

Group Health Declaration Form

A. Company Information

Company Name:

Company Trade License Number:

B. Group Health Declaration

- Are you aware if any of the Employees or his/her dependents proposed to be insured are having any of the below listed conditions:
(Please answer the following questions and tick the relevant box)

No.	Medical Declaration	Yes	No
1.	Cardiac Illnesses, Ischemic Heart Diseases, Kidney Diseases, any vital organ diseases/ disorders or major surgeries	<input type="checkbox"/>	<input type="checkbox"/>
2.	Cancer / Tumour (Malignant or Non-Malignant)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Any member of the group is currently, having maternity related complications, polycystic ovary or undergoing treatment by a gynecologist. (ex. pregnancy, any other).	<input type="checkbox"/>	<input type="checkbox"/>
4.	Bone Fractures, Bone Diseases, Joint replacement, Disc Prolapse or Spine Disorders	<input type="checkbox"/>	<input type="checkbox"/>
5.	Any chronic illness that requires maintenance treatment – including, but not limited to, Diabetes, Hypertension, Hyperlipidemia, Thyroid disorders and Asthma etc.	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

I, the undersigned, do hereby acknowledge and confirm that:

- The above-mentioned information is correct and has been provided after verifying the same with all members to be insured with Daman.
- Once signed this Group Health Declaration Form will become part of the Group Application.
- I have received from Daman sales representative detailed instructions on the information required to be filled in this form.
- I understand and acknowledge, I shall bear the insurance premium for pregnancy and childbirth throughout the period during which legislation obligates me to provide coverage, from the date of inclusion of the married woman or from the date of marriage whichever occurs first. Also, I shall pay the cost of health services for pregnancy and childbirth provided for a married woman prior to the enrolment in insurance, according to the prices of medical treatment services set for non-insured person.
- Daman reserves the right to offer the quotation for same chosen plan OR give counteroffer with changed /downgraded plan OR direct/suggest applying again for the new plan, based on group health declaration.

For and on behalf of the Company

Name:

Job Title:

Date:

Signature and stamp: