

## GENERAL NOTES

### Eligibility and Age Limit

Gold / Platinum Plan - From 06 months up to age 70 years.  
Annual Multi Trip - From 18 up to 60 years.  
Family Cover - From 06 months up to age 65 years.

### Maximum Trip Durations

Gold / Platinum Plan - 180 Days  
Annual Multi Trip - 45 Days Per Trip  
Family Cover - 35 Days Per Trip

## IMPORTANT EXCLUSIONS

Pre-Existing Conditions  
Deductibles  
Medical check-ups  
Professional sports  
(Can be covered at an additional premium)

## OTHER TERMS/ CONDITIONS AND EXCLUSIONS AS PER THE POLICY WORDING

This brochure is not a contract for Insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the policy which will be issued only upon acceptance of the application form. This Insurance is not transferable.

## FOR MEDICAL EMERGENCY

Paramount Healthcare Management (PVT) Ltd  
Travel Health Department,  
401-402, Summer Plaza,  
Marol Maroshi Road,  
Marol,  
Andheri (East),  
Mumbai 400 059  
INDIA

Please call for assistance on 24 hours dedicated helpline  
HNB Assurance: +91 22 40908313  
Tel: 022 40004219/ 40004207 / 40004203 / 40004232

Fax: 022 40004280  
For assistance in USA,  
Contact USA toll free: 1 866 978 5205  
(Toll free when dialed from USA)

E-mail: [travelhealth@paramount.healthcare](mailto:travelhealth@paramount.healthcare)  
Website: [www.phmhealth.com](http://www.phmhealth.com)



## HNB General Insurance Ltd (PB 5167)

2<sup>nd</sup> Floor, Iceland Business Centre,  
No. 30, Sri Uttarananda Mawatha, Colombo 03.  
Tel: 0114 676 700 | E mail: [info@hnbgeneral.com](mailto:info@hnbgeneral.com)  
Web: [www.hnbgeneral.com](http://www.hnbgeneral.com)

**Helpline : 0114 883 883**



# Proposal Form

Full Name (as per NIC/ Passport): .....

.....

Postal Address: .....

.....

Telephone: ..... Mobile: .....

Email: .....

Passport No: ..... NIC No: .....

Date of Birth: .....

Age: ..... (Above the age of 70 is subject to review and acceptance of satisfactory health status before providing the cover)

Type of Scheme: .....

Destination: .....

Length of Trip (both days inclusive): .....

Depart from Sri Lanka: .....

Return to Sri Lanka: .....

I/We hereby declare that the particulars given by me/us in this proposal are true and complete, and that I/We have not withheld any information whatever material to this proposal. I/We agree that this proposal and declaration is the truth and completeness of the answers herein shall be the basis of the contract between me/us and HNB General Insurance Ltd. If the answer/s now given by me/us cause to be true and/or in the event of change I/We undertake to give immediate notification to the company. I/we further agree to accept a policy subject to the terms and conditions prescribed by the company therein.

Signature: ..... Date: .....

# Additional Health Questionnaire

(forming part of the proposal form)

Details of health to be filled by the Proposer only. Please mark 'Yes' or 'No' under relevant column, clearly. All questions/ details must be answered/ provided.

If you have answered 'Yes' to any of the questions, please get your doctor to fill the relevant section.

1. Do you have any pre-existing illness, medical condition or ailment that may give rise to a claim? If "Yes", please specify.

- Heart or blood vessel disease
- Blood or metabolic disorders such as diabetes, cholesterol
- Asthma, recurrent or chronic bronchitis, pneumonia
- Brain, nervous system disorders
- Any other illness, not mentioned above?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please specify; kindly use an additional sheet and attach if required.

2. Are you under medical supervision? Yes  No   
 3. During the past 3 years have you undergone any surgery and/or been hospitalized for more than 5 days consecutively? If yes, please give details. Yes  No

I hereby declare that no material information is withheld from the insurer and all details filled by me are true and accurate.

Signature: ..... NIC No.: .....

Date & Place: .....

Doctor's comments on your current health condition for the above item(s) marked Yes ✓ and doctor's comment for the following tests:

- \*1. MER (Medical Examination Report) UFR (Urine Full Report)
  - \*2. FBST (Fasting Blood Sugar Test)
  - \*3. LIPID (Lipid Profile)
  - \*4. ECG (Electro Cardio Graph)
  - \*5. FBC (Full Blood Count)
  - \*6. Liver Function Test (SGOT, SGPT, GGT, Alkaline Phosphates, Serum Bilirubin – Direct & Indirect)
  - \*7. Kidney Function Test (Blood Urea Nitrogen, Serum Creatinine)
  - \*\*8. Stress Echo
  - \*\*9. Ultrasonography whole abdomen
- (For ages from 66 to 79 years, tests marked with \*, from Serial No. 1 to 7 are mandatory; For Ages 80 to 85 years, tests marked with \* and \*\*, from Serial No. 1 to 9 are mandatory)

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 Doctor's Comments, Signature and Rubber Stamp

International Travel Protection (All figures in USD)						
Sections	Benefits	Plans				
		Gold	Platinum	Annual Multi trip	Family Cover Benefit per family member	Deductible
A	Accidental Death and Dismemberment Benefit	\$10,000	\$15,000	\$15,000	\$10,000	N/A
B	Accidental Death and Dismemberment (Common Carrier)	N/A	\$5,000	\$5,000	N/A	N/A
C	Accident & Sickness Medical Expense Benefit	\$50,000	\$100,000	\$100,000	\$50,000	\$100
D	Sickness Dental Relief	\$300	\$400	\$400	\$300	\$150
The following Maximum eligible expenses per Sickness or Disease are applicable to insured persons above aged 56, regardless of the plan/ option purchased						
Hospital Room and Board and Hospital Miscellaneous Intensive Care Unit Surgical Treatment Anaesthetist's Services Physician's Visits Diagnosis and Pre-Admission Testing Ambulance Services		Maximum of \$1,500 per day up to 30 days. Maximum of \$3,000 per day up to 7 days Maximum of \$10,000 Up to 25% of Surgical Treatment Maximum of \$75 per Day up to 10 days Maximum of \$500 Maximum of \$400				
E	Assistance	Included	Included	Included	Included	N/A
F	Baggage Delay Benefit	\$50	\$100	\$100	\$50	06 hours
G	Baggage Loss Benefit - if checked in	\$500	\$1000	\$1000	\$500	N/A
H	Emergency Medical Evacuation Benefit	Included*	Included*	Included*	Included*	N/A
I	Hijacking Benefit	N/A	\$100 per Day Maximum \$500	\$100 per Day Maximum \$500	N/A	1 day
J	In-Hospital Indemnity Benefit (Hospital Cash)	N/A	N/A	\$15 per Day Maximum \$500	N/A	1 day
K	Loss of Passport Benefit	\$250	\$250	\$250	\$250	\$30
L	Personal Liability Benefit	\$100,000	\$200,000	\$200,000	\$100,000	\$200
M	Automatic Extension of Policy up to 7 days	Available	Available	Available	Available	N/A
N	Repatriation of Remains Benefit	Included*	Included*	Included*	Included*	N/A
O	Emergency Cash Advance	\$500	\$1,000	\$1,000	\$500	N/A
P	Trip Delay Benefit	N/A	\$100	\$100	N/A	06 hours
Q	Trip Cancellation	N/A	\$1,000	N/A	N/A	N/A
R	Trip Curtailment	N/A	\$1,000	N/A	N/A	N/A

\*Included under the benefit limit of Accident and Sickness Medical Expense Benefit.

Office use only.	Selected MyTravel Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Authorized signature .....