



# INDIAN CANCER SOCIETY

74, Jerbai Wadia Road, Bhoiwada, Parel, Mumbai 400 012

Tel No.: + 91 22 24139445

+ 91 22 24139542

Fighting Cancer since 1951

## MEMBERSHIP – CUM – INSURANCE APPLICATION FORM (Individual)

The Hon. Secretary & Managing Trustee

Sir,

Please enroll me as a Member of the Indian Cancer Society as indicated in the box below. I wish to avail of the benefit of Membership including your Cancer Insurance Policy.

Sr. No.	Category	Please tick	Sum Assured	Membership Fee	Premium	Service Tax	Total
a.	Well Wisher Member	<input type="checkbox"/>	2 Lakhs	200/- p.a.	800 /- p.a.	99/- p.a.	1099/-
		<input type="checkbox"/>	50,000/-	200/- p.a.	200/- p.a.	25/- p.a.	425/-
b.	Individual Ordinary Member (Non Voting)	<input type="checkbox"/>	2 Lakhs	1,000/- p.a.	800/- p.a.	99/- p.a.	1899/-
		<input type="checkbox"/>	50,000/-	1,000/- p.a.	200/- p.a.	25/- p.a.	1225/-
c.	Individual Life Member (Voting)	<input type="checkbox"/>	2 Lakhs	50,000/- (for 10 years)	800/- p.a.	99/- p.a.	50,899/-
		<input type="checkbox"/>	50,000/-	50,000/- (for 10 years)	200/- p.a.	25/- p.a.	50,225/-
<b>Add on Insurance for Children</b>							
i)	One Child	<input type="checkbox"/>	50,000/-	-	100/- p.a.	12/- p.a.	112/-
ii)	Two children	<input type="checkbox"/>	50,000/- each	-	200/- p.a.	25/- p.a.	225/-

I agree to abide by the rules and regulations governing the membership and the Insurance Scheme currently in force and as may be amended from time to time.

I enclose cheque/Cash/D.D. for Rs. \_\_\_\_\_ (In words: \_\_\_\_\_) being the amount due for type of membership indicated above.

(Cheque to be drawn in the favour of **Indian Cancer Society**).

**Cheque No:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_ **Bank:** \_\_\_\_\_

I enclose the proposal form (in duplicate), for the Cancer Insurance Policy duly completed.



Fighting Cancer Since 1951

## Applicant Details

1. **Name** : \_\_\_\_\_
2. **Address** : \_\_\_\_\_  
: \_\_\_\_\_
3. **Gender**             M     F    4. **Date of Birth**    \_\_\_/\_\_\_/\_\_\_ (DD/MM/YY)
5. **Email** : \_\_\_\_\_
6. **Telephone** : \_\_\_\_\_    7. **Mobile** : \_\_\_\_\_
8. **Occupation** : \_\_\_\_\_
9. **Area of Interest** : \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

---

### TERMS AND CONDITIONS FOR ISSUING THE INSURANCE POLICY

- 1) The age of applicant should be less than 70 years.
- 2) None of the insured should be suffering from any type of Cancer as per the Insurance rules.
- 3) The age of children should be between 1 year to 20 years.
- 4) The Insurance Policy is valid for one year and must be renewed every year through ICS on payment of the premium and service tax.
- 5) The Insurance Policy will be issued by New India Assurance Co. Ltd., after the receipt of completed proposal forms.
- 6) The Insurance policy is subject to the detailed policy wordings issued by New Indian Assurance Co. Ltd. the insured for the purposes of this policy include the insured himself/herself and his/her spouse. If any one of the said person first contracts cancer, the benefits of this policy shall be extendable to such person only and shall therefrom forthwith cease to be applicable to the other person. Members spouse can be covered without additional premium. However, only one will be entitled to claim the sum.

---

#### For Office Use Only:

<b>Membership No.</b> : _____	<b>Date of Enrollment</b> : _____
-------------------------------	-----------------------------------