

Draft letter to be obtained for inclusion of New Born Baby

From

To
Star Health and Allied Insurance Co. Ltd.,

Dear Sir/Madam,

Reg : Inclusion of new born baby under policy no: _____ Customer ID _____

I request you to kindly include new born baby under the policy no. _____

Details of new born baby as follows :-

Name of the new born :
Gender :
Date of Birth :
Place of Birth :
Name of the hospital :

The health history of the new born baby as follows :-

1. Complications following birth (Yes/No) (If yes, please furnish details)	
2. Intensive care treatment required at birth / immediately after birth (Yes/No) (If yes, please furnish details)	
3. Any medical illnesses suffered (Yes/No) (If yes, please furnish details)	
4. Congenital illness / conditions identified, if any, whether internal or external	

I hereby declare that above said new born baby is currently healthy and does not suffer from any illness and/or health condition(s).

I further declare that the above particulars given by me are true and complete in all respects, to the best of my knowledge and belief, and that I am authorized to propose for insurance coverage of the new born baby. I declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the new born baby. I authorize the company to share information pertaining to the new born baby, the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory authority.

I understand that this new born baby will be covered under the current policy, subject to your approval, without additional premium, and it will continue to be covered under the subsequent renewal policy, on payment of appropriate premium.

Signature

Place:

Date: