

2. Details of Life to be Assured

Full Name: (Leave a blank space between First, Middle & Last Name) Mr. Mrs. Ms. Dr. Other entities

F I R S T M I D D L E L A S T

Maiden Name (for married woman only)

Date of Birth				Gender			Marital Status				Nationality	
D	D	M	M	M	F	Tg	Single	Married	Divorced	Widowed	Indian	Non Indian
Y	Y	Y	Y									

Education Post Graduate Graduate 12th 10th Illiterate Others *Please specify*

Resident Status Resident NRI PIO OCI *If NRI/PIO/OCI - Country of Residence* *Permanent Country*

If you are NRI/PIO/OCI, please attach appropriate Questionnaire. *If NRI/PIO/OCI - Country of Workplace*

Present Occupation Agriculture Daily Wager Housewife Retired[^] Salaried Self Employed/Business Unemployed Student *please specify course name & year of study* *Others* *Please specify* [^]*please provide name of last organization*

Gross Yearly Income (INR)

Work-place Name and Address

Industry Type (cement, baking, etc.) **Exact Nature of work (clerical, mechanical, supervisory job, etc.)** **Nature of Occupation (architect, etc.)**

Do you have any history of conviction / acquittal under any criminal proceedings in India or abroad? Yes No

If Life to be Assured is a student/housewife, please provide insurance details regarding parents/husband/siblings.
(Please attach a separate sheet for multiple policies if required.)

Total Sum Assured of all inforce life insurance policies	Policy No. and Name of Company	Husband's / Parent's Occupation / Income
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3. Personal Details of Life to be Assured

1 a) Height Cms (or) Ft/Inches

b) Weight Kgs

c) Do you currently consume or have consumed in past any of the following:

Substance Consumed	Yes/No	Consumed as	Quantity	No of Years	Date of quitting
Tobacco	Y/N	Cigar/Cigarette/Bidi/Chewing Tobacco	per day		
Alcohol	Y/N	Beer/Wine/Spirit/Others	per week		
Any Narcotics	Y/N				

Yes **No**

2 Lifestyle Details of Life to be Assured

a) Do you take part in any hobbies / activities that could be considered dangerous in any way or is your occupation or business, associated with any hazard (e.g. hobbies -aviation (other than as a fare-paying passenger), mountaineering, deep sea diving or any form of racing or Occupation -exposure to chemical substances / hazardous materials / harmful dust or gases / explosives / working at heights / handling heavy machinery, etc.) Yes No

b) Have you resided overseas for more than 6 months continuously during the last five years, or do you intend to travel overseas in the next six months? (if Yes, please provide name of country & duration for past & future travel) Yes No

3 Health Details of Life to be Assured

- a) Do you have any physical disability which is affecting your day to day activities?
- b) Are you currently suffering from any illness, impairment, or taking any medication or pills or drugs?
- c) Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test?
- d) Do you have / had any recurrent medical condition or physical disability or deformity or illness or injury that has kept you from working for more than one week in the last 5 years?
- e) During the last five years, have you undergone or been recommended to undergo: Hospitalisation Operation X ray or any other investigation (excluding check-ups for employment/insurance/foreign visit)
- f) Have you ever suffered or been diagnosed or been treated for any of the following conditions? (If 'Yes', please encircle the ailment / disease)
- i. Diabetes or High blood pressure or any Heart related diseases or any Blood disorder or Tuberculosis or any Respiratory disorders
 - ii. Cancer or Tumour
 - iii. Liver disorder or Kidney disorder or any disorder of the Digestive system (stomach, pancreas, gall bladder, intestine) or any Abnormality of thyroid
 - iv. Epilepsy, Arthritis or Back problem or Stroke or Paralysis or Multiple Sclerosis or Depression or Psychiatric disorder or any Nervous disorder or mental condition or any recurrent medical condition / disability (including eye / ear disorder)
 - v. Dengue or Swine Flu or Encephalitis

4 Family details of Life to be Assured

Are any of your family members suffering from / have suffered from / have died of Heart Disease or High Blood Pressure or Stroke or Diabetes or Kidney disease or Cancer or HIV/AIDS? If yes, provide details below.

5 To be answered by the female life to be assured

- a) Do you have a history of past Abortion, Miscarriage, Caesarian section or complications during pregnancy? Or have you given birth to a child with any congenital disorder like Down syndrome? (If yes, Pl complete Special Woman Plan Questionnaire)
- b) Have you ever had any disease of uterus, cervix, or ovaries? Or have you ever undergone hysterectomy?
- c) Are you presently pregnant? If "Yes" how may weeks _____ (Kindly attach the Pregnancy Questionnaire)

If your answer to any of the question from Q.No.1c to 5 is Yes, please provide details below

Question number	Details if marked 'Yes'
	For Q.No.1c to 4: Please provide details such as nature of illness/Accident, Date of Diagnosis / Event, Name of Doctor, Details of investigations Done, whether under medical and fully recovered or not For Q.No.5, provide details on Relation to the life to be assured, disease, age of diagnosis, alive/deceased and current age or age at death.

4. Previous Policy Details

- 1** Have you submitted any simultaneous applications for life insurance at any of our offices or to another life insurance company, which is still pending OR are you likely to revive lapsed policies? Yes No

Name of the company/ies	Sum Assured payable on death (INR)	Types of products	Purpose of cover	Proposed	To be revived

- 2** Please provide the details of any existing insurance cover of premium paying and/or paid up policies accepted at standard rate excluding group term insurance plan taken by your employer. (Also provide the details of any such proposals on your life / application for instatement ever accepted with extra premium, accepted on other special terms, postponed, declined or withdrawn by self)

Policy / Proposal No.	Company Name	Year of Issue / Application	Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision	Medical Policy	Inforce / Lapsed*

*Mention Year of Lapse / Revival applied for

- 3** Name of your family doctor: _____
 Address: _____
 Contact No: _____

Declaration of Insured Member

I/We understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. Subject to Section 45 of the Insurance Act 1938 as amended from time to time, if any untrue statements are contained herein or there has been any non disclosure of any material fact, the policy to be issued by the insurer in the name of the policyholder may be treated as void as far as I/We am/are concerned.

I/We confirm that I/We have read and understood, the rules and any additional rules of the plan, the standard policy provisions and any additional provisions that govern the policy to be issued by insurer in the name of the policyholder and on my/our life, and I/We agree and confirm that the same shall be binding on me/us. I/We authorise the policyholder to disclose to the insurer such particulars as they may require including the details given above and any changes to the same, pay the premium payable on my/our behalf /collected from me/us to the insurer. I/We understand that any statutory levy or charges including any indirect tax may be charged to me/us either now or in future by the insurer and I/We agree to pay the same. I/We understand that HDFC Life Insurance Company Limited (HDFC Life) has the right to reject a proposal without giving reasons thereto and confirm to give an undertaking that I/We shall not raise any claims thereof. I/We understand the significance of the contract and that the contract will be governed by the provisions of the Insurance Act 1938 as amended from time to time and that the same will not commence until written acceptance of this application issued by the insurer on its normal terms and conditions is received.

I/We further agree that if after the date of submission of the proposal but before the issuance of Policy (i) there is an adverse change in my/our occupation, financial condition, health condition, which will affect the decision of the Company in underwriting risk or (ii) if the proposal for assurance or an application for revival of the policy made to any insurer on my/our life or the Life to be assured is withdrawn or dropped, deferred, declined or accepted on terms other than as proposed, I/We shall forthwith intimate the same to the company in writing and failure to do so shall lead to a decision as per the applicable terms and conditions of the policy.

I/We hereby declare that the content of the form and document has been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

PAYMENT AUTHORISATION

I/We do hereby declare that I/We have received a loan from M/s _____ (“Master Policyholder”). In order to secure the said loan I/We have taken the above referenced policy from HDFC Life Insurance Company Limited (“HDFC Life”). In consideration of receiving the said loan I/We hereby authorize HDFC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Signature of Witness	Signature/Thumb impression of life to be assure					
Occupation_____						
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><i>Date</i></td> <td style="width: 50%;"><i>Place</i></td> </tr> <tr> <td>Mobile</td> <td></td> </tr> </table>	<i>Date</i>	<i>Place</i>	Mobile		
<i>Date</i>	<i>Place</i>					
Mobile						
PLEASE DO NOT SIGN BLANK PROPOSAL FORM						

Declaration made by Declarant where Member has:

a) affixed his/her thumb impression; OR b) signed in vernacular; OR c) not filled the application

“I hereby declare that I have fully explained the above questions and contents of the Member Enrollment Form to the Member in _____ language, and I have truthfully recorded the answers given by the Member and that the Member has affixed the thumb impression above after fully understanding the contents thereof.”

Signature of the Declarant _____
Name of the Declarant _____

Address of the Declarant _____
Occupation of the Declarant _____

Signature of the Witness _____
Name of the Witness _____

Address of the Witness _____
Occupation of the Witness _____

“I/We certify that the contents of the form and documents have been fully explained to me by Mr. / Mrs.: _____ and I/We have understood the significance of the proposed contract.

Signature/Thumb impression of Member _____

Name of the Declarant _____
Designation of Declarant _____
Occupation of Declarant _____

Declaration made by Legal Guardian if any of the Member is a minor: I/We hereby declare that the content of the form and document filled up by the Member is accurate and true to my/our knowledge.

Signature / Thumb Impression of the
Legal Guardian (if Member is a Minor)