



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered and Corporate Office
 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,
 Chennai - 600 034. Phone : 044 - 2828 8800, CIN : U66010TN2005PLC056649
 Email : support@starhealth.in Web : www.starhealth.in IRDAI. Reg. No : 129



IndiaFirst Life Insurance Company Limited

Registered and Corporate Office
 301, (B) Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (E),
 Mumbai - 400 097, Web : www.indiafirstlife.com Email : customer.first@indiafirstlife.com
 CIN: U66010MH2008PLC183679, IRDAI. Reg. No. 143,

COMMON PROPOSAL FORM FOR COMBI

Unique Reference No.: SHAI / PR0010

Application No.: _____

The company will not be on risk until the proposal has been accepted and full payment of premium has been made.
 Please fill up the form in block letters. Also submit photographs of each of the person proposed for insurance for issuance of identity card.

POLICY ISSUING OFFICE:-	SALES MANAGER NAME :	MT/AGENT NAME :
	SM CODE :	MT/AGENT CODE:
BRANCH CODE :	SPECIFIED PERSON CODE :	SPECIFIED PERSON NAME :

BUSINESS TYPE	
Rural Sector Classification :	<input type="checkbox"/> Urban <input type="checkbox"/> Rural This classification is based upon the address of the proposer
Social Sector Classification* :	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes :	<input type="checkbox"/> a. Unorganised Sector <input type="checkbox"/> b. Economically Vulnerable or Backward Classes <input type="checkbox"/> c. Other Categories of Persons <input type="checkbox"/> d. Informal Sector
* "Social Sector" includes unorganised sector, informal sector, economically Vulnerable or backward classes and other categories of persons, both in rural and urban areas. a. "Unorganised sector" includes self-employed workers such as agricultural labourers, bidi workers, brick kiln workers, carpenters, cobblers, construction workers, fishermen, hamals, handicraft artisans, handloom and khadi workers, lady tailors, leather and tannery workers, papad makers, powerloom workers, physically handicapped self-employed persons, primary milk producers, rickshaw pullers, safaikarmacharis, salt growers, sericulture workers, sugarcane cutters, tendu leaf collectors, toddy tappers, vegetable vendors, washerwomen, working women in hills, daily wagers, hired drivers and coolies or such other categories of persons; b. "Economically Vulnerable or Backward Classes" means persons who live below the poverty line; c. "Other Categories of Persons" includes persons with disability as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and who may not be gainfully employed; and also includes guardians who need insurance to protect spastic persons or persons with disability; d. "Informal Sector" includes small scale, self-employed workers typically at a low level of organisation and technology, with the primary objective of generating employment and income, with heterogeneous activities like retail trade, transport, repair and maintenance, construction, personal and domestic services and manufacturing, with the work mostly labour intensive, having often unwritten and informal employer-employee relationship;	

Name of the proposer : Mr. / Mrs. / Ms. / Dr.	Date of Birth :
Address : _____	
Mobile No : _____	
Pincode :	Email Id :
Gender: M/F/Thirdgender Nationality: Indian / Non-Indian	
Marital Status: Unmarried / Married / Widow(er) / Divorced Education: Post Grad./ Graduate/ Diploma/ 12th Pass/ 10th Pass/ Below 10th/ Uneducated	
Occupation: (Please Tick) Salaried / Professional / Self Employed / Student / Housewife / Retired / Others (Specify):	
Residential Status: Resident/NRI/PIO	Annual Income: Source of Income:
Are you Politically Exposed Person (Proposer/Life to be Assured): Yes / No	
Intermediary Code :	Name: Contact No:
Aadhar No.:	GST No. : PAN No. :

I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository Yes No

If you already have an e-Insurance Account (eIA) number, kindly provide e-Insurance Account (eIA) number _____

If no, choose any one Insurance Repository: KARVY CAMSRep - CAMS Insurance Repository & Services

CIRL - Central Insurance Repository Limited NDML - NSDL Data Management Services limited

Please Tick (✓) UID No.:	STAR FIRST CLASSIC <input type="checkbox"/> SHAHLIP18030V021718	STAR FIRST COMPREHENSIVE <input type="checkbox"/> SHAHLIP18036V021718	STAR FIRST DELITE <input type="checkbox"/> SHAHLIP18031V021718	STAR FIRST MICRO CARE <input type="checkbox"/> SHAHLIP18033V021718	STAR FIRST OPTIMA <input type="checkbox"/> SHAHLIP18039V021718
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Please affix photograph of Insured Person - 1	Please affix photograph of Insured Person - 2	Please affix photograph of Insured Person - 3	Please affix photograph of Insured Person - 4	Please affix photograph of Insured Person - 5
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Name :	Name :	Name :	Name :	Name :
_____	_____	_____	_____	_____

HEALTH SECTION	Type of Policy (Applicable for Star First Micro Care & Comprehensive only) : <input type="checkbox"/> Individual / <input type="checkbox"/> Floater (Please tick your option)	
	Sum Insured Opted in Rs.:	
LIFE SECTION *- Only Proposer will be insured for Term Cover.	Sum Assured Opted in Rs.:	
	Policy Term / Years :	Frequency : Yearly

(Applicable for Star First Comprehensive only)

Name of the family member chosen for Personal Accident Insurance under Section 7 : Mr / Mrs _____

Note: Personal Accident cover is not available for dependent children and for person above 70 years

Note: The sum insured for personal accident cover (Accidental death and permanent total disability) is by default equal to the sum insured opted for health cover.

Family Size (A - Adult / C - Child) : (2A / 2A+1C / 2A+2C / 2A+3C / 1A+1C / 1A+2C / 1A+3C) / 1A

PERIOD OF INSURANCE :	FROM :	TO:
ID PROOF :	ADDRESS PROOF :	AGE PROOF :

BANK DETAILS OF THE PROPOSER	Account Number	_____		
	Bank Name and Branch	_____		
	IFSC Code	_____	MICR Code	_____

Payments Details			
Annual Premium Rs. :	Payment Mode : <input type="checkbox"/> Cash / <input type="checkbox"/> Cheque / <input type="checkbox"/> DD	Date :	
Cheque / DD No. :	Drawn on :	Branch :	

Family Physician's Name _____ Phone _____ Regn No _____

Insured person details (Please fill in the respective column for each of the person proposed to be covered):-

Sl. No.	Name of the person proposed for insurance	Gender	Date of Birth	Height (cm)	Weight (Kg)	Relationship with proposer	Occupation	Annual Income
1.						Self		
2.								
3.								
4.								
5.								

Gender : Please Mention M/F/Thirdgender (Whichever is applicable.)

Nominee Mr/ Mrs/ Ms. _____ Given name : _____ Surname: _____

Gender: _____ Nominee DOB: DD/MM/YYYY _____ Relationship with Proposer: _____

In case nominee is a minor: Appointee details - _____

Appointee Name: _____

Appointee DOB: DD/MM/YYYY _____ Relationship with the Nominee: _____

INSURED PERSON DETAILS (PLEASE FILL IN THE RESPECTIVE COLUMN FOR EACH PERSON PROPOSED TO BE COVERED)

