTS DETAILS	
I have an eIA Number	
I would like to apply for eIA with	NSDL Database Management Ltd
	Karvy Insurance Repository Ltd
	Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)
	CAMS Insurance Repository Services Ltd
CKYC No (Central Know Your Customer Registry Number (If available)	

I, _____, hereby grant explicit consent to Kshema General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Kshema General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name:

BANK ACCOUNT DETAILS	
Premium payment option	Cash/Cheque/UPI/Wallets/Credit Cards/Debit Cards/Net banking
Bank Account No	
IFSC Code	
Branch Name	
Card details	
Card No	
Card Expiry Date:	
ASBA Declaration	I hereby accord my consent to authorise Kshema General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.

INSURED BANK DETAILS	
Bank Name	
Branch Name	

Name as in Bank Account	
Bank Account No	
IFSC Code:	
MICR Code	
Note: The Proposer agrees and undertakes to intimate in writing to Kshema General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches	

Declaration (Please read carefully before signing)

1. That the statements, answers, and particulars provided above are true and complete to the best of my/our knowledge, and that I am/we are duly authorized to propose on behalf of all persons to be insured.
2. That the relevant documentation and product information have been read and understood, including the features and benefits, and the decision to purchase this product is made voluntarily.
3. That the information provided shall form the basis of the insurance policy, and coverage shall commence only upon full payment of the premium.
4. That any changes in occupation or general health occurring after submission of this proposal but before acceptance of risk by the Company shall be notified in writing.
5. That any misstatement, suppression, or non-disclosure of material information, or failure to notify the Company of any material change, may entitle the Company to repudiate any claim or declare the policy void.
6. That consent is given to the Company to obtain medical information from any doctor, hospital, employer, or insurer for the purposes of underwriting and/or claim settlement.
7. That the mobile number and email ID provided in the proposal form are registered in my/our name, and authorization is granted to the Company to send all communications, including claim-related information, to the provided contact details.
8. That the Company may share, collect, or validate KYC-related documents/information with financial institutions, credit rating agencies, and other entities, and may confidentially share contact details and other information with service providers or third-party agencies for processing or servicing, as required by law or regulatory authorities, or for fraud prevention.
9. That authorization is granted to the Company to retrieve insurance history and other relevant information from the Insurance Information Bureau, and consent is given to receive regular updates, alerts, and promotional communications.
10. That the Company may share proposal-related information, including medical records, with Governmental and/or Regulatory authorities, including through ABHA, solely for underwriting and/or claims settlement purposes.
11. That the Company's Privacy Policy, as published on its website, has been read and understood by me/us and/or the insured persons.
12. That authorization is granted to the Company and its representatives to contact me/us via phone, SMS, email, WhatsApp, or other communication methods, overriding any registration under the National Do Not Call Registry
13. That consent is given for the collection, use, and disclosure of personal information by the Company for insurance services, including underwriting, claims processing, and customer service. Personal information may be shared with third-party service providers and regulatory bodies, and I/we retain the right to access, correct, or delete such information by contacting customer.support@kshema.co. This consent remains valid as per IRDAI Regulations 2025 and other applicable laws.
14. That the contents of the Proposal Form and accompanying documents have been fully explained and understood, including the significance of the proposed insurance.
15. That courteous and professional conduct will be maintained in all communications with the Company, and acknowledgment is given to the Company's commitment to the same. Any inappropriate behavior may result in termination of interaction, restricted access, and potential legal action.
16. That the terms and conditions stated above have been fully understood and agreed to. All relevant health conditions and disabilities of the proposed insured individuals have been truthfully disclosed, and no individual

proposed to be insured is currently facing any disability. Authorization is provided willingly and with informed consent.

Name of the Proposer_____

Place _____

Date _____

Signature of the Proposer

DECLARATION AND CONSENT	
Source Of Fund	
Salary	
Business	
Others (In case of others, please specify)	
I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.	

PROPOSER DECLARATION

(Certification where for any reason, the proposal and other connected papers are not filled in by the prospect). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by _____ under my instruction, and I found it to be correct.

Signature of the Proposer

Vernacular Declaration

I/hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the Health Insurance from Kshema General Insurance Limited to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Proposer and the replies have been read out to fully understood and confirmed by the Proposer.

Declarant's Name

Relationship with Proposer

Address

City

Pin-code

Signature of Declarant

Signature of Applicant in vernacular

ACKNOWLEDGEMENT	
Proposal Form No	
Date	

KSHEMA GENERAL INSURANCE LIMITED

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Neither the submission to Us of completed proposal for Insurance nor any payment for any Policy sought obliges Us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy terms and conditions, and we shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest.

Signature of the Receiver and office seal

Statutory Warning

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

Prohibition of Rebates Payment of rebates is expressly prohibited under 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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus 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 ten lakh rupees.

NOTE: This Proposal Form is not proof of insurance unless the premium is realized by us & Policy is issued.

Annexure A

Cover Section	Cover Name	Opted / Not Opted	As opted (Sum Insured/Limits)
Hospitalization cover	*1. In-patient Hospitalization*	*<<Opted/Not Opted>>*	*<<As per limit chosen>>*
	2. Inpatient care under Alternative Treatment		*<< As per limit chosen >>*
	3. Day Care Procedure		*<< As per limit chosen >>*
	4. Pre and Post Hospitalization Cover		*<< As per limit chosen >>*
	5. Ambulance Service		*<< As per limit chosen >>*
	6. Organ Donor		*<< As per limit chosen >>*
	7. Domiciliary Hospitalization		*<< As per limit chosen >>*
	8. OPD Cover		*<< As per limit chosen >>*
	9. Mental Illness		*<< As per limit chosen >>*

Waiting Period	Sr no	Waiting Period		
	1	Pre-existing diseases (PED)	<<No Waiting Period/12 months/24 months/36 months>>	
	2	Initial Waiting Period	<<No Waiting Period/15 days/30 days>>	
	3	Waiting Period for Disease Specific Exclusions	<<No Waiting Period/12 months/24 months/36 months>>	
Criticall Illness Rider			<<Opted/Not Opted>>	<< As per limit chosen >>
Hospicash Rider			<<Opted/Not Opted>>	<< As per limit chosen >>
Funeral Expenses Benefit			<<Opted/Not Opted>>	<< As per limit chosen >>
Automatic Sum Insured Reinstatement			<<Opted/Not Opted>>	<< As per limit chosen >>
Carriage of Dead Body Benefit			<<Opted/Not Opted>>	<< As per limit chosen >>
Modern Treatments			<<Opted/Not Opted>>	<< As per limit chosen >>

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