

**COCOCure – PROPOSAL FORM**

Proposal Form Number:

URN – NAVIGIC0318V0

**GUIDELINES OF FILLING THIS PROPOSAL FORM**

- 1) Please complete all sections in capitals and tick the boxes wherever applicable. Please furnish all information that is sought and is having a bearing on the risk.
- 2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
- 3) We shall process the proposal within a reasonable period but not exceeding 15 days from the date of receipt of proposal or any other requirement called by us.
- 4) Where a proposal deposit is refundable under any circumstances, we shall refund the same within 15 days from the date of underwriting decision on the proposal.
- 5) This Proposal Form shall be the basis of contract for Policy issuance and shall be signed by the Proposer.
- 6) We are under no obligation to accept any proposal for insurance. Our liability will commence only when this Proposal is accepted by Us (subject to the policy terms and conditions) and the premium is received and realised.

**I. PROPOSER DETAILS**

Proposer Name :  Mr.  Mrs.  Ms. \_\_\_\_\_

Date of Birth : 

D	D	M	M	Y	Y
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 Marital Status :  Married  Unmarried

Gender :  Male  Female  Transgender E-mail id : \_\_\_\_\_

Occupation :  Student  Self Employed  Salaried  House Wife  Retired  
 Others (please specify) : \_\_\_\_\_

Aadhar Number : \_\_\_\_\_

PAN Number : \_\_\_\_\_ (Mandatory for premium of ₹ 50,000 and above)

Annual Income (in ₹) :  Up to 5 Lac  6-10 Lac  11-15 Lac  16-20 Lac  Above 20 Lac

SEZ Holder :  Yes  No GSTIN : \_\_\_\_\_

Address : \_\_\_\_\_

(Note – This address shall be taken for GST Computation)

Landmark : \_\_\_\_\_ City / Town : \_\_\_\_\_

District : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

I hereby consent that the Policy Documents shall be sent to me by e-mail only on my registered e-mail Id. I understand that this authorisation can be revoked by me at the time of renewal by contacting your branch office personally or customer care by writing a mail/ calling your toll-free number.

**II. PLAN DETAILS – Please select the required plan and Sum Insured**

Tenure :  1 Year  2 Year  3 Year

Proposed Policy Period : From : 

D	D	M	M	Y	Y
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 To : 

D	D	M	M	Y	Y
---	---	---	---	---	---

Type :  Non-Floater  Family Floater

Zone (select if the cover type is family floater)	<input type="checkbox"/> Zone I	Delhi, NCR (Municipal limits of Faridabad, Gurgaon, Noida, Ghaziabad), Mumbai (All municipal regions under Mumbai Metropolitan Region), Bangalore (All municipal regions under Bangalore Metropolitan Region)
	<input type="checkbox"/> Zone II	Hyderabad (All municipal regions under Hyderabad Metropolitan Region), Pune (All municipal regions under Pune metropolitan Region), Chennai (all municipal regions under Chennai Metropolitan Area), Kolkata (all municipal regions under Kolkata Metropolitan Area), Ahmedabad (All municipal regions under Ahmedabad municipal corporation)
	<input type="checkbox"/> Zone III	All municipal regions of state capitals not included in Zone I and Zone II, Nagpur, Indore, Kochi, Coimbatore, Baroda, Surat, Ludhiana, Jalandhar.
	<input type="checkbox"/> Zone IV	Rest of India excluding the cities included in Zone-I, II and Zone-III

COCOCure | UIN : NAVHLIP21369V022021

Registered & Corporate Office: Navi General Insurance Limited  
402, 403 & 404, A & B Wing, 4<sup>th</sup> Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099  
Toll-free number: 1800 123 0004 8200 | Fax: 022-4001 8251 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [mycare@navi.com](mailto:mycare@navi.com)  
CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

Sr. No.	Features	Silver	Gold	Diamond	My COCOCure**		
1	Sum Insured	<input type="checkbox"/> ₹ 2 Lac	<input type="checkbox"/> ₹ 6 Lac	<input type="checkbox"/> ₹ 20 Lac	<input type="checkbox"/> ₹ 2 Lac	<input type="checkbox"/> ₹ 7 Lac	<input type="checkbox"/> ₹ 20 Lac
		<input type="checkbox"/> ₹ 3 Lac	<input type="checkbox"/> ₹ 7 Lac	<input type="checkbox"/> ₹ 25 Lac	<input type="checkbox"/> ₹ 3 Lac	<input type="checkbox"/> ₹ 8 Lac	<input type="checkbox"/> ₹ 25 Lac
		<input type="checkbox"/> ₹ 4 Lac	<input type="checkbox"/> ₹ 8 Lac	<input type="checkbox"/> ₹ 50 Lac	<input type="checkbox"/> ₹ 4 Lac	<input type="checkbox"/> ₹ 9 Lac	<input type="checkbox"/> ₹ 50 Lac
		<input type="checkbox"/> ₹ 5 Lac	<input type="checkbox"/> ₹ 9 Lac	<input type="checkbox"/> ₹ 75 Lac	<input type="checkbox"/> ₹ 5 Lac	<input type="checkbox"/> ₹ 10 Lac	<input type="checkbox"/> ₹ 75 Lac
			<input type="checkbox"/> ₹ 10 Lac	<input type="checkbox"/> ₹ 100 Lac	<input type="checkbox"/> ₹ 6 Lac	<input type="checkbox"/> ₹ 15 Lac	<input type="checkbox"/> ₹ 100 Lac
		<input type="checkbox"/> ₹ 15 Lac					
2	In Patient Hospitalisation	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured		
3	Pre-Hospitalisation	30 Days	60 Days	90 Days	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days		
4	Post-Hospitalisation	60 Days	90 Days	180 Days	<input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days		
5	Day Care Treatment	393 procedures covered	393 procedures covered	393 procedures covered	393 procedures covered		
6	Domiciliary Hospitalisation	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured		
7	Counselling	Covered	Covered	Covered	Covered		
8	Healthcare & Wellness	<u>Health Check Up</u> - Free Health Check at the end of every claim free policy year <u>Wellness</u> - <ul style="list-style-type: none"> <li>HRA - Up to 1.5% discount on premium</li> <li>Self-Disease Management - Up to 10% discount</li> <li>Stay Fit - Up to 10% Discount</li> </ul> <u>Health Helpline</u> - Call/Chat online for medical advice with empanelled medical practitioner					
		Covered	Covered	Covered	Covered		
9	Reinstatement of Inpatient hospitalisation Sum Insured	Covered	Covered	Covered	Covered		
10	Organ Donor Expenses	Not Covered	Covered	Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required		
11	AYUSH	Not Covered	Covered	Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required		
12	Emergency Road Ambulance /Repatriation of Mortal Remains (RMR)/ Funeral Expenses (per hospitalisation)	Not Covered	₹ 10,000/-	₹ 20,000/-	S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7500 <input type="checkbox"/> ₹ 10000	
					S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7500 <input type="checkbox"/> ₹ 10000 <input type="checkbox"/> ₹ 15000	
					S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 10000 <input type="checkbox"/> ₹ 15000 <input type="checkbox"/> ₹ 20000 <input type="checkbox"/> ₹ 25000 <input type="checkbox"/> ₹ 30000	
13	Cumulative Bonus	Not Covered	Not Covered	Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required		
14	Hospital Daily Cash	Not Covered	Not Covered	₹ 4000/-	S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 500 <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 1500	
					S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 1500 <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000	
					S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000 <input type="checkbox"/> ₹ 4000 <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7000 <input type="checkbox"/> ₹ 10000	

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15	Maternity Expenses	<b>Options</b> A- Normal- ₹ 20K/Caesarean- ₹ 50K    B- Normal- ₹ 50K/Caesarean- ₹ 75 K C- Normal- ₹75K/Caesarean- ₹ 1 Lac    D- Normal- ₹ 1 Lac/Caesarean- ₹ 1.5 Lac E- Normal- ₹ 1.5 Lac/Caesarean- ₹ 2 Lac			
		Not Covered	Not Covered	Normal - ₹ 75,000/- Caesarean - ₹ 1 Lac	S.I. - Up to ₹ 5 Lac <input type="checkbox"/> No Cover <input type="checkbox"/> A S.I. - ₹ 6 Lac - ₹ 15 Lac <input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> B S.I. - ₹ 20 Lac - ₹ 100 Lac <input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
	New Born Baby	Not Covered	Not Covered	Within maternity Sum Insured Limit; 1 <sup>st</sup> Year Vaccination - ₹ 15,000/-	S.I. - Up to ₹ 5 Lac    1 <sup>st</sup> year vaccination - ₹ 7000/- S.I. - ₹ 6 Lac - ₹ 15 Lac    1 <sup>st</sup> year vaccination - ₹ 10000/- S.I. - ₹ 20 Lac - ₹ 100 Lac    1 <sup>st</sup> year vaccination - ₹ 15000/-
16	Worldwide Emergency Hospitalisation	Not Covered	Not Covered	Covered	S.I. - Up to ₹ 5 Lac    Not Applicable
					Rest S.I. <input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required
17	Named Illness Waiting Period	2 Years	2 Years	1 Year	S.I. - Up to ₹ 5 Lac    2 Years
					Rest S.I. <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years
18	Pre-Existing Disease Waiting Period	4 Years	3 Years	2 Years	S.I. - Up to ₹ 5 Lac <input type="checkbox"/> 4 Years
					S.I. - ₹ 6 Lac - ₹ 15 Lac <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years
					S.I. - ₹ 20 Lac - ₹ 100 Lac <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years
19	Mandatory Co - Payment	Applicable for Entry Age - <b>61 to 65 years</b> – 10% Co-Pay will be applicable <b>66 to 70 years</b> – 20% Co-Pay <b>Above 70 years (only for S.I of ₹ 2 Lac)</b> – 30% Co-Pay			
20	Medical Inflation	Not Covered	Not Covered	Not Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required
21	Emergency Air Ambulance	Not Covered	Not Covered	Not Covered	S.I. - Up to ₹ 5 Lac    Not Applicable
					S.I. - ₹ 6 Lac - ₹ 15 Lac <input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac <input type="checkbox"/> ₹ 3 Lac
					S.I. - ₹ 20 Lac - ₹ 100 Lac <input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac <input type="checkbox"/> ₹ 3 Lac <input type="checkbox"/> ₹ 5 Lac
22	Medical Second Opinion	Not Covered	Not Covered	Not Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required
23	Room Rent	No Capping	No Capping	No Capping	S.I. - Up to ₹ 5 Lac <input type="checkbox"/> No Capping <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000
					S.I. - ₹ 6 Lac - ₹ 15 Lac <input type="checkbox"/> No Capping <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000 <input type="checkbox"/> ₹ 4000
					S.I. - ₹ 20 Lac - ₹ 100 Lac <input type="checkbox"/> No Capping <input type="checkbox"/> ₹ 3000 <input type="checkbox"/> ₹ 4000 <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7000 <input type="checkbox"/> ₹ 10000
24	ICU Charges	No Capping	No Capping	No Capping	1.5 times of the Room Rent
25	Out Patient Treatment	<b>Options</b> A-Consultation-₹ 2000/-; Diagnostic/ medicines/ spectacles/ Hearing Aids-₹ 3000/- B-Consultation-₹ 4000/-; Diagnostic/ medicines/ spectacles/ Hearing Aids-₹ 6000/- C-Consultation-₹ 6000/-; Diagnostic/ medicines/ spectacles/ Hearing Aids-₹ 9000/- D-Consultation-₹ 8000/-; Diagnostic/ medicines/ spectacles/ Hearing Aids-₹ 12000/-			

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		S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> A
		S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> B
		S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
26	Infertility	S.I. - Up to ₹ 5 Lac	Not Applicable
		S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac
		S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac <input type="checkbox"/> ₹ 3 Lac
27	Deductibles	S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> ₹ 10000 <input type="checkbox"/> ₹ 20000 <input type="checkbox"/> ₹ 30000 <input type="checkbox"/> ₹ 40000 <input type="checkbox"/> ₹ 50000
		S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> ₹ 20000 <input type="checkbox"/> ₹ 30000 <input type="checkbox"/> ₹ 40000 <input type="checkbox"/> ₹ 50000 <input type="checkbox"/> ₹ 75000 <input type="checkbox"/> ₹ 1 Lac
		S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> ₹ 20000 <input type="checkbox"/> ₹ 30000 <input type="checkbox"/> ₹ 40000 <input type="checkbox"/> ₹ 50000 <input type="checkbox"/> ₹ 75000 <input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 1.25 Lac <input type="checkbox"/> ₹ 1.5 Lac <input type="checkbox"/> ₹ 2 Lac
28	Voluntary Co-Payment	For all Plans	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30%
29	Waiver of mandatory Co-Payment	For all Plans	<input type="checkbox"/> Waiver Required <input type="checkbox"/> Waiver not required
30	Critical Illness Benefit	For all Plans	<input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac <input type="checkbox"/> ₹ 3 Lac <input type="checkbox"/> ₹ 4 Lac <input type="checkbox"/> ₹ 5 Lac <input type="checkbox"/> ₹ 6 Lac <input type="checkbox"/> ₹ 7 Lac <input type="checkbox"/> ₹ 8 Lac <input type="checkbox"/> ₹ 9 Lac <input type="checkbox"/> ₹ 10 Lac
<p>** My COCOCure – Item 2 to 9 are mandatorily covered under this plan and you may include any additional cover as per your choice. Item 20 – 30 are exclusively available only under this plan.</p> <p>*Note: Voluntary Co Payment and Deductible options are mutually exclusive. If you have opted for a deductible, then voluntary co payment shall not apply.</p>			

III. PROPOSED INSURED DETAILS									
Sr. No.	Name	Gender	Date of Birth (DD/MM/YYYY)	Relationship with Proposer	Height (Cm)	Weight (Kg)	Occupation	Only for Non-Floater	
								Zone	Sum Insured
1									
2									
3									
4									
5									
6									
7									

IV. NOMINEE DETAILS		
In the event of the death of the Policyholder, any payment due under the Policy shall become payable to the Nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for persons proposed to be insured shall be the Proposer himself/herself.		
Nominee Name	Date of Birth	Relationship with Proposer
If Nominee is minor, please give the name and address of the appointee and relationship with the minor		
Appointee Name	Date of Birth	Relationship with Minor

COCOCure | UIN : NAVHLIP21369V022021

Registered & Corporate Office: Navi General Insurance Limited  
 402, 403 & 404, A & B Wing, 4<sup>th</sup> Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099  
 Toll-free number: 1800 123 0004 8200 | Fax: 022-4001 8251 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: mycare@navi.com  
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

V. MEDICAL AND HEALTH INFORMATION							
Please answer below mentioned questions	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
1.	Has any of person to be insured taken any consultation for or been treated for any pre-existing conditions or had any of the following?						
a)	Any Surgery or Surgical Procedures or any hospitalisation for more than 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Medication (including oral/ inhalation/ injection/ Topical) for more than 14 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Adverse findings to any diagnostic test or investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	Any persistent symptoms in the past 6 months other than common cold, flu, infections, minor injury or other minor ailments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e)	Any Cancer, Chronic Kidney Disease, Psychiatric, Neurological (Brain/Spine) or related Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is any of the female insured pregnant? If yes, please mention the expected date of delivery	<input type="checkbox"/> Yes DD/MM/YY	<input type="checkbox"/> Yes DD/MM/YY	<input type="checkbox"/> Yes DD/MM/YY	<input type="checkbox"/> Yes DD/MM/YY	<input type="checkbox"/> Yes DD/MM/YY	<input type="checkbox"/> Yes DD/MM/YY
3.	Does any of the proposed members have diabetes or pre-diabetes or has he/she ever had high blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, then please tick the relevant option(s) below:							
How does the applicant manage his/her diabetes / pre-diabetes / high blood sugar?							
A. Insulin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Oral Diabetic Medication		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Homoeopathic or other AYUSH treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Medicine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long ago was the applicant first diagnosed with diagnosed with diabetes/ pre-diabetes/ high blood sugar?							
A. 0-1 Year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 2-5 Years		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 6-10 Years		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. More than 10 Years		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does any of the proposed members have Hypertension / High Blood Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, then please tick the relevant option(s) below:							
How does the applicant manage his/her Hypertension/High Blood Pressure?							
A. One Medicine							
B. Two Medicines							

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	C. Three or More Medicines							
	D. No Medicine							
	How long ago was the applicant first diagnosed with Hypertension/ High Blood Pressure?							
	A. 0-1 Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. 2-5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. 6-10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. More than 10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you consume tobacco in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify the details as per below:							
	Type – Cigarette/Beedi/Cigar /Gutkha/Others							
	Quantity per day							
	Consuming for past (Mention no. of years)							
	If you have stopped smoking – Since when	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY
6.	Do you consume alcohol in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify the details as per below:							
	Type – Beer/Hard liquor/Wine/Others							
	Quantity per week							
	Consuming for past (Mention no. of years)							
	If you have stopped consuming alcohol – Since when	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY
7	Have you ever had any treatment for depression, anxiety, phobias, stress, mood disorder, eating disorders, sleep disorders or received a diagnosis of any other mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever had any investigation or consulted any medical practitioner or taking any medications or counselling or Therapy for any signs & symptoms related to Schizophrenia, Bipolar Disorder Delusional disorders, Psychosis, Mental and behavioural disorders due to psychoactive substance, Mental retardation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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VI. ADDITIONAL INFORMATION				
If any of the proposed insured person is suffering from/suffered in the past/taking treatment for any illness/disease or injury and the same is declared in above Section -V.1-4, then please provide further details				
Sr. No.	Insured Name	Name of Illness/ Surgery	Date of first diagnosis	Medication Details
1			MM/YYYY	
2			MM/YYYY	
3			MM/YYYY	
4			MM/YYYY	
5			MM/YYYY	

VII. CURRENT/PREVIOUS INSURANCE POLICY DETAILS							
Are You insured under any Health Insurance Policy? If yes, Please provide the below details.							
Insured Name	Policy Number	Insurer Name	Policy Period		Sum Insured	Claim Lodged (if any)	Cumulative Bonus
			From	To			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			
			DD/MM/YY	DD/MM/YY			

Are you applying for portability?  Yes  No (If Yes, portability form to be completed and attached)

Do you have any other Navi Insurance Policy?  Yes  No

If Yes, please mention the Policy Number to avail discount in premium. \_\_\_\_\_

VIII. PREMIUM PAYMENT AND BANK DETAILS			
For Cheque/DD/PO (Payable in favour of Navi General Insurance Company Limited)			
Payment Option:	Cheque <input type="checkbox"/>	Demand Draft <input type="checkbox"/>	Fund Transfer <input type="checkbox"/>
	Debit Card <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Pay Order <input type="checkbox"/>
Premium Amount:	₹ _____	Amount in Words:	_____
Payment Frequency:	Quarterly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Annual <input type="checkbox"/>
As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose, please submit the following details of the Proposer's bank account.			
Account Holder Name	: _____		
Instrument Number	: _____	Instrument Date	: _____
Instrument Amount	: _____	Bank Name	: _____
Credit/Debit Card No.	: _____	Expiry Date	: _____
Account No.	: _____	IFSC/MICR Code	: _____

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UPI ID : \_\_\_\_\_

Type of Account : Saving Bank's Account  Current Account   
 Others (Please Specify)  \_\_\_\_\_

Note – If the Premium cheque is not paid from the above-mentioned account then a cancelled cheque leaf of the above-mentioned account is to be attached. Mandatory if annualized premium is more than ₹.25,000.

**IX. ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER**

(Email Id is mandatory)

Do you have an EIA :  Yes  No If No, do you wish to apply for EIA :  Yes  No

If Yes, please quote the EIA number : <<\_\_\_\_\_>>

If applied, please mention your preferred Insurance Repository : <<\_\_\_\_\_>>

Email Id (Registered with Insurance Repository) : <<\_\_\_\_\_>>

Your Policy will be credited in your EIA account and your address details as mentioned in the EIA shall override the address provided in this proposal for Insurance. We request you to inform the Repository of any changes in the details immediately.