		1	2	3	4	5
Insurance Coverage with this company and any other company - give details						
1. Name of the Insurance Company						
2. Period of Insurance						
3. Sum Insured(Rs)	Health Insurance					
	Life Insurance					
4. Policy No.						
Details of Claims						
1. Ailment for which Claim was made						
2. Claim Amount Paid/rejected						
3. Year of Claim						
Health History : Please give answer in detail. A mere dash is not sufficient.						
1. Are you in good health and free from physical and mental disease or infirmity. If not give details						
2. Have you consulted /taken treatment/been admitted for any illness/injury. If Yes, details						
3. Any complications during / following birth. If yes, please submit all necessary documents.						
4. Have you ever suffered or suffering from any of the following						
a) Diabetes Mellitus-If Yes since when						
b) High BP, Cholesterol-If Yes since when						
c) Heart Disease-If Yes since when						
d) Stroke, epilepsy, fainting attack, chronic headache, Parkinson's disease, Alzheimer's disease, -If Yes since when						
e) Tuberculosis, asthma, other respiratory infections-If Yes since when						
f) Disease of bones /joints, slipped disc, spinal disorder, gout, injury to ligaments-If Yes since when						
g) Cancer, Pre Cancerous Lesion-If Yes since when						
h) Gynecological disorder such as DUB, Fibroid Uterus, Ovarian cyst - or have undergone cesarean / Hysterectomy If Yes, since when						
i) Treatment for sub fertility or has been advised for? (answer if applicable) – If Yes provide details.						
j) Disease of Stomach, intestine, Liver, gall bladder / pancreas, Kidney, Urinary bladder, Urinary Tract Diseases, Thyroid, Hepatitis B&C, Blood disorder, Reproductive organ, Tumor, Skin & Lymph glands, Multiple sclerosis, Speech defects, Paralysis, Tremor-If Yes since when						
k) Disease of prostate / fistula/piles/genital diseases - If Yes since when						

INSURED PERSON DETAILS (PLEASE FILL IN THE RESPECTIVE COLUMN FOR EACH PERSON PROPOSED TO BE COVERED)

	1	2	3	4	5
k) Cataract and other diseases of the eye and ENT disease- If Yes since when					
l) Any Other Problem (Please Specify)					
5. Have any of the persons proposed for insurance					
A). Undergone any medical test?					
B). Been prescribed any medicines? Had been consulted?					
i). Name the illness for which medicines have been prescribed					
ii). Details of medicines and drugs prescribed.					
iii). Period for which these drugs were taken.					
C). Been advised for any surgery?-If Yes give details					
D). Received /receiving any payment for any disability / injury / illness / disease. Give details					
6. Does the person proposed for insurance					
a) Chew Tobacco- If Yes, since when Quantity/Week:_____					
b) Smoke -If Yes, since when Quantity/ Week/Day: ____					
c) Consume Alcohol -If Yes, since when Quantity/ Week/Day:_____					
d) Drug / Narcotics / Alcohol addiction / advised for reduction of alcohol/tobacco consumption?					
7. Is the person proposed for insurance positive for HIV, If yes please mention your CD4count (pl attach proof)					
8. For Female Proposer only:					
a. Are you pregnant at present? If yes – Duration in Weeks _____					
b. Date of Last Delivery: _____					
c. Please state any complications during pregnancy?					
9. Have you taken part or do you have plans to take part in any hazardous / Dangerous activity such as ballooning, mountain cycling, motor bike racing, boxing, gliding, diving, horse riding, martial arts, motor racing, mountain climbing, parachuting, sailing, skiing, weight lifting, white water rafting, wrestling and / or flying other than as a fare paying passenger on a licensed service or any other hazardous / dangerous activity which is not listed, if yes, please provide details in special questionnaire provided by your advisor.					

Proposal Form No. :

Declaration

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. 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.

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 proposal has been submitted but before communication of the risk acceptance by the company. I declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime 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 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.

The terminology in the proposal form with the terms and conditions of the product are explained to me and fully understood by me.

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.

In case of single Adult being covered along with children/child: I hereby confirm and warrant that I am single parent of the Child/Children proposed

Place : _____	Date: _____
Name : _____	
Signature / Thumb impression of the proposer	

I further declared that

1. I am aware that the product jointly offered by Star Health and Allied Insurance Co Ltd. And IndiaFirst Life Insurance Company Limited.
2. I am aware that the coverage under Section 1 is offered by Star Health and Allied Insurance Co. Ltd and coverage under Section 2 is offered by IndiaFirst Life Insurance Company Limited.
3. I am aware that each section of the policy is serviced by two different insurers namely Star Health and Allied Insurance Co Ltd and IndiaFirst Life Insurance Company Limited.
4. I am aware that claim under Section 1 will be serviced and settled by Star Health and Allied Insurance Co Ltd and claim under Section 2 will be serviced and settled by IndiaFirst Life Insurance Company Limited.
5. I am aware that the legal / quasi legal disputes, if any, are dealt by the respective Insurers for respective benefits.
6. I am aware that I am eligible to continue with either part of the policy, discontinuing the other during the policy term at the point of payment of annual premium.

