

Application Form

Package Name

(Please use capital letters)

F A M I L Y H E A L T H 3 6 0

Package Benefits		Age Eligibility
	24*7 Unlimited doctor consultations in 14+ languages	18 years onwards
	12 Preventive blood checkups*	Members Applicable
	INR 15000 pharmacy benefits (INR 500 X 30 vouchers)	4
	15 OPD vouchers at DocOnline' s partner hospitals	Policy Tenure
	Unlimited Dietician support	3 Years
	6 Dental vouchers	Membership fee
		INR 29,500 for 3 years
To avail DocOnline services, kindly call 8822 126 126 any day (9AM - 9PM). 24X7 doctor consultation services are available on DocOnline Mobile App.		
*Tests Include: Thyroid Function, Liver Profile, Lipid Profile, Renal Profile, Iron Deficiency, Diabetic Screening, Complete Hemogram		

Customer declaration for Family Health 360 Membership

I am fully aware that the Family Health 360 wellness pack is being made available to me by SMFG India Home Finance Company Limited (SMFG Grihashakti) completely on voluntary basis. I am fully aware of the Product Charges and any applicable fees. I hereby declare that I have understood the benefits of the DocOnline health services as well as the terms and conditions given in the DocOnline Website (www.doconline.com/smfggrihashakti/) before subscribing to DocOnline services. I further understand that the Family Health 360 is being offered to me by DocOnline, and SMFG Grihashakti shall not be responsible in any way about the services provided. I hereby authorize SMFG Grihashakti to deduct appropriate Family Health 360 membership charges from the loan amount and pay the amount to DocOnline. I also authorize SMFG Grihashakti to disclose, from time to time, any information relating to my Loan account to DocOnline as SMFG Grihashakti may deem fit. I hereby agree that if for any reason whatsoever if the required charges are not deducted/recovered and paid by SMFG Grihashakti to DocOnline, no liability will be attached to SMFG Grihashakti, and the wellness pack shall not be provided to me till such payment is made to DocOnline. In the event of cancellation of the DocOnline services within the free-look period (of 30 days from the membership start date) mentioned by DocOnline, the fee amount deducted shall be refunded on request/maturity of the loan (whichever is earlier) after adjusting all amounts and charges due by me/us under the SMFG Grihashakti Loan Agreement.

- DocOnline Health India Private Limited is engage in the business of providing primary healthcare at your doorstep with inter-alia video/phone doctor consultation, health check-ups, medicine delivery etc. and appointment for specialist consultation. ("DocOnline Services")
- The DocOnline Services may be availed through telephone by reaching our customer care number, DocOnline mobile application or DocOnline's website (www.doconline.com/smfggrihashakti/).
- DocOnline Services are exclusively valid only for subscribers residing in India and the complimentary insurance benefits are available for members aged between 18-65 years at the time of subscribing to DocOnline services and bound by the laws of India.
- DocOnline Services are not intended to be used in emergency circumstances. If you believe there is an emergency or that someone needs immediate medical assistance, kindly visit a nearby hospital for assistance.
- DocOnline is not an insurance company or insurance broker or insurance agent or a Third-Party Administrator (TPA). **SERVICES OFFERED BY THE COMPANY ARE NOT INSURANCE POLICIES.**

6. The free-look period of DocOnline services is of 30 days from the membership start date. No cancellation shall be carried out if a valid request is not made by the member within 30 days of receipt of DocOnline Family Health 360 welcome pack. For detailed terms and conditions, please refer to www.doconline.com/smfggrihashakti/
7. As part of the registration process as well as during the course of providing the DocOnline Service to the member, the member may receive SMS or email or WhatsApp messages from DocOnline or its third-party service provider/platform on their registered mobile number and/or email ID. These messages will relate to a new/renewal membership/package purchased on DocOnline platform, appointments, reminders to use the member's health benefit, new product offers, educational content, status updates and/or transactions that the member carries out through DocOnline. The member hereby consents to receiving such messages from DocOnline and any third-party service providers/platforms. DocOnline will send these messages only to the registered mobile number or email ID or WhatsApp number. It is the member's responsibility to ensure that they provide the correct phone number and email ID for the transaction they wish to enter.

List of family members to be covered under this Wellness / Preventive Health services from DocOnline are as follows:

Sl. No.	Name	DoB	Age	Relationship	Nominee Name (Adult)	DoB	Relationship
1	Applicant	DD/MM/YY			Co-Applicant	DD/MM/YY	
2	Co-Applicant	DD/MM/YY			Applicant	DD/MM/YY	
3	Beneficiary	DD/MM/YY				DD/MM/YY	
4	Beneficiary	DD/MM/YY				DD/MM/YY	

In case the nominee is minor (below 18 years of age) Please fill the appointee details

Sl. No.	Nominee Name	DoB	Is Nominee Minor	Appointee Name (Adult)	DoB	Relationship
1		DD/MM/YY			DD/MM/YY	

☐ I have applied and given my consent to avail the health services from DocOnline. **I am aware that this facility is optional for the purpose of loan application.** I understand and accept the terms and conditions above and confirm that all information provided by me in this application is correct and is not false or misleading.

Signature: _____

Name of Applicant: _____

Mobile: _____

Email: _____

Place: _____ Date: _____