HDFC Life
Sar utha ke jiyo!

RRF10003011109

Revival / Reinstatement Request Form

For Official Use Only
Branch Name:
Receipt Date & Time:
Received by:
Interaction ID:

Branch Stamp

Policy Number: _____ Email ID *: _____

Policyholder's name: _____ (First Name) _____ (Middle Name) _____ (Last Name) _____

Contact No*: (STD Code) _____ / (STD Code) _____ / _____ **Mobile number is preferable.**

* Contact details provided herein will be updated for all future communications. For customer registered for UCC, response would be treated as valid discharge

A. Reason for delayed payment: _____

_____

_____

B.

	Yes	No
1. Between the date of the proposal and this declaration, has there been any change in the health of the Life Assured?		
2. Has any proposal been made on the Life Assured for a life insurance policy with HDFC Life during the period between the first unpaid premium till the date of this application?		
3. Has any proposal been made on the Life Assured for any Life Insurance policy with any other life insurance company other than HDFC Life during the period between the first unpaid premium till the date of this application?		

If the answer to any of the above is 'Yes', please provide details:

I/We declare that all the information given by me/us in this application is true and I/We have not withheld any material fact within my/our knowledge. I/ We understand that in case the company so desires, I/We may be required to submit further documents / undergo further medical tests, for the reinstatement to be considered. In such cases, the request form may be deemed to be null and void and fresh reinstatement terms will be communicated by the company to me/us.

I/We wish to reinstate my/our policy as per the terms and conditions mentioned in my/our Revival/ Reinstatement request form. I/We have paid the outstanding amount along with this request form.

I/We would like to continue paying my/our future renewal premiums by Direct Debit through _____ Name of the Bank _____

for which I/ We have already submitted a mandate in the past.

Bank A/C no (from where the premium will be debited: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*A fresh mandate is required if you wish to opt for a Standing Instruction with HDFC Bank.

Policy Holder Signature: _____ Date: _____ Place: _____

*Commencement of risk will begin only after the policy is revived. * No interest will be applicable on the money refunded as a result of the policy not being revived/ reinstated due to any inadvertent delay by the policy holder in complying with the requirements.

Documents Required for Revival/ Reinstatement:

In accordance with the Anti-Money Laundering Guidelines,

1. Payment by cash of up to a maximum of Rs.50, 000/- only can be accepted per policy per day.
2. For policies lapsed/ paid up more than 6 months, kindly submit a Personal Health Statement.
3. For policies lapsed / paid up for more than 1 year, in addition to the requirements mentioned in pt.2, kindly submit a self-attested copy of identity & address proof (if not submitted previously.) Income proof will be required if the outstanding premium is more than ₹1 lac.

Declaration to be made by a third person where:

The life assured has affixed his/her thumb impression / has signed in vernacular / has not filled the application. I hereby declare that I have explained the contents of this application form to the life to be assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence.

Declarant Name: _____ Signature: _____ Date: _____ Place: _____

Declarant Address: _____

Customer Acknowledgement Copy (Revival Request form)

Policy No: _____ Interaction ID No: _____ Policyholder name: _____

Documents accepted: ☐ (specify): _____

Branch Operations Officer:

Branch Stamp

Date: Time: