



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

STAR MICRO RURAL AND FARMERS CARE Unique Identification No.: SHAHMIP20047V011920 Proposal Form - Unique Reference No.: SHAI/PR0044	Ref. No.	
	Policy No.	

The company will not be on risk until the proposal has been accepted and full payment of premium has been received.
Please fill up the form in block letters.

Policy Issuing Office :	SM CODE		SM NAME	
	AGENT CODE		AGENT NAME	
	SPECIFIED PERSON CODE		SPECIFIED PERSON NAME	

BUSINESS TYPE		Social Sector Classification* : <input type="checkbox"/> Yes <input type="checkbox"/> No	Rural Sector Classification :
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"/> Urban <input type="checkbox"/> Rural
		<input type="checkbox"/> d. Informal Sector	This classification is based upon the address of the proposer

* "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.	Date of Birth :
Occupation of the Proposer	Annual Income Rs.:
Residence Address	Pin Code :
Office Address	Pin Code :
Email ID :	Mobile Number
Aadhar (UID) Number	Period of Insurance To
GST Number	PAN Number

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 you don't have an e-Insurance Account (eIA) number, choose any one Insurance Repository

KARVY CAMSRep - CAMS Insurance Repository & Services

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

NOMINATION	Nominee's Name		
	Relationship to the Proposer	Date of Birth	Age :
	Name of the Appointee (if nominee is a minor)	Relationship to the Nominee	Age :

(In case of Multiple nominees a separate form containing nominee details should be enclosed duly specifying the % to each nominee)

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 : _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUM INSURED OPTIONS (PLEASE TICK)						
Sum Insured Basis	<input type="checkbox"/> Individual					<input type="checkbox"/> Floater
Sum Insured Rs.	<input type="checkbox"/> 1,00,000 /-					<input type="checkbox"/> 2,00,000 /-
Family Size	<input type="checkbox"/> 1A	<input type="checkbox"/> 1A+1C	<input type="checkbox"/> 1A+2C	<input type="checkbox"/> 2A	<input type="checkbox"/> 2A+1C	<input type="checkbox"/> 2A+2C

Family Physician's Name _____

Phone _____ Regn No _____

Payments Details			
Annual Premium Rs.			<input type="checkbox"/> Cash / <input type="checkbox"/> Cheque
Cheque No. :	Date :	Drawn on :	Branch :
Bank Details of the proposer	Account Number :		
	Type of Account : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others please specify		
	Name of the Bank :		
	Name of the Branch :		
IFSC Code :			
Please attach a photo copy of cancelled cheque leaf of the above Bank Account.			

Please attach any of the following proof of Date of Birth

- Birth Certificate
 Voter ID
 PAN Card
 Driving License
 Aadhar Card
 Any other Govt. Recognised Proof

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

1		2		3		4		5	
Name of the person proposed for Insurance									
Gender									
Date of Birth									
Height (cms)		Weight (kgs)		cms		kgs		kgs	
Relationship with proposer									
Annual Income									

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)	
4. Policy No.	

Details of other insurance / cover simultaneously available on indemnity basis, if any.

Details of Claims	
1. Ailment for which Claim was made	
2. Claim Amount Paid/rejected	
3. Year of Claim	

Signature / Thumb impression of the proposer :



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Acknowledgement

Proposal Form No. :

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. _____. 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 advance premium receipt. If the proposal is accepted, the cover will commence from the date of the advance premium receipt, 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 Health and Allied Insurance Co. Ltd.

Insured person Details (Please fill in the respective column for each person proposed to be covered)

Proposal Form

INSURED PERSON DETAILS (PLEASE FILL IN THE RESPECTIVE COLUMN FOR EACH PERSON PROPOSED TO BE COVERED)				
1	2	3	4	5
Health History				
Please give answer in detail. A mere dash is not sufficient.				
Is the person proposed for insurance in good health and free from physical and / or mental disease or infirmity. If not give details				

Declaration of the Agent/ Intermediary : / 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)

Signature : _____ **Name of the Agent / Specified Person of Corporate Agent/ Authorised Employee of the Broker/ Insurance Sales Person of the IMF :** _____ **Code :** _____

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. 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.**

Submitted the above proposal for **STAR MICRO RURAL AND FARMERS CARE** along with payment of Rs. _____ / by cash/wide cheque /DD no _____ dated _____ 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:** _____ **Name :** _____

Signature / Thumb impression of the proposer : _____

Where the Proposal Form is not filled by the proposer

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 connected documents 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. 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.