Proposal Form for UNITED SHRAMIK SEVA POLICY (UIIHLGP21040V012021)	
Insured/Proposer Details	
Name of Insured/Proposer	
Primary address (with Pin Code) of Insured/Proposer	
Business of Insured/Proposer	
Contact Person of Insured/Proposer	
Contact No. & Email Id	
Business Source	
Direct/Agent/Broker/Others (Tick any one)	
(For Agent/Broker/Others, please provide following details)	
Name of the Agent/Broker/Others	
Preferred TPA	
(Operating Office to list the name of 3 TPAs empanelled with the office and solicit the Proposer's choice)	
1	
2	
3	
Proposal Details	
Type of proposal	Fresh/renewal (Tick any one)
(For fresh proposal, please provide following details)	
Policy Inception Date	
(For renewal proposal, please provide following details of the expiring policy)	
Policy No.	
Policy Period	

Sum Insured Type	Flat/Graded (Tick any one)
Sum Insured Slab/s opted	100000/200000/300000/400000/500000 (Tick the desired option/s)
Sum Insured wise details of workers	
Base Cover Sum Insured	**No. of Workers**
100000	
200000	
300000	
400000	
500000	
Total	
Optional Covers chosen	
Daily Cash Allowance on Hospitalisation	Yes or No (Tick any one)
Maternity Benefit Cover	Yes or No (Tick any one)
Benefit Cover for First Diagnosis of Any Epidemic/ Pandemic	Yes or No (Tick any one)
Out-patient Treatment Cover (within the Base Sum Insured)for any epidemic/ pandemic	Yes or No (Tick any one)
Waiver of Initial Waiting Period of 30 days for any epidemic/ pandemic	Yes or No (Tick any one)
Waiver of Co-Payment clause for pre-existing co-morbidities in case of any epidemic/ pandemic	Yes or No (Tick any one)
Locations Details	
(To cover workers at more than one address/location in one policy, please provide the following details)	
Complete Address with Pin Code	**No. of Workers**
Important Instructions	
The Product is applicable on only Employer – Employee Group wherein only workers aged between 18 years and 65 years can be covered.	
The Product provides cover on an Individual Sum Insured basis.	

Selection of Sum Insured should be based on Salary scale/Grade/Class/Designation uniformly for all employees.
Sum Insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the sum Insured. The increase in SI should be uniform without any selection against the Insurer. It should be same for all employees in a particular Salary scale/Grade/Class/Designation and no selective enhancement should be allowed. The acceptance of enhancement of Sum Insured would be at the discretion of the company.
All employees (except those covered under our other Group Health Products, ESI or Ayushman Bharat- PMJAY) must be compulsorily declared for coverage. In event of any evidence of selection being exercised, the policy shall be null and void and all premium paid thereon shall be forfeited to the Company.
Policy Inception Date will be later of the following: Date of receipt of cheque in policy issuing office / Cheque date / ☐ Date of transfer of premium to Our account / Date of receipt of all completed documents in policy issuing office.
Proposer declaration
I/We hereby declare that:
I/We have submitted a detailed list of all workers to be covered under the proposed policy along with this Proposal Form.
I/We have read all the terms & conditions of the Product.
I/We are availing health insurance for the first time and do not have any previous claims history (Not applicable for renewals).
The statements made and information furnished by me/us in this form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the Insurance Contract between me/us and the UNITED INDIA INSURANCE COMPANY LIMITED.
(Signature of Proposer/Authorized Representative)
Agent/Broker/Intermediary declaration (Tick any one)
I/We confirm that I/We have explained the product features to the proposer and its suitability to him/her and other insured persons.
(Signature of Agent or Broker or Intermediary)

Date:
Place: