

# Health Insurance

## Step 1 : Select Insurance under the Services tab

MSD Name: MOBI SAFAR, MSD Mob: 1615015050 | AN Name: AJITESH KUMAR, AN Mob: 9779700887

Channel Partner's Partner's Wallet Services Register Complaint Reports

NEWS

- LIC premium collection is available now in new BBPS option.

[SBI Chalan Cash Deposit](#)  
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 AEPS/MICRO ATM ▶  
 TRAVEL ▶  
 CASH COLLECTION ▶  
 INSURANCE ▶  
 PAN CARD ▶  
 RECHARGE & BILLPAY ▶  
 LOAN ▶

NEW KYC WHEELER INSURANCE  
 ADITYA GIRLA HEALTH INSURANCE  
 NEW HEALTH & LIFE INSURANCE

TRNS. VALUE CHARGES  
 100-5000 1% (MIN. ₹10)

TRNS. VALUE COMMISSION\*  
 100-2000 40%  
 2001-5000 46%

ONLINE ADDITIONAL COMMISSION 0.05% IN E-COLLECT

NON KYC MONTHLY LIMIT ₹ 2,00,000

TRNS. VALUE  
 1 000  
 2 000  
 3 000  
 4 000  
 5 000

FESTIVAL OFFER  
 6  
 16.2

<https://agent.mobisafar.com/MOBISAFAR/MainApps/Services/Insurance/MobilnsPost.aspx?INSTYPE=NEW>

## Step 2 : Go to Health & Life Insurance

MSD Name: MOBI SAFAR, MSD Mob: 1615015050 | AM Name: AJITESH KUMAR, AM Mob: 9779700887

Channel Partner's Partner's Wallet Services Register Complaint Reports

MONEY TRANSFER  
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IMPS for CENTRAL BANK OF INDIA - CBI, is down as per NPCI. Kindly

NEW 2 WHEELER INSURANCE  
ADITYA BIRLA HEALTH INSURANCE  
HEALTH & LIFE INSURANCE

TRNS. VALUE	CHARGES
100-5000	1% (MIN. ₹10)

TRNS. VALUE	COMMISSION*
100-2000	40%
2001-5000	46%

ONLINE ADDITIONAL COMMISSION 0.05% IN E-COLLECT

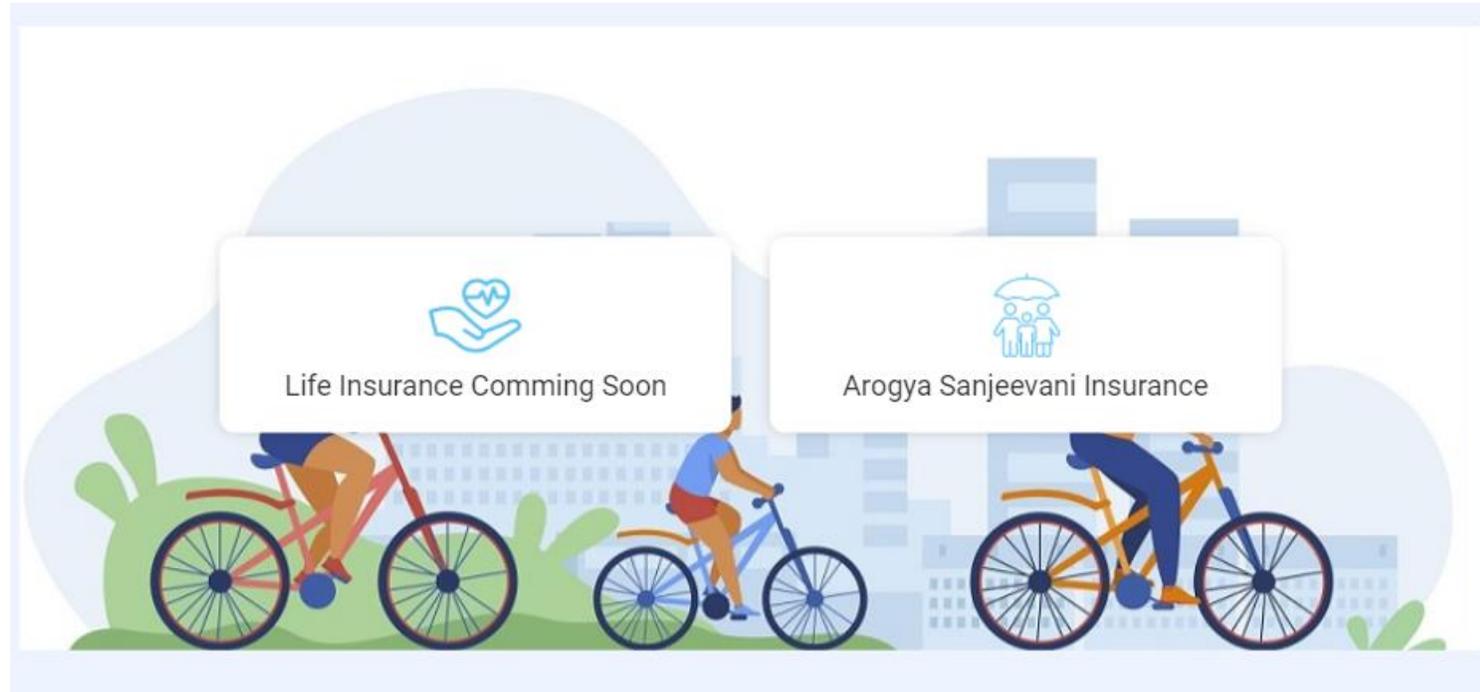
NON KYC MONTHLY LIMIT ₹40,000

POINT  
Festi  
OFFICIAL  
ER

1 000 N  
2 000  
3 000  
4 000 6  
5 000 MORE 12  
16.2

https://agent.mobisafar.com/MOBISAFAR/MainApps/Services/Insurance/MobisPost.aspx?INSTYPE=NEW

