



Policy Number :

Policy Name :

Employee Information :

List of employees to be covered under the above policy :

We confirm that the basis of calculating the sum assured is

1. Employees working in the office and/or on field and NOT involved in ANY MANUAL WORK.

Sr No	Name of Employee	Identification number of employee	Date of Joining the company (DD/MM/YY)	Date of becoming eligible (DD/MM/YY)	Date of birth (DD/MM/YY)	Sex	Sum Assured Amount (Rs.)	Department	Job Title / Designation	% of time spent in work related travel	Reason for Becoming eligible for joining the scheme
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

II. Please indicate staff involved in any manual work separately, e.g. peons, drivers, security guards, etc.

Sr.No	Name of employee	Identification number of employee	Date of Joining the company (DD/MM/YY)	Date of becoming eligible (DD/MM/YY)	Date of birth (DD/MM/YY)	Sex	Sum Assured Amount (Rs.)	Department	Job Title / Designation	% of time spent in work related travel	Reason for Becoming eligible for joining the scheme

III. Please answer the following questions in respect of the employees joining the scheme:

1 Do any of these employees currently work overseas?

If so please list these employees and the country in which they are working.

Please list any employees who are likely to work overseas in the next year and the location of that work.

2 If a bank or financial institution, please list separately the employees handling cash
 - Within the bank (e.g cashier)
 - Involved in carrying/transferring cash or financial instruments from the bank to other locations.

3 Please list the employees (if any) who travel by helicopters/ privately owned planes.

4 Please list employees whose job involves work with hazardous and heavy machinery or exposure to hazardous chemicals / fumes / gases / acids / explosives / fire / high temperatures / height.

5 In particular please tell us about any employees involved in:
 Extraction or construction, underground or in/under water
 Chemical or other industries involving toxic or explosive substances
 Manufacture of ammunition, explosives or fireworks
 Collective travelling

6 In case the insurance is being taken to cover loans taken by employees, please identify separately any person who has been given loans in exception to the loan policy rules. (E.g. As per the loan policy rules an employee must work five years to qualify for a loan but employee X is given a loan after two years of employment)

We certify that each employee satisfies the actively at work clause which means that "the employee shall not be absent on the grounds of ill health or maternity leave at the time of joining the group insurance scheme or should not have availed any leave on the grounds of ill-health for a continuous period of 15 days or more in the year preceding his/her admission into the group insurance scheme."

Please Note: For mid-joiners where this mid-joiner form has been signed and submitted to HDFCSL within 30 days of the employee becoming eligible to join the scheme, the start date of cover will be the date of becoming eligible to join the scheme. Where the form is not submitted within 30 days from the date of becoming eligible to join the scheme, the start date will be 30 days before the date of signing this form.

We declare that the information provided as regards these members is both true and accurate to the best of our knowledge. We confirm cover for these members are subject to the Rules of this policy.

Signed for and on behalf of the Company / Group

Signed By : _____

Date : _____

Place : _____

 Signature
 (Authorised Signatory)
 (Rubber stamp and Address)
