

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Life to be blank Proposal form]

Plan:	☐ HDFC Life Group Term Insurance Plan	☐ HDFC Life Group Credit Protect	☐ HDFC Life Group Credit Protect Plus					
Option:	 □ Accidental Death benefit □ Total Permanent Disability benefit * □ Total and Partial Permanent Disability benefit* □ HDFC Life Group Critical Illness Plus Rider □ Additional □ Accelerated 	N.A.	☐ Life Option ☐ Extra Life Option ☐ Critical Life Option 2 ☐ Critical Life Option 3 ☐ Critical Life Option 4 ☐ 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 (months)								
Moratorium Period (months)								
level / decreasing for decreasing option								
Particulars of Life Assured: Mr/Mrs.								
Date of Birth/Age(yrs): dd/mm/yyyy / Gender: M /F/Tg Loan Account No. Loan Type								
Dute of L								
Dute of I								
			Contact No. Relationship to					
Nomine	Name Da							
	Name Da	te of Birth Gender C	Contact No. Relationship to					



2. Details of Life to be Assure	d								
Full Name: (Leave a blank spa-	Middle & Las	t Name)	Mr.	Mrs.	Ms.	Dr Oth	ner entitie	s	
F I R S T	M I	D D L E			LA	ST			
Maiden Name (for married woman only)									
Date of Birth	Gen	nder		Mai	rital Status			Nationa	lity
D D M M Y Y Y	M	F Tg	Single	Ma	rried Divor	ced Widow	ed Ind	ian	Non Indian
Education Post Graduate	Graduate	12th	10th	Illiterate	e	Others Ple	ase specify		
Resident Status Reside	nt NRI	PIO	OCI If N	RI/PIO/C	OCI - Country oj	f Residence	Perman	ent Count	try
If you are NRVPIO/OCI, please attach	appropriate Question	nnaire.	If N	RI/PIO/C	OCI - Country o	f Workplace			
Present Occupation Agricu	lture Daily W	Vager Hous	ewife Ret	ired^	Salaried Se	elf Employed/	Business	Unemple	oyed
Student please specify course	e name & year of s	study	Others	Please s	pecify	^ple	as e pro vide na	me of last o	o rganis atio n
			- Gross Yo	early Inc	come (INR)				
Work-place Name and Address	SS								
Industry Type (cement, baking,	etc.) Exact Natu	re of work (cl	erical, mechani	cal, supe	rvisory job, etc.) Nature of	Occupation	(architect	, etc.)
Do you have any history of co	nviction / acquit	tal under any	criminal proc	eedings	in India or al	oroad?	Yes		No
If Life to be Assured is a stude	ent/housewife, pl	lease provide	insurance det	ails reg	arding parents	s/husband/sib	lings.	_	
(Please attach a separate she	eet for multiple po	olicies if requir	red.)						
Total Sum Assured of a	ll inforce life	Policy N	olicy No. and Name of Company Husband's / Pare						
insurance poli	cies					Оссир	oation / Incor	ne	
3. Personal Details of Life to	be Assured								
1 a) Height Cms (c	or) Ft/I	Inches c) Do	you currently	consur	ne or have cor	sumed in pa	st any of the	followin	ıg:
			tance Consume				Quantity	No of	Date of
								Years	quitting
b) Weight Kgs		Toba	cco	Y/N	Cig ar/Cig arette/Bi	di/Chewing Tobaco	per day		
		Alcol	hol	Y/N	Beer/Wine/Spirit/C	thers	per week		
		Any	Narcotics	Y/N					
								Yes	No
2 Lifestyle Details of Life to	be Assured							_	
a) Do you take part in any l				_		•			
business, associated with a sea diving or any form of r						_			
gases / explosives / working				ostanees	