

Group Health Insurance Application

Proposal Form

IDA MEMBERSHIP No.:

All fields are required

IDA Member Name:	Full Name		
Birth date:	DD/MM/YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile Number:	Email:		
Address :			Pincode:

PLAN OPTION

Select Sum Insured	SELECT FAMILY SIZE FOR INSURANCE COVERAGE
<input type="checkbox"/> INR 3 Lac	<input type="checkbox"/> Self Only
<input type="checkbox"/> INR 5 Lac	<input type="checkbox"/> Self + Spouse + 2 Dependent Children
<input type="checkbox"/> INR 7 Lac	<input type="checkbox"/> Self + Spouse + 2 Dependent Children + Parents/Inlaws
<input type="checkbox"/> INR 10 Lac	

FAMILY INFORMATION (Fill details of members to be covered under the policy)

Full Name	DOB	Gender
Spouse	DD/MM/YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 1	DD/MM/YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2	DD/MM/YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Father/In-law	DD/MM/YYYY	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mother/In-law	DD/MM/YYYY	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

PREMIUM CHART

Family Size	3 lacs	5 lacs	7 lacs	10 lacs
Self Only	6,715	10,254	17,466	19,411
Self + Spouse + 2 Dependent Children	10,704	16,365	27,906	32,115
Self + Spouse + 2 Children + Parents/Inlaws	19,477	28,824	48,496	55,589

Above premium is inclusive of GST

Payment Details			
Offline Payment (Cheque In favour of Indian Dental Association)			
Bank issued on	Cheque No.	Cheque Date	Cheque Amount

DATE:

Signature of Primary Member

DISCLAIMER

- Indian Dental Association is only a facilitator under this scheme and does not hold any liability towards claim settlement of any individual member and their family members in any manner whatsoever. All claim servicing and related matters will be directly handled by Oriental Insurance Co. Ltd. (OIC) with Edelweiss Insurance Brokers Ltd. (EIBL) providing assistance wherever required.
- IDA members would be voluntarily opting for the policy and will not hold IDA liable for any action of whatsoever nature concerning the Mediciam Policy.
- Renewal premium, terms and conditions may vary each year subject to claim experience, number of lives covered & other aspects considered by Insurer.
- Policy commencement is subject to enrolment of a minimum of 2500 Primary members (excluding the dependents) and IDA will not be liable in any manner whatsoever for the non-commencement or non-continuance of the scheme.

Make the most of this offering and secure yourself and your family against healthcare inflation now!

For More Details Contact Us at **02268591852** or visit https://eibl.co.in/IDA_T&C.pdf Or Email: hcm@edelweissfin.com

Product Highlights

- No pre-policy medical test required
- **No age limit for Primary member**
- **Family floater policy** covering entire family including self, spouse, two children and **parents**
- **Pre-existing diseases covered**
- Maternity Benefit with limit of 50,000 for Normal and 50,000 for C-section
- **Portability Benefit**
- **Tax benefit under section 80D**
- Cashless Claims Settlement in network hospitals serviced by **Ericson TPA**

Benefit Table

Cover Type	Floater for family including parents
Relationships Covered	Self, Spouse, Children, Parents/In-laws
Age Limit	<ul style="list-style-type: none"> • No age limit restriction for IDA member • Parents/in-laws covered up to 90 Yrs. & Children covered up to 25 Yrs.
Coverage	<ul style="list-style-type: none"> ➤ Policy covers Hospitalization expenses incurred for admission of more than 24 hrs ➤ Pre-existing Diseases Covered from day one subject to co-pay for parental claims ➤ Pre & Post Hospitalization Expenses Covered ➤ 30-day Waiting Period for selected diseases as per standard policy is waived ➤ Day Care procedure are Covered ➤ Refractive Error - Correction beyond +/- 7 stands Covered ➤ Congenital internal diseases- covered from day 1 ➤ Room Rent Limit: 1% for Normal and 2 % for ICU. Maternity Cover : ➤ Covered upto 50,000 for Normal delivery & 50,000 for C-section ➤ New born baby covered from day one ➤ 9 month waiting period applicable for maternity claim Other Covers ➤ Cataract Cover offered ➤ Robotic Treatment covered for treating Cancer ➤ Knee Replacement /Hip Replacement – Rs 2 lakh/ joint ➤ Chemotherapy/ Dialysis Treatment - Covered under the policy for Rs.1 Lakh per year. No limit on number of cycles ➤ CABG/Angioplasty – Rs 3,00,000/- ➤ Stem Cell Transplant/Cochlear Implant/Cyberknife covered upto 50% of SI Co-payment Condition ➤ 40% Co-Pay for Pre-Existing Claim and 20% Co-Payment for Non-PED claim applicable only for Parents. ➤ No Co-Pay for Self, Spouse and Children.
Claims pay-out	Cashless (within network) / Re-imburement

➤ All exclusions of Standard Oriental Policy are applicable

Important:

Please Fill the member details → Select Sum Insured → Select Family Size → Fill Family Details → Sign the Form
Premium payable is based on the Family size and sum insurance selected as indicated in the Premium Chart above.
Send the Form with the Premium cheque in favor of Indian Dental Association to:

Indian Dental Association (C/O Shabana)

Block No. 6, 1st Floor, 386, Sane Guruji Premises, Opp. Siddhivinayak Temple, Swatantrya Veer Savarkar Marg, Prabhadevi, Mumbai, Maharashtra 400025

Make the most of this offering and secure yourself and your family against healthcare inflation now!

For More Details Contact Us at 02268591852 or visit https://eibl.co.in/IDA_T&C.pdf Or Email: hcm@edelweissfin.com