


Policy Type (Please ✓)	<input type="checkbox"/> Individual	<input type="checkbox"/> Floater	Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit Card	<input type="checkbox"/> ECS	<input type="checkbox"/> NEFT	Premium Amount Rs.
Sum Insured Opted (Please Tick) (Rs.)	<input type="checkbox"/> 1,00,000/-	<input type="checkbox"/> 2,00,000/-		<input type="checkbox"/> DD	<input type="checkbox"/> Credit Card	<input type="checkbox"/> CC Mandate	<input type="checkbox"/> Cash <small>(Cash payments are not eligible for the 80D tax benefits)</small>	
Family Size A=Adult, C=Child	<input type="checkbox"/> 1A	<input type="checkbox"/> 1A 1C+	Bank Details of the Proposer	Account Number _____		Name of the Bank _____		Payment Details
	<input type="checkbox"/> 2A	<input type="checkbox"/> 2A 1C+		Type of Account		Name of the Branch _____		
	<input type="checkbox"/> 1A 2C+	<input type="checkbox"/> 1A 2C+	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	IFSC Code _____		Cheque / DD No. _____	
	<input type="checkbox"/> 2A 2C+	<input type="checkbox"/> 2A 2C+	<input type="checkbox"/> Others Please Specify _____			Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
								Branch _____
Please attach a photo copy of cancelled cheque leaf								

Details of the person proposed for insurance	Insured Person - 1	Insured Person - 2	Insured Person - 3	Insured Person - 4	Insured Person - 5
Name					
Gender	M / F / Transgender	M / F / Transgender	M / F / Transgender	M / F / Transgender	M / F / Transgender
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Height (cms)	CMS	CMS	CMS	CMS	CMS
Weight (kgs)	KGS	KGS	KGS	KGS	KGS
Relationship with proposer					
Occupation					
Annual Income (Rs.)					

Existing Insurance Coverage with us and/or any other company give details	1. Name of the Insurance Company					
	2. Period of Insurance					
	3. Sum Insured (Rs)					
	4. Policy No.					

Details of Claims	1. Ailment for which Claim was made	Year	YYYY	YYYY	YYYY	YYYY	YYYY
	2. Claim Amount Paid / Rejected						
Have you ever been declined health insurance coverage due to a diagnosis of a health condition?							
Health History: Please provide detailed, response-specific diagnosis and treatment. A mere dash is not sufficient			Family Physician's Name: _____ Phone: _____ Regn No: _____				
1. Is the person proposed for insurance in good health free from physical and mental disease or infirmity. If not give details							
Declaration of the Agent / Intermediary : I / We confirm that the product's suitability has been explained to the proposer. The information furnished in the proposal is true to the best of my knowledge and recommend acceptance of the proposal. (Please Enclose Insurance Agent's Confidential Report, If Any)							
			Date	Code	Name of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POSP / Micro Agent	Signature of the Agent / Specified Person of Corporate Agent / Broker Qualified Person / Insurance Sales Person of the IMF / POSP / Micro Agent	

Received the proposal for Star Micro Rural And Farmers Care policy from Mr/ Mrs/ Ms. _____ along with payment of Rs. _____/- by Cash / vide Cheque/ DD No. _____ dt. _____ drawn on _____. The Cash/Cheque given by you is banked for operational convenience and banking of the Cash/Cheque does not mean acceptance of risk by us. The receipt of the Cash/Cheque will also be acknowledged by our office vide collection receipt. If the proposal is accepted, the cover will commence from the policy start date as stated in the policy schedule, subject to realization of the Cheque. If the proposal is not accepted, the amount paid will be refunded. Contact our office, in case policy is not received within 15 days from the date of payment of premium.

Date: _____ **Place:** _____ **Name & Code of the authorised person:** _____ **Signature of the authorised person:** _____

Star Micro Rural And Farmers Care

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Please affix stamp size photograph of Insured Person - 1	Please affix stamp size photograph of Insured Person - 2	Please affix stamp size photograph of Insured Person - 3	Please affix stamp size photograph of Insured Person - 4	Please affix stamp size photograph of Insured Person - 5
----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------

Submitted the above proposal for Star Micro Rural And Farmers Care policy 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.

Declaration

The primary duty of the proposer is to fill out the proposal form and also to make sure that the proposal contains all the details correctly. If you or any of the insured person(s) have suffered or suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in a repudiation of the claim/cancellation of the policy.

I/we agree that the PAN details and other information provided by me/us in the proposal form may be used by the Company to download/ verify / modify / add my/our KYC documents from the CERSAI* CKYC portal for processing this application. I/We understand that only the acceptable officially valid documents would be relied upon for processing this application. (*Central Registry of Securitization and Asset Reconstruction and security Interest of India) I hereby consent to receiving information from Central KYC Registry through SMS / email on the above registered number/email address.

1. 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. 2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable. 3. 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. 4. I declare that I consent to the company seeking medical information from any doctor or from a hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement. 5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and /or claims settlement and with any Governmental and/or Regulatory authority. 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. I hereby confirm that the features of the product have been understood by me. I hereby authorize Star Health and Allied Insurance Company to contact me. It will override my registry on the NCPDR.

Place	Date	Name	
			Signature / Thumb impression of the proposer:

WHERE THE PROPOSER IS ILLITERATE OR SIGNS IN A LANGUAGE DIFFERENT FROM THAT OF THE LANGUAGE OF THE PROPOSAL FORM.

I hereby confirm that the details have been explained to the proposer.		
Date	Name of the person who explained	Signature of the person who explained

The contents of the proposal form and features of the product have been fully explained to me and I have fully understood the significance of the proposed contract.

Signature / Thumb impression of the proposer

Prohibition of Rebates: Section 41 of 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 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.
2. 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.

Beware of spurious phone calls and fictitious/fraudulent offers and never respond to calls/emails/embedded links in SMS/emails asking you to update User id/Password/Credit Card Number/CVV/OTP etc.

Insurance is a contract of the utmost good faith, requiring the insured to answer all of the questions on the proposal form honestly and without omitting any information that is relevant. When submitting the proposal form, kindly reveal all pertinent information. If any important information is omitted from the proposal form, personal statement, declaration, or related papers, or if the proposer or someone acting on his behalf makes any false or erroneous statements, misrepresentations, or omissions, the Policy will be invalid, at the insurer's discretion. Please get in touch with the company's offices or agents if you have any questions about the proposal form.