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| 2000px-New_India_Assurance.svg.png

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 | ARBF COLOUR logo.png

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| **PROPOSAL FORM** |
| THE NEW INDIA ASSURANCE COMPANY LTD. |
| AIBRF SUPER TOP UP HEALTH INSURANCE POLICY |
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| **PLEASE FILL ALL INFORMATION IN CAPITAL LETTERS** |

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| **PLEASE TICK MARK IN APPROPRIATE BOXES AS APPLICABLE** |
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| **Category : Officer** |

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|  **Award Staff** |

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|  |  **PLEASE PASTE PHOTOS**  |
| **Name of proposer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **UII Health Card No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Correspondence Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pincode : State : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Email id : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Mobile No. :** |

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| **Landline No. with STD Code :** |

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| **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** |
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| **Gender : M F** |

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| **Gender : M F** |

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| **Aadhaar Card No. :** | **Aadhaar Card No. :** |
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| **PAN Card No.:** |

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| **PAN Card No.:** |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Amount : Rs.3511 / Rs.3806**  |

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

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| **Note : Please draw Cheque in the name of AIBRF** |
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|   | (Signature of Insured) |
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