CANCER INSURANCE CLAIM FORM- FORM CA

SECTION A- TO BE COMPLETED BY THE LIFE INSURED

We wish you a speedy recovery. Please return this form duly filled and signed with appropriate documents and follow below instructions to help us settle your claim faster.

IMPORTANT INFORMATION

1. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers.
2. Claim is payable subject to policy being in force on the date of event and fulfillment of all terms and conditions of the policy.
3. This form can be witnessed by any of the following (1) Max Life Agent (2) Sales Manager/ ADM/Office Head of Max Life (3) Block development officer (4) A bank manager with rubber stamp (5) An officer of Max Life not below rank of a manager (6) A gazetted officer (7) A head master / principal of Govt. School (8) A magistrate.
4. Please read the declaration carefully and sign the claim form in the same manner as you would normally sign your cheques. Your signature would be used to verify the requests you give us in the future.

HOW TO COMPLETE YOUR FORM

- ✓ All fields in the claim form should be completed by life insured/ claimant in BLOCK letters and dates in DDMMYYYY format.
- ✓ **Section A** is to be completed by the life insured.
  - Please make sure that your current address and mobile number is mentioned, as we would do all the claims related communication on this address and mobile number only.
  - Please mention your email-id in case you have one
  - Please mention your complete bank account details.
  - Please attach a copy of cancelled cheque or bank account passbook to enable us to transfer the claim proceeds directly to your account once the claim is found valid as per the terms and conditions of the policy.
- ✓ **Section B** is to be completed & signed by the attending medical practitioner.
- ✓ Please submit copies of all the medical records such as all Discharge summaries, Histopathology/Biopsy report, Blood test reports, treatment records including Chemotherapy/Radiotherapy records, etc. along with this form.

You need to submit the following documents along with this claim form (Please tick appropriate box to indicate documents submitted)

1) **Attested Copies of medical reports related to cancer such as –**

☐ Discharge Summary ☐ Biopsy Report /Histopathology Report ☐ Tumor marker report ☐ OPD records

☐ In- patient treatment records ☐ Chemotherapy records ☐ Radiation therapy records

2) Copy of Schedule page of your Policy Document(s)

3) Attested copy of your Identity proof (any one of the below- specifying your complete date of birth in DDMMYYYY format)

I. PAN Card ☐ IV. Voter ID Card ☐

II. Adhaar Card ☐ V. Valid Driving License ☐

III. Valid Passport ☐ VI. Others (please specify) _____

4) **Bank details (any one of the below)**

I. Cancelled cheque with your printed name and account details ☐

II. Attested Bank passbook copy ☐

III. NEFT Mandate form attested by bank official ☐

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Max Life Policy Number (s) ☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐

Claim form is submitted through : Max Life Agent ☐ **Max Life Office** ☐ **Bank Branch** ☐ **Others** ☐

Declaration: I the life insured declare that the foregoing answers and statements are true in all respects and further agree that the furnishing of this form, or any other form, supplemental thereto, to the company shall not constitute an admission by the company that there was any insurance in force on the life in question or a waiver of any rights or defense.

A: Please tell us about yourself.

Name : _____ Date of Birth: ☐☐☐☐☐☐☐☐ Gender: M ☐ F ☐

Current Correspondence address :

_____

_____ State _____ Pin Code ☐☐☐☐☐☐

Mob No ☐☐☐☐☐☐☐☐☐☐

PAN No ☐☐☐☐☐☐☐☐☐☐

Bank A/C ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MICR ☐☐☐☐☐☐☐☐☐

IFSC Code ☐☐☐☐☐☐☐☐☐☐☐

Email ID : _____

Adhaar Card No ☐☐☐☐☐☐☐☐☐☐☐☐

Branch Name & Add. ☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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B : Please tell us about your Illness

What is the life insured diagnosed with:

_____

Date of first diagnosis ☐☐☐☐☐☐☐☐

Date of first biopsy ☐☐☐☐☐☐☐☐

Date of radiation therapy ☐☐☐☐☐☐☐☐

Date of first consultation ☐☐☐☐☐☐☐☐

Date of chemotherapy ☐☐☐☐☐☐☐☐

Date of surgery ☐☐☐☐☐☐☐☐

Please tell us details of the doctors who treated Life Insured during this Illness alongwith details of hospitals where treatment was taken:

Name of Doctor / Hospital	Contact details	Date of first consultation	Treatment taken

Please tell us about your previous Cancer claims (if any)

Name of Company	Policy No.	Policy Amount	Policy Issue date	Claim Status

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Vernacular Declaration (If the claimant signs in vernacular or affixes thumb impression) : Declaration from the Witness / Declarant to certify that the contents of the form were explained to the claimant in vernacular and that he/she has affixed his/her signature /thumb impression hereto after fully understanding the same.

NEFT Declaration: I authorize insurer for direct / electronic transfer of money in my above mentioned bank account. Max Life Insurance Co. Ltd. shall not be held responsible in case of non credit of my bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information. Further, Max Life Insurance Co. Ltd. reserves the right to use any alternative payout option including demand draft/ payable at par cheque if direct credit cannot be executed. Credit will be effected based solely on the claimant account number information provided by the claimant and the claimant name particulars will not be used thereof.

Signature / Left thumb impression of Claimant

_____

Name Of Claimant _____

Date : ☐☐☐☐☐☐☐☐ **Place :** _____

Signature of Witness /Declarant

_____

Name & address_____

_____

DISCLAIMER

- ✓ Submission of claim form with documents does not assure / imply admission of any liability.
- ✓ On assessment of documents submitted, Max Life reserves the right to call for additional documents.
- ✓ Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be subject to criminal and/or civil penalties as the case may be under the applicable law(s). The Company reserves the right to take appropriate action against the said person.

FOR BRANCH OFFICE USE ONLY:

Date ☐☐☐☐☐☐☐☐

Stamp

Name_____ **Mobile No. of GO Ops person** ☐☐☐☐☐☐☐☐☐☐

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SECTION B - MEDICAL PRACTITIONER'S STATEMENT- TO BE COMPLETED BY TREATING CANCER SPECIALIST ONLY

1. Patient's Name…… Age ☐☐ Gender: Male ☐ Female ☐
2. Please tell us the date of the first consultation for this condition? ☐☐☐☐☐☐☐☐
3. Has the patient been diagnosed with cancer?
   Yes ☐ No ☐
4. If yes, please tick any one of the below to let us know what type of cancer is this:

Specified early stage cancer/ Carcinoma in situ ☐ Major stage cancer ☐

(The below definition will help you categorize the Cancer into any one of the above types. Please note that this categorization is as per this Insurance policy terms and conditions and may or may not be in line with standard medical texts)

Carcinoma-in-situ – First ever histopathologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to ant classification stated:

(i) breast, where the tumour is classified as Tis according to the TNM Staging method;
(ii) corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0;
(iii) cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0;
(iv) ovary –include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B;
(v) colon and rectum, Penis; Testis, Lung, Liver, Stomach, Nasopharynx and esophagus; or
(vi) urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.

Specified Early Stage Cancer –Means the first ever presence of one of the following malignant conditions the diagnosis of which much be based on histopathological features and confirmed by the pathologist:

(i) Tumor of the thyroid histopathologically classified as T1N0M0 according to the TNM classification;
(ii) Prostate tumour should be histopathologically described as TNM Classification T1a or T1b or T1c are of another equivalent or lesser classification;
(iii) Chronic lymphocytic leukemia classified as RAI Stage I or II;
(iv) Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin,
(v) Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.

Major Stage cancer –Means the first ever malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and on a pathology report and confirmed by pathologist/oncologist. The term cancer includes leukemia, lymphoma and sarcoma but exclused any of the following:

(i) Tumors showing the malignant changes of carcinoma in situ and tumours which are histologically described as premalignant or non-invasive, including but not limited to;
(ii) Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN-2 & CIN-3.Any skin cancer other than malignant melanoma;
(iii) All tumours of the prostrate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
(iv) Papillary micro-carcinoma of the thyroid less than 1cm in diameter;
(v) Chronic lymphocytic leukemia less than Rai stage 3;
(vi) All tumours in the presence of HIV infection; or
(vii) Micro carcinoma of the bladder.

TNM Staging: T ☐ N ☐ M ☐ Grading: I ☐ II ☐ III ☐ IV ☐

Any other staging ……ICD Code (s)……

Exact Diagnosis……Date of first diagnosis ☐☐☐☐☐☐☐☐

How is the prognosis of the disease……

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Was the patient first referred to you by another physician? Yes ☐ No ☐

If yes, Physician's name and contact number……

Hospitalization Information:

Was the patient hospitalized as a result of the diagnosis? Yes ☐ No ☐

If yes please provide following:

Date of Admission	Date of Discharge	Admitting Diagnosis	Hospital Name and Address

Has the patient received Chemotherapy? Yes ☐ No ☐

Has the patient received Radiation therapy? Yes ☐ No ☐

Body part/ organ first affected by Cancer:

☐ Pharynx ☐ Cervix ☐ Oral Cavity ☐ Breast ☐ Thyroid

☐ Esophagus ☐ Lung ☐ Ovary ☐ Stomach ☐ Pancreas

☐ Blood ☐ Bone ☐ Lymph nodes ☐ Liver ☐ Others

In case of others, please specify……

Any additional information you want to provide……

Please tell us about yourself

Your name……Your Qualifications……

Your Registration No. and details……

Your mobile no.……Clinic no……Email-Id……

Signature and seal of the physician……

Date: ☐☐☐☐☐☐☐☐ Place: ……

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Authorization
(To be signed by the claimant)

In order to process your claim, additional documents may be required from different authorities. By signing this authorization, you give Max Life Insurance Co. Ltd. and/ or its representatives the right to obtain the documents required on your behalf.

To,

Life Insurance Policy Number(s): ☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐

I, Mr./ Ms. ____(name), _____________________________________(relation) of Mr./ Ms.__________________________________ (name of the Life Insured) hereby give my consent to Max Life Insurance Co. Ltd., and/or its representative to obtain all employment / Medical / Govt. / Pvt. Hospital records / other records (including photocopies) / information necessary to process the claim..

Yours Faithfully,

Signature / Left thumb impression of Claimant

____

Name Of Claimant ____________________________________

Date: ☐☐☐☐☐☐☐☐ Place: _________________

Signature of Witness /Declarant

____

Name & address_____________________________

Mob. No.____________________________________