Step 3 : A separate page will open, click on “Arogya Sanjeevani Insurance”



## Step 4 : Enter Customer details like Name, Mobile Number Gender and Press Next.

1 2 3 4  
PERSONAL DETAILS SELECT MEMBERS SELECT LOCATION QUESTIONS

Arogya Sanjeevani

Caringly yours

BAJAJ | Allianz

I am a

Male  Female

Proposer name is

Karan Tandon

My number is

9958539270

Next



Mobisafar®  
Making India Digital

Caringly yours

BAJAJ | Allianz

INSURANCE COVER KE SAATH  
APKO MILE TAX BENEFITS BHI

COVERS  
COVID-19  
RELATED  
CLAIMS

AROGYA SANJEEVANI POLICY

\* T&C Apply

## Step 5 : Select members to be insured, Enter Date of Birth of Insurer and other Members. Press Next

Tell us who would you  
Like to Insure

 Me	 Me + My Wife	 Me + My Wife & 1 kid	 Me + My Wife & 2 kids
 Me + My Wife & 3 kids	 Me + 1 kid	 Me + 2 kids	 Me + 3 kids

Me Dob  
19-09-2002 

Me Relation  
SELF 

Spouse Dob  
19-09-2002 

Spouse Relation  
SPOUSE 

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INSURANCE COVER KE SAATH  
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COVERS COVID-19  
RELATED CLAIMS

**AROGYA SANJEEVANI POLICY**

\* T&C Apply

## Step 6 : Enter City Name and Amount of Insurance.

City Living in

Select Sum Insured

Previous

Next



The advertisement features the Mobisafar logo and the tagline 'Caringly yours' with the BAJAJ Allianz logo. It depicts a family of four (father, mother, and two children) standing under a green umbrella with a white cross, symbolizing medical protection. The text reads 'ADVANCE MEDICAL PROCEDURES ME BHI DE AAPKA SAATH' and 'AROGYA SANJEEVANI POLICY'. A circular badge in the bottom right corner states 'COVERS COVID-19 RELATED CLAIMS'.

## Step 7 : Please select Yes/No about your health History and select View Plan

Has any of the persons to be insured suffer from/or investigated for any of the following? Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV, If yes, indicate in the table given below

Yes  No

Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past and have been taking treatment/ hospitalization?

Yes  No

Previous

View Plan



The advertisement features the Mobisafar logo at the top left and the slogan 'Caringly yours' with the BAJAJ Allianz logo at the top right. The central illustration shows a family of four (a man, a woman, and two children) standing under a green umbrella with a white cross, symbolizing health and protection. The text below the illustration reads 'INSURANCE COVER KE SAATH APKO MILE TAX BENEFITS BHI'. At the bottom, it says 'AROGYA SANJEEVANI POLICY' and 'COVERS COVID-19 RELATED CLAIMS'. A small note at the bottom right states '\* T&C Apply'.

## Step 8 : Select View Features to view details of Insurance

  
Edit Members

Showing plans based on your filters


Arogya Sanjeevani - Gold

[View Features](#) [Buy](#)

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Cover ₹500000      Tenure 1 Year      Premium ₹11234

Filter 

Product : Arogya Sanjeevani 

Cover : ₹5 Lac 

Tenure : 1 Year 

## Step 9 : Features of Arogya Sanjeevani

Key Features

Brochures

Policy Wording

Cashless Hospitals



### Hospital Room Eligibility

Room Rent allowed is 2% of SI or Rs. 5000/day whichever is less; ICU charges upto 5% or Rs 10000/day which ever is less



### Bonus on No Claim

5% increase in sum insured every year max 50% (reduction of 5% in cumulative bonus in case if claim is taken



### Restoration of Cover

Restoration of SI is not covered



### Share Claim Payments

Mandatory 5% Co-pay



### Health Checkups

Health checkup not available



### Maternity

This plan doesn't provide coverage for maternity & related claims



### Existing Illness waiting period

4 years waiting period for Pre existing diseases



### Eye & Dental Covers

Dental treatment covered in case of disease or accident

## Step 10 : Please enter details for which Insurance needs to be done and press Next

### Insured Members

SELF (32 YEARS)

Salutation	Mr.	Full Name	Karan Tanodn
Date of birth	25-11-1988	Height	5 feet 5 inch
Weight (in KG)	74	Occupation	ANY OTHER

SPOUSE (33 YEARS)

Salutation	Mrs.	Full Name	ABC
Date of birth	30-03-1988	Height	5 feet 3 inch
Weight (in KG)	06	Occupation	ANY OTHER

Next

## Step 11 : Enter Nominee Name and select Relation, Press Next

Insured Members

Nominee Details

NOMINEE DETAILS

Previous Next

Communication Details

Declaration

## Step 12 : Enter Communication details and Press Next

Communication Details

COMMUNICATION DETAILS

Email Address	ABC@gmail.com	Mobile Number	9958539270
Address1	Dholewal	Address2	Dholewal
Address3	Amritsar	Pincode	143001
State Name	PUNJAB		

Previous Next

## Step 13 : Read the Declaration, Tick mark terms and condition Press Process to confirm

### Declaration

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory Authority.

I agree to the Terms and Conditions

Previous

Proceed to Confirm



**Step 14 : Amount will be deducted from Wallet and policy will be created**

THANK YOU