7. I am aware that where guaranteed renewability of health insurance plan is allowed, only the Health Section of the Product is entitled to that facility
8. I am aware that premium for the Product shall be paid Annually
9. I am aware that Star Health and Allied Insurance Company Limited will be the nodal point for policy servicing. Any queries relating to the coverage under the policy shall be obtained by contacting the Toll Free Numbers 1800 425 2255 and 1800 102 4477
10. I am aware that Claim settlement for Health Section of the Product is done through direct in-house team of Star Health and Allied Insurance Co. Ltd.
11. I am aware that I should contact, in case of any grievance :
 - a. For Health Section : M/s. Star Health and Allied Insurance Co. Ltd.
 - b. For Life Section : IndiaFirst Life Insurance Co. Ltd
12. I am aware that I can approach the Insurance Ombudsman, within the jurisdiction of my residential address.
13. I am familiar with the Policy benefits and policy service structure of the Product before deciding to purchase the Policy

Place : _____

Date : _____

Signature of Witness : _____

Name of Witness : _____

Address of Witness : _____

Phone No. of Witness : _____

Signature / Thumb impression of the proposer
Name of the Proposer : _____
Signature or thumb impression of the Life to be assured

Place : _____

Date : _____

Declaration for signing in vernacular or for illiterate cases: (The Company requires that this proposal is completed by the proposer himself. However, if this is not possible as the proposer does not read, write or speak English, then this proposal form can be completed by another person who can read, speak and write English and who is not connected to the company either as an agent/employee or Insurance Intermediary)

I have explained the contents of this proposal to the proposer and done my best to ensure that the contents have been fully understood by the proposer. I have accurately recorded the proposer's responses to the information sought by the proposal form and I have read the responses back to the proposer and he/she has confirmed that they are correct.

Place : _____

Date : _____

Signature of the declarant in English

The contents of the proposal form and the connected documents have been explained to me and I have fully understood the significance of the proposed contract. Signature / Thumb impression of the proposer

Name : _____

Address : _____

Phone No. : _____

No. _____ dt. _____ drawn on _____ from Mrr/ Mrs/ Ms. _____ along with payment of Rs. _____ /- by Cash/ vide Cheque/DD _____

Signature of the authorised person

Name & Code of the authorised person :

Date : Place :

SALES MANAGER'S /AGENT'S RECOMMENDATION

I have verified the information given in the proposal by discreet enquiries and find the information true to the best of my knowledge and belief. I am of the opinion that the Life proposed for insurance is insurable. I recommend the proposal for acceptance. I confirm that the product has been explained to the proposer and is suitable for the proposer

Signature of the Agent in English

Name of Agent : _____

Date: _____

Place: _____

Submitted the above proposal for **STAR FIRST** _____ along with payment of Rs. _____ / by cash/vide cheque / DD no _____ dated _____ drawn on _____. I understand that the cash/cheque given is banked for operational convenience and commencement of risk is subject to the acceptance of proposal by you.

Place : _____ Date : _____

Star Health & Allied Insurance Company Limited : No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

IndiaFirst Life Insurance Company Limited : Reg. No. 143, Registered and Corporate Office : 301, (B) Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (E), Mumbai - 400 097, UIN for IndiaFirst Life Plan 143N007V02

Signature / Thumb impression of the proposer

Name of the Proposer

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.

Section 45 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015:

- No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival, of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Freelook Period (Applicable for Health and Life Section) : If the policyholder disagrees with the 'Terms and conditions' of the policy, the policy can be cancelled within 15 days from the date of receipt of the policy. In case Policyholder has bought this plan through distance marketing mode, he/she may cancel the Plan within 30 days from the date of receipt of the policy. However, the company reserves the right to deduct medical examination fees, cancellation fee*, stamp duty charges for issue of the policy and proportionate risk premium for the period concerned.

* Cancellation fee is not applicable for Pure Term Life Insurance Coverage