**X. DECLARATION**

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

**XI. OTHER DECLARATIONS**

<input type="checkbox"/>	Any GST liability and payment for the same is dependent on the details (viz GSTIN, address, zero-rating entitlement etc) provided by me. Navi General Insurance Limited will rely on such information for the purpose of compliance with applicable GST regulations and shall not be under obligation to evaluate authenticity/accuracy of the same. Further, in case any GST liability (in terms of tax, interest, penalty and associated litigation cost) arises on Navi General Insurance Limited on account of any incorrect/ incomplete/ non-compliance on behalf of me. I will be immediately liable to pay the same on notification by Navi General Insurance Limited. The said liability shall vest irrespective of the completion of the insurance period covered within the policy contract.
<input type="checkbox"/>	I hereby consent to and authorize Navi General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of the Company from time to time.
<input type="checkbox"/>	I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

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 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155



**XII. VERNACULAR DECLARATION**

I hereby declare that, I have fully explained the contents of the Proposal Form and terms and conditions of the Policy to the Proposer in the language understood to him/her.

Signature/Thumb Impression of the Proposer: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**XIII. INTERMEDIARY DECLARATION**

I, \_\_\_\_\_ (Full Name), in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No./ID (Advisor / Corporate Agent / Broker / Relationship Officer) : \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

**Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)**

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)**

Branch Office : \_\_\_\_\_ Intermediary Code : \_\_\_\_\_

Branch Code : \_\_\_\_\_ Intermediary Name : \_\_\_\_\_

Business Sector : Urban/Rural/Social Intermediary contact Number : \_\_\_\_\_

**ACKNOWLEDGE SLIP**

Proposal form received from: Mr./Mrs./Ms \_\_\_\_\_

Address: \_\_\_\_\_ Premium amount: ₹ \_\_\_\_\_ To be debited from \_\_\_\_\_

Account of Mr./Ms \_\_\_\_\_ Account Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Cheque Number: \_\_\_\_\_ Date: \_\_\_\_\_ Branch: \_\_\_\_\_

**ANNEXURE – I (To be filled for each individual member in case of Non-Floater Cover)**

Sr. No.	Features	Silver	Gold	Diamond	My COCOCure**		
1	Sum Insured	<input type="checkbox"/> ₹ 2 Lac	<input type="checkbox"/> ₹ 6 Lac	<input type="checkbox"/> ₹ 20 Lac	<input type="checkbox"/> ₹ 2 Lac	<input type="checkbox"/> ₹ 7 Lac	<input type="checkbox"/> ₹ 20 Lac
		<input type="checkbox"/> ₹ 3 Lac	<input type="checkbox"/> ₹ 7 Lac	<input type="checkbox"/> ₹ 25 Lac	<input type="checkbox"/> ₹ 3 Lac	<input type="checkbox"/> ₹ 8 Lac	<input type="checkbox"/> ₹ 25 Lac
		<input type="checkbox"/> ₹ 4 Lac	<input type="checkbox"/> ₹ 8 Lac	<input type="checkbox"/> ₹ 50 Lac	<input type="checkbox"/> ₹ 4 Lac	<input type="checkbox"/> ₹ 9 Lac	<input type="checkbox"/> ₹ 50 Lac
		<input type="checkbox"/> ₹ 5 Lac	<input type="checkbox"/> ₹ 9 Lac	<input type="checkbox"/> ₹ 75 Lac	<input type="checkbox"/> ₹ 5 Lac	<input type="checkbox"/> ₹ 10 Lac	<input type="checkbox"/> ₹ 75 Lac
			<input type="checkbox"/> ₹ 10 Lac	<input type="checkbox"/> ₹ 100 Lac	<input type="checkbox"/> ₹ 6 Lac	<input type="checkbox"/> ₹ 15 Lac	<input type="checkbox"/> ₹ 100 Lac
2	In Patient Hospitalisation	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured		
3	Pre-Hospitalisation	30 Days	60 Days	90 Days	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days		
4	Post-Hospitalisation	60 Days	90 Days	180 Days	<input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days		
5	Day Care Treatment	393 procedures covered	393 procedures covered	393 procedures covered	393 procedures covered		
6	Domiciliary Hospitalisation	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured		
7	Counselling	Covered	Covered	Covered	Covered		
8	Healthcare & Wellness	<u>Health Check Up</u> - Free Health Check at the end of every claim free policy year <u>Wellness</u> - <ul style="list-style-type: none"> <li>HRA – Up to 1.5% discount on premium</li> <li>Self-Disease Management – Up to 10% discount</li> <li>Stay Fit – Up to 10% Discount</li> </ul> <u>Health Helpline</u> – Call/Chat online for medical advice with empanelled medical practitioner					
		Covered	Covered	Covered	Covered		
9	Reinstatement of Inpatient hospitalisation Sum Insured	Covered	Covered	Covered	Covered		
10	Organ Donor Expenses	Not Covered	Covered	Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required		
11	AYUSH	Not Covered	Covered	Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required		
12	Emergency Road Ambulance /Repatriation of Mortal Remains (RMR)/ Funeral Expenses (per hospitalisation)	Not Covered	₹ 10,000/-	₹ 20,000/-	S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7500 <input type="checkbox"/> ₹ 10000	
					S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7500 <input type="checkbox"/> ₹ 10000 <input type="checkbox"/> ₹ 15000	
					S.I. - ₹ 20 Lac – ₹ 100 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 10000 <input type="checkbox"/> ₹ 15000 <input type="checkbox"/> ₹ 20000 <input type="checkbox"/> ₹ 25000 <input type="checkbox"/> ₹ 30000	
13	Cumulative Bonus	Not Covered	Not Covered	Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required		
14	Hospital Daily Cash	Not Covered	Not Covered	₹ 4000/-	S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 500 <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 1500	
					S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 1500 <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000	

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					S.I. - ₹ 20 Lac – ₹ 100 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000 <input type="checkbox"/> ₹ 4000 <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7000 <input type="checkbox"/> ₹ 10000
15	Maternity Expenses	<b>Options</b> A- Normal- ₹ 20K/Caesarean- ₹ 50K      B- Normal- ₹ 50K/Caesarean- ₹ 75 K C- Normal- ₹ 75K/Caesarean- ₹ 1 Lac      D- Normal- ₹ 1 Lac/Caesarean- ₹ 1.5 Lac E- Normal- ₹ 1.5 Lac/Caesarean- ₹ 2 Lac				
		Not Covered	Not Covered	Normal - ₹ 75,000/- Caesarean - ₹ 1 Lac	S.I. - Up to ₹ 5 Lac S.I. - ₹ 6 Lac - ₹ 15 Lac S.I. - ₹ 20 Lac – ₹ 100 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
		New Born Baby	Not Covered	Not Covered	Within maternity Sum Insured Limit; 1 <sup>st</sup> Year Vaccination – ₹ 15,000/-	S.I. - Up to ₹ 5 Lac S.I. - ₹ 6 Lac - ₹ 15 Lac S.I. - ₹ 20 Lac – ₹ 100 Lac
	Worldwide Emergency Hospitalisation	Not Covered	Not Covered	Covered	S.I. - Up to ₹ 5 Lac Rest S.I.	Not Applicable <input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required
17	Named Illness Waiting Period	2 Years	2 Years	1 Year	S.I. - Up to ₹ 5 Lac Rest S.I.	2 Years <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years
18	Pre-Existing Disease Waiting Period	4 Years	3 Years	2 Years	S.I. - Up to ₹ 5 Lac S.I. - ₹ 6 Lac - ₹ 15 Lac S.I. - ₹ 20 Lac – ₹ 100 Lac	<input type="checkbox"/> 4 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years
19	Mandatory Co - Payment	Applicable for Entry Age - <b>61 to 65 years</b> – 10% Co-Pay will be applicable <b>66 to 70 years</b> – 20% Co-Pay <b>Above 70 years (only for S.I. of ₹ 2 Lac)</b> – 30% Co-Pay				
20	Medical Inflation	Not Covered	Not Covered	Not Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required	
21	Emergency Air Ambulance	Not Covered	Not Covered	Not Covered	S.I. - Up to ₹ 5 Lac	Not Applicable
					S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac <input type="checkbox"/> ₹ 3 Lac
					S.I. - ₹ 20 Lac – ₹ 100 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac <input type="checkbox"/> ₹ 3 Lac <input type="checkbox"/> ₹ 5 Lac
22	Medical Second Opinion	Not Covered	Not Covered	Not Covered	<input type="checkbox"/> No Cover <input type="checkbox"/> Cover Required	
23	Room Rent	No Capping	No Capping	No Capping	S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> No Capping <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000
					S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> No Capping <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000 <input type="checkbox"/> ₹ 4000
					S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> No Capping <input type="checkbox"/> ₹ 3000 <input type="checkbox"/> ₹ 4000 <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7000 <input type="checkbox"/> ₹ 10000
24	ICU Charges	No Capping	No Capping	No Capping	1.5 times of the Room Rent	

