

12. Details of family members to be covered:

(please leave the rows blank if not applicable)

Sl.No	Name of Insured (Block Letters)	Relation ship	Sex	Existing Disease / illness/injury	Treatment received for past 3 years*	Date of Birth (dd/mm/yyyy format)
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

13. Affix stamp size Photograph of insured persons: For renewals, If the same TPA is continued please mention the card no. photo need not be affixed)

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(A/c Holder)

(Spouse)

(Child 1)

(Child 2)

(Father)

(Mother)

Declaration:

I hereby declare and warrant that the above statements are true and complete. Myself and family members are maintaining good health subject to the ailments/treatments referred to in Box no.12 above. I have read the salient features of the scheme and willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the Insurance Company as per the Agreement between Indian Bank and United India Insurance Company Limited. I understand that in case of any claim under the policy, Indian Bank will not undertake any responsibility and will not accept any correspondence and the same have to be pursued with the Insurance Company / Specified TPA only.

Place: _____ Date: _____

Signature of Proposer

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

Premium of Rs. _____ credited to IB Arogya Raksha Premium Collection (Parking) a/c no 774559955 on -----

System generated Reference No..... dated.....

Signature of Branch Manager

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

ACKNOWLEDGEMENT TO CUSTOMER (to be given by the Branch)

Received Proposal form along with 2 stamp sized photos of each member for issue of Arogya Raksha Policy - from Mr/Ms. _____ for a family of __ members. Premium amount of Rs. _____ has been received by way of cheque bearing no. _____ dated _____ for Rs. _____ / by debiting his/her Savings/Current account number _____.

Policy Certificate and TPA ID cards (in case of Fresh applications) will be delivered to you in due course on receipt from the concerned organizations (UICo/TPA). Till then this receipt will serve as evidence of your having applied for this policy.

Date:



Branch Seal

Signature of Branch Manager

