NATIONAL INSURANCE COMPANY LTD.
KANKERBAGH BRANCH OFFICE
Commercial House, Kankerbagh Patna

VIDYARTHI -Mediclaim for Students

Proposal Form

1. Name of the Proposer   : _____
    Postal address and Telephone No. : _____
    _____

2. Name and address of the educational institution where the student is pursuing his / her study : _____
    _____

3. Name and Address of Medical Practitioner / Family Doctor of the student : _____
    _____

4. Sum Insured opted for hospitalization expenses over :   `50,000   [   ]      `75,000 [   ]
    `1,00,000  [   ]      `1,25,000   [   ]   `1,50,000   [   ]      `175,000   [   ]   `2,00,000 [   ]

5. Details of the persons to be covered :

Sl.No.	Details	Student	Guardian
i.	Name		
ii.	Date of Birth		
iii.	Discipline and Class of study		
iv.	Sex		
v.	Relationship with proposer		
vi.	Existing ailments / disease, if any.		
vii.	Illness / injury sustained in past-give details		
viii.	Existing disability		

6. Photographs of the student (stamp size-2 each)

Past Stamp size Photo

Past Stamp size Photo

7. After claim fee your whether you opt for Cumulativ Bonus or for discount in renewal premium
8. Do you have any existing Mediclaim insurance?   Yes / No.
    If yes   i.   Name of Insurer
            ii.   Sum Insured
    (In case of existing mediclaim, settlement will be as per the rules of the Insurance company)

Assignment:

I _____ do hereby assign the moneys payable in the event of my death by National Insurance Company Limited to Sri / Smt_____ my _____ and I further declare that his / her receipt shall be sufficient discharge to the Company.

Place _____ Date _____

Signature of the guardian of the student

DECLARATION

I hereby declare and warrant that the above statements are true and complete. I have read the salient features of the Policy of the willing to accept the coverage subject to the terms, conditions and exclusion prescribed by the Insurance Company.

Place :_____

Date : _____

Signature of the Proposer

PROHIBITION OF REBATES