APPLICATION FOR AROGYA RAKSHA

(To be submitted in Duplicate)

Fresh / Renewal: _____ ***MUP Reference No.:**

***(system generated – Branch to fill up)**

Previous Insurance History:

Previous Policy Particulars		Validity Period		Claims history	
Name of the Insurance Co.	Policy No.	From (Date)	To(Date)	Claim Amount	Ailment for which Claim was made.

(If previous policies were taken from other Insurance companies, Xerox copies of such policies to be enclosed)

1. Name of the Branch :

2. Name of the Proposer-Customer (BLOCK LETTERS):

3. Type of Account :

4. Account Number of the proposer :

5. Postal Address: (BLOCK LETTERS) :

6. If employee/retired employee of Indian Bank : SR No

E mail id		Telephone No. with STD code		Mobile No.	

7. Name and Address of Family Doctor/Medical Practioner: _____

8. Period of Insurance: From _____ To _____

9. Sum Insured: (Please tick ✓ whichever is required)

1.0 lakh	1.5 lakhs	2.0 lakhs	2.5 lakhs	3.0 lakhs	3.5 lakhs	4.0 lakhs	4.5 lakhs	5.0 lakhs
6.0 lakhs	7.0 lakhs	8.0 lakhs	9.0 lakhs	10.0 lakhs	(Rs.6 to 10 lakhs Sum Insured will be applicable only to family with members of age below 65 years)			

10. Plan Applicable: (Please tick ✓ appropriate Box)

i) **Plan A (Up to 35*Years)** ☐	ii) **Plan B (Above 35**Years)** ☐ For family size of **1+3 (Maximum)** with Self, Spouse & Two dependent Children **excluding Parents**	iii) **Plan C (Above 35** Years)** ☐ For Family Size of **1+5 (Maximum)** with Self, Spouse & Two dependent Children **including Parents**

- **Refers to **Age of the eldest family member covered under the policy.**
- **Entry level for Plans B & C is restricted to 65 years only while renewal is allowed for lifetime**

11. Premium Amount : Rs. _____

12. Nominee's a) Name: _____ b) Date of Birth_____ c)Relationship with proposer:_____

13. Third Party Administrator (Tick ✓ any One only**):** For Pre Authorization of Cashless Treatment & for the Claim settlements.

i) **Vidal Health TPA Pvt. Ltd**.(Formerly TTK Health) ☐ Toll free no. 1800 425 7575	ii) **Medicare TPA Services (I) P Ltd.** ☐ Toll free no. 1800 345 1234

14. Details of family members to be covered: (please leave the rows blank if not applicable)

Sl. No	Name of Insured (Block Letters)	Relationship	Sex	Existing Disease / illness/injury	Treatment received for past 3 years*	Date of Birth (dd/mm/yyyy)
1		Self (a/c holder)				
2		Spouse				
3		Son/daughter				
4		Son/daughter				
5		Father	M			
6		Mother	F			

* Separate sheet may be attached, if needed, for furnishing details of treatment received in the past three years

15. Affix stamp size Photograph of insured persons: Not necessary for renewals if same TPA has been opted.

(A/c Holder)	(Spouse)	(Child 1)	(Child 2)	(Father)	(Mother)

Declaration:

I hereby declare that the above statements given by me are true and complete. I and my family members as on date are maintaining good health subject to ailments/treatments referred to in Box no.14. I have read salient features of the scheme and am willing to accept coverage subject to the terms, conditions and exceptions prescribed by the insurance company as per the agreement entered between Indian Bank and United India Insurance Company Ltd (UIIC). I understand that in case of any claim under the said policy, Indian Bank will not undertake any responsibility and accept any correspondence in the said matter and has to be pursued with Insurance Company / Specified TPA only.

Place: **Date:** **Signature of Proposer**

----- For Office use only -----

Premium of Rs._____ credited to UIIC Collection a/c on _____ vide MUP Ref No. _____

- **Signature of Branch Manager**

✂----------Please cut here and hand over to Proposer----------

ACKNOWLEDGEMENT TO CUSTOMER (to be given by the Branch)

Received Arogya Raksha Policy proposal from Mr. /Ms.. _____ for a family size of ___ member's along with Premium amount of Rs._____vide cheque no. _____ dated_____ for **Rs._____ /** by debiting his/her Savings/Current A/c No._____. Policy Certificate from UIIC and ID cards from TPAs concerned (for fresh proposals) will be issued and mailed to you thru our respective branches in the due course. This receipt may be treated as proof for having applied for Arogya Raksha Policy (fresh/renewal) till such time you receive the policy document/ID cards.

Date: _____ **Branch Seal** **Signature of Branch Manager**