



URN: 101 / November19/Group Health Shield DOGH/ V03

**Declaration & Authorization:-**

- I hereby declare that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge.
- 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 HDFC Life Insurance Company Limited (“Company”) and that the policy will come into force only after full receipt payment of the premium chargeable.
- I understand that all information provided in this proposal form and any attachments are material to the insurer’s decision to provide this insurance, and that insurance will be provided, at the insurer’s sole discretion, in reliance upon the truth of such information
- I further declare that I will notify in writing any change occurring in the occupation or general health of my life after the proposal has been submitted but before communication of the risk acceptance by the Company.
- I declare and I consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended me or from any past or present employer concerning anything which affects my physical or mental health and seeking information from any insurance company to which an application for insurance has been made for the purpose of underwriting the proposal and/or claim settlement.
- I further consent and authorize the Company or any of its authorized representatives to seek medical information from any doctor/hospital/consultant/insurer that I have attended or may attend in future concerning any disease or illness or injury in respect to a particular claim.
- I authorize the Company to share information pertaining to my proposal including my medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures/regulations.
- I have voluntarily given my consent to collect, process, receive, possess, store, deal or handle my sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], with/ from third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the Policy.
- I hereby also declare that I have read and understood the products as described in the sales literature and the sales illustration. I have read the entire text, features, disclosures, exclusions, terms and conditions while applying for insurance.
- I understand that any false declaration or misrepresentation may be liable for rejection of the proposal form or the contract of insurance shall be treated null & void from inception of the contract. Fraud, misrepresentation/ misstatement, or suppression of material fact would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

Signature / Thumb Impression of the Member

Name & Address \_\_\_\_\_

Occupation \_\_\_\_\_ Date & Place: \_\_\_\_\_

**Declaration to be made by a 3rd person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR c) The Member has not filled the application.**

I hereby declare that I have explained the contents of this application form to the Member in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.

Signature of the Declarant \_\_\_\_\_ Address of the Declarant \_\_\_\_\_  
 Name of the Declarant \_\_\_\_\_ Occupation of the Declarant \_\_\_\_\_ Date & Place \_\_\_\_\_

Signature of the Witness\* \_\_\_\_\_ Address of the Witness \_\_\_\_\_  
 Name of the Witness \_\_\_\_\_ Occupation of the Witness \_\_\_\_\_ Date & Place \_\_\_\_\_

\* Witness Signature, Address and Occupation is required along with signature of Member

**Declaration made by Member:** I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/ Thumb expression of the Member

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

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

**Note: PLEASE DO NOT SIGN BLANK ENROLLMENT FORM**