



बैंक ऑफ महाराष्ट्र  
Bank of Maharashtra  
भारत सरकार का उद्यम  
एक परिवार एक बैंक



UNITED INDIA  
INSURANCE

**MAHABANK SWASTHYA YOJNA PROPOSAL FORM**

(Group Mediclaim Cum Personal Accident Insurance for Bank of Maharashtra Account Holders)

<p>1. Name &amp; Address of the Account Holder (In Capital Letters)</p> <p>Mobile No:</p> <p>2. SUM INSURED PER FAMILY (please tick)</p> <p>Rs Lacs</p> <table border="1" style="width: 100%;"> <tr> <td>0.50</td> <td>1.00</td> <td>1.50</td> <td>2.00</td> <td>2.50</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Rs Lacs</p> <table border="1" style="width: 100%;"> <tr> <td>3.00</td> <td>3.50</td> <td>4.00</td> <td>4.50</td> <td>5.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>FRESH PROPOSAL / RENEWAL PROPOSAL (Please tick) (Attach copy of existing Mahabank Swasthya Yojna Policy in case of renewal) (Attach copy of any other medical insurance held, if any)</p>	0.50	1.00	1.50	2.00	2.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.00	3.50	4.00	4.50	5.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p align="center"><b>(To be filled in by Bank)</b></p> <p>3(a) Branch Name/City:</p> <p>(b) BIC Code : <input type="text"/></p> <p>(c) IFS Code <input type="text"/></p> <p>(d) Proposal From: Rural/Urban/Semi-Urban</p> <p>4. Account No. <input type="text"/></p> <p>SB/CA/FD/Others (please specify)</p> <p><b>Date of Credit to United India Insurance Co. Ltd A/c No.</b> <b>60032280062, Bank of Maharashtra</b></p> <p><b>Main Branch, Pune</b></p> <p><b>Journal Number:</b> <input type="text"/></p> <p align="right"><b>Teller's Signature</b></p>
0.50	1.00	1.50	2.00	2.50																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
3.00	3.50	4.00	4.50	5.00																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	

**5 DETAILS OF PERSONS TO BE COVERED: PLAN A (1+3) ( ) / PLAN B (1+5) ( ) please tick**

	NAME OF THE INSURED PERSON (in capital letters)	Date of Birth	SEX	RELATIONSHIP	EXISTING DISEASE/ILLNESS/INJURY *
1					
2					
3					
4					
5					
6					

\* Additional sheets may be used wherever necessary

6 TWO STAMP SIZE PHOTOGRAPH OF THE INSURED PERSONS: (seal in envelop with names on reverse of photographs)

7. Name of Nominee with relationship:

8. I hereby declare and agree that the above statements are true and complete. Myself and my family members are maintaining good health except the existing diseases/illness/injury as per Serial No. 5 above. I have read the salient features of the policy and willing to accept the cover subject to the terms, conditions, and exceptions prescribed by the Insurance Company. Enclosed, copy of existing medical insurance of account holder or other family members (Yes / No )

I/we agree that Bank of Maharashtra is no way responsible for claims under Mahabank Swasthya Yojna and the same have to be pursued with the TPA/Insurance Company.

Place:

Date:

SIGNATURE OF PROPOSER

BANK BRANCH SEAL

SIGNATURE OF BRANCH MANAGER