

Form for earning Fitness Reward Points

(The issuance of this Form is not to be taken as admission of liability)

Toll Free No. 1800 266 3202

Please fill a single form for all the Fitness activities undertaken in one policy year by an insured person to earn Fitness Reward Points. Please fill separate forms for each insured person wishing to earn these Fitness Reward Points

POLICY DETAILS:

Policyholder's Name:

Policyholder's Customer ID: Policy Number:

(if available)

Policy Start Date: Policy End Date:

INSURED PERSON'S DETAILS:

Name:

Date of Birth: Gender: Male Female

Relationship with Policyholder:

Occupation: Service Self employed Homemaker Student Others (please specify)

Contact No:

E-mail ID:

Address:

DETAILS OF THE BILLS:

Please attach original bills. Please also attach copy of Certificate of Completion for fitness activity / event, wherever applicable.

Activity	Bill No.	Bill Date
Availing our Health Check- up Benefit		
Participation and completion of marathon run (at least 10 Km)		
Gym / Yoga / Zumba / Dancing or any other fitness centres' membership for at least one year		
Participation and completion of any other professional sport event		
Participation in any health programme sponsored by us		

DECLARATION:

I hereby declare that the information as furnished above is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppressed or concealed of any material fact with respect to questions asked in relation to this claim, my right to claim shall be forfeited. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim for Fitness Reward Points in the same policy year for the same insured person.

I understand and agree that the receipt of this Claim Form and related documents does not constitute Magma HDI's admission of liability and that the Company and/or its TPA reserve the rights to require further/additional information in respect to the claim.

Date:

Place:

Signature

Please send this duly filled and signed claim form to our TPA at below address:

Family Health Plan Insurance TPA Limited

Srinilaya - cyber spazio suite, 101, 102, Ground Floor, Road No. 2, Banjara Hills, Hyderabad, Telangana 500034