

MEMBER ENROLLMENT FORM – DOGH

NON-REGULATED ENTITY
[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member. Please do not sign blank Proposal form]

Plan:						Froup Credit Protect Plus	
Option:	☐ Accidental Death benefit				☐ Life Option ☐Extra Life Option		
	☐ Total Permanent Disability benefit *				□Terminal Life Option □ Critical Life Option 1		
	☐ Total and Partial Permanent Disability benefit*				ritical Life Option	1	
	☐ HDFC Life Group Critical Illness Plus Ride	er			ritical Life Option		
*	☐ Additional ☐ Accelerated				☐ Life Disability Option		
*Note that only one of "Total Permanent Disability benefit" and "Total and Partial Permanent Disability benefit" may be chosen							
Sum Assured (INR) Premium (INR) Policy Term (month) $\Box\Box$							
l	m Period (months) □□□ Premium Payment Opti						
	$y \square Quarterly \square Monthly \square Cover Type: Single L$		^Joint Life is	only applicab	le for HDFC Life Gro	up Credit Protect Plus	
Main Bene	Main Benefit:(level / decreasing) Interest Rate: □□%						
Particulars of Member: Mr/Mrs. DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD							
Address: _					Gender: M /F/Tg	() 1.1/ /	
	rs of Secondary/ Joint Life Assured (if any): Mr/I					ge(yrs): dd/mm/yyyy /	
Particular	rs of Legal Guardian (if Member / Joint Life Assured is a min						
	rth/Age(yrs): dd/mm/yyyy / Gender: M /F/Tg						
Nominee	/ Appointee Details:	T = 2=1.1	1 1		1		
	Name	Date of Birth	Gender	Contac	ct No.	Relationship to Member	
Nomine		dd/mm/yyyy			37		
Appoint	ee:	dd/mm/yyyy			Nomi	nee if nominee is below 18 yrs of age	
	·				•		
	ATION OF GOOD HEALTH						
I/We declar	re that I am in a sound state of health.						
I/We hereb	by declare that, as of the date of this declaration, I/V	We do not have any	history of, ha	ve never su	affered from or cu	rrently suffering from medical	
	such as, but not limited to, high blood pressure, che						
	cular disease; diabetes or any other endocrinal disease;						
	disease; any mental or nervous disease; hepatitis o						
	r any other disorder of the bones, spine or muscle; any						
	a cough or cold. I/We have never undergone or expect not received any form of medication for more than 7 c					or disability. In the last 5 years,	
	E Lives: I/We further declare that presently I/We am/a					ortion miscarriage or caesarian	
	e to complications during pregnancy or due to any						
Syndrome,	congenital heart disease, etc and I/We have not ever h	ad any disease of brea	st, uterus, cerv	vix, ovaries	or any other part of	the reproductive system.	
	er declare that, as of the date of this declaration, I/We of				ss, sport or occupat	on of a hazardous nature. I/We	
declare that, I/We do not have any history of conviction under any criminal proceedings in India or abroad.							
	☐ Consent of Primary Life Assured ☐ Consent of Secondary / Joint Life Assured						
Declaration of Insured Member							
	erstand, agree and confirm that these statements	and this declaration	are basis of	f the contra	act between the i	surer 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 con:	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 shal	l lead to a decision as per the applicable terms a	nd conditions of the	policy.				



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I/We hereby declare that the content of the form and doc significance of the proposed contract.	ument has been fully explaine	ed to me/us and I/We have fully understood the				
Signature/Thumb impression of Witness* Sign	nature / Thumb Impression	Signature / Thumb Impression				
Name & Address of the	ne Primary Insured Member	of the Secondary / Joint Insured				
Member Occupation Date	e & Place:	Date & Place:				
* Witness Signature, Address and Occupation is along with signature		Date & Flace.				
Declaration made by Declarant where Member has:						
a) affixed his/her thumb impression; OR b) signed i	n vernacular; OR c) no	t filled the application				
"I hereby declare that I have fully explained the above quest	tions and contents of the Meml	ber Enrollment Form to the Member and the Joint Life				
Assured (if any) and I have truthfully recorded the answers give						
and the Secondary / Joint Life Assured (if any) has affixed the t	numb impression above after ful	ly understanding the contents thereof."				
Signature of the Declarant	Address of the Declar	rant				
Name of the Declarant		Occupation of the Declarant				
a	-					
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 M	fr. / Mrs.: and I/We				
have understood the significance of the proposed contract.						
Signature/Thumb impression of Member	Name of Decl	arant				
Signature / Thumb Impression of the Secondary/ Joint Life Assi						
		Occupation of Declarant				
Declaration made by Legal Guardian if any of the Member o	r Joint Life Assured is a minor	r. I/Wa haraby daglars that the content of the form and				
document filled up by the Member or Joint Life Assured is accu						
	,					
Signature / Thumb	Improcesion of the	Signature / Thumb Impression of the				
Legal Guardian (if N		Signature / Thumb Impression of the l Guardian (if Secondary / Joint Life Assured is a Minor)				
Degai Guardian (ii iv	lemoer is a minor) Lega	Todatalan (it becondary voint bite it issued is a rimor)				