**PROPOSAL FORM FOR INSURANCE UNDER**

**MUMBAI PRESS CLUB GROUP MEDICLAIM POLICY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | **NAME OF THE MEMBER** | |  | | | |
|  | **RESIDENTIAL ADDRESS** | |  | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  | **MOBILE NUMBER** | |  | | | |
|  | **EMAIL** | |  | | | |
| 2 | **CLUB MEMBERSHIP NO** | |  | | | |
| 3 | **NAME OF THE FAMILY MEMBERS TO BE COVERED** | | | | | |
|  | ***RELATIONSHIP*** | ***NAME*** | | | ***DATE OF BIRTH*** | ***GENDER*** |
|  | SPOUSE |  | | |  |  |
|  | DEPENDENT CHILD 1 |  | | |  |  |
|  | DEPENDENT CHILD 2 |  | | |  |  |
|  | DEPENDENT CHILD 3 |  | | |  |  |
| 4 | **NAME OF THE NOMINEE :** | | | | | |
| 5 | **RELATIONSHIP OF THE NOMINEE TO THE MEMBER** | | |  | | |

1. I/We 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/We am/are 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/we will notify in writing any change occurring in my membership of the Mumbai Press Club after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time 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.
5. I/We 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.
6. I understand the terms and conditions of the coverage and hereby agree to them and remit the amount of premium for such coverage vide:**The cheque should be in favour of “The Press Club, Mumbai”.**

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| --- | --- | --- | --- |
| **CHEQUE NUMBER** | **DATE** | **NAME OF THE BANK** | **BRANCH** |
|  |  |  |  |

**DATE:**

**SIGNATURE PLACE:**