



PROPOSAL FORM
THE NEW INDIA ASSURANCE COMPANY LTD.
AIBRF SUPER TOP UP HEALTH INSURANCE POLICY



PLEASE FILL ALL INFORMATION IN CAPITAL LETTERS

PLEASE TICK MARK IN APPROPRIATE BOXES AS APPLICABLE

Category :

Officer

Award Staff

Self Photo

Spouse Photo

PLEASE PASTE PHOTOS

Name of proposer : _____

UII Health Card No. : _____ Parent Bank Name _____

Correspondence Address : _____

City : _____ Pincode : State : _____

Email id : _____

Mobile No. :

Landline No. with STD Code :

INSURED PERSONS DETAILS

SELF

SPOUSE

Full Name : SELF

Full Name : _____

Date of Birth :

Date of Birth :

D D / M M / Y Y Y Y

D D / M M / Y Y Y Y

 / /
 / /

Gender :

M

F

Gender :

M

F

Aadhaar Card No. :

Aadhaar Card No. :

PAN Card No.:

PAN Card No.:

UII Health card ID no. : Same as above

UII Health card ID no. : _____

Name of nominee : _____

Name of nominee : _____

Relationship : _____

Relationship : _____

Bank Details:

Cheque Details :

Bank name: _____

Amount : Rs.3511 / Rs.3806

Account number: _____

Cheque No. : _____ Date : _____

RTGS/NEFT/IFSC Code: _____

Bank Name : _____

I have read the covers offered in the policy and hereby confirm my participation in the scheme for my family (self and spouse only) and undertake to pay the premium. I am aware that the insurance will be effective from 1st November, 2017 subject to full premium being paid.

Note: Sum Insured under the policy is (i) For Officers -Rs.4,00,000/- (ii) For Award Staff - Rs.3,00,000/-

Please attach below mentioned documents for each member including spouse :

1. 2 passport/stamp photos each (please write name on reverse) 2. Health ID Card

Note : Please draw Cheque in the name of AIBRF

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(Signature of Insured)