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25	Out Patient Treatment	<b>Options</b> A-Consultation-₹ 2000/-; Diagnostic/ medicines/ spectacles/ Hearing Aids-₹ 3000/- B-Consultation-₹ 4000/-; Diagnostic/ medicines/ spectacles/ Hearing Aids-₹ 6000/- C-Consultation-₹ 6000/-; Diagnostic/ medicines/ spectacles/ Hearing Aids-₹ 9000/- D-Consultation-₹ 8000/-; Diagnostic/ medicines/ spectacles/ Hearing Aids-₹ 12000/-	
		S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> A
		S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> B
		S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> No Cover <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
26	Infertility	S.I. - Up to ₹ 5 Lac	Not Applicable
		S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac
		S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac <input type="checkbox"/> ₹ 3 Lac
27	Deductibles	S.I. - Up to ₹ 5 Lac	<input type="checkbox"/> ₹ 10000 <input type="checkbox"/> ₹ 20000 <input type="checkbox"/> ₹ 30000 <input type="checkbox"/> ₹ 40000 <input type="checkbox"/> ₹ 50000
		S.I. - ₹ 6 Lac - ₹ 15 Lac	<input type="checkbox"/> ₹ 20000 <input type="checkbox"/> ₹ 30000 <input type="checkbox"/> ₹ 40000 <input type="checkbox"/> ₹ 50000 <input type="checkbox"/> ₹ 75000 <input type="checkbox"/> ₹ 1 Lac
		S.I. - ₹ 20 Lac - ₹ 100 Lac	<input type="checkbox"/> ₹ 20000 <input type="checkbox"/> ₹ 30000 <input type="checkbox"/> ₹ 40000 <input type="checkbox"/> ₹ 50000 <input type="checkbox"/> ₹ 75000 <input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 1.25 Lac <input type="checkbox"/> ₹ 1.5 Lac <input type="checkbox"/> ₹ 2 Lac
28	Voluntary Co-Payment	For all Plans	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30%
29	Waiver of mandatory Co-Payment	For all Plans	<input type="checkbox"/> Waiver Required <input type="checkbox"/> Waiver not required
30	Critical Illness Benefit	For all Plans	<input type="checkbox"/> ₹ 1 Lac <input type="checkbox"/> ₹ 2 Lac <input type="checkbox"/> ₹ 3 Lac <input type="checkbox"/> ₹ 4 Lac <input type="checkbox"/> ₹ 5 Lac <input type="checkbox"/> ₹ 6 Lac <input type="checkbox"/> ₹ 7 Lac <input type="checkbox"/> ₹ 8 Lac <input type="checkbox"/> ₹ 9 Lac <input type="checkbox"/> ₹ 10 Lac
<p>** My COCOCure – Item 2 to 9 are mandatorily covered under this plan and you may include any additional cover as per your choice. Item 20 – 30 are exclusively available only under this plan.</p> <p>*Note: Voluntary Co Payment and Deductible options are mutually exclusive. If you have opted for a deductible, then voluntary co payment shall not apply.</p>			

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