

## Health Insurance Quote Questionnaire

Full Name (as per PAN card): \_\_\_\_\_

DOB (as per valid age proof): \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

Address (as per valid address proof):  
\_\_\_\_\_  
\_\_\_\_\_

Gender (Tick the appropriate option):

<input type="checkbox"/>	MALE
<input type="checkbox"/>	FEMALE

Existing Illness or Medical History (Tick the appropriate option):

<input type="checkbox"/>	Existing Illness	Diabetes, Blood Pressure, Heart Ailments, Asthma, Thyroid, Cancer etc.
<input type="checkbox"/>	Covid 19	Tested Positive for Covid 19
<input type="checkbox"/>	Surgical Procedure	Appendix, Gall Bladder, C Section etc.
<input type="checkbox"/>	None of these	No Disease history/ailments/medications

Coverage Range (Tick the appropriate option):

<input type="checkbox"/>	Medical Coverage of below 3 Lakhs
<input type="checkbox"/>	Medical Coverage between 3 to 5 Lakhs
<input type="checkbox"/>	Medical Coverage between 5 to 7 Lakhs
<input type="checkbox"/>	Medical Coverage between 7 to 10 Lakhs
<input type="checkbox"/>	Medical Coverage between 10 to 20 Lakhs
<input type="checkbox"/>	Medical Coverage of above 20 Lakhs

Preference Rating (Please rate the following as 1, 2 & 3)

	Insurer providing Low Premium
	Insurer having High Claim settlement ratio
	Insurer having high number of Cashless Hospital Network

Co-payment Preference (Tick the appropriate option):

	Mandatory
	Voluntary
	Not required

Room Rent Limit (Tick the appropriate option):

	YES
	NO

Plan type (Tick the appropriate option):

	Base Plan
	One crore cover
	Top Up Plans

Any favored Insurer: \_\_\_\_\_

*Thank you for showing interest in utilizing our services for providing you the best suitable Health Insurance policy & secure your health needs. Fill the questionnaire form and email it to [insurancedesk@geplcapital.com](mailto:insurancedesk@geplcapital.com). We will get back to you shortly.*