

Senior Citizen Health Insurance Proposal Form

1. Proposer Details

Full Name

Relationship to Insured

Address

Contact Number

Email

Nominee Name

2. Insured Person(s) Details

Full Name

Date of Birth

Gender

Occupation

Height (cm)

Weight (kg)

Pre-existing Diseases

3. Policy Details

Sum Insured

Policy Period

4. Medical History

Details of Any Past/Current Illness

Hospitalization in Last 4 Years

5. Other Details

Existing Health Insurance

Any Additional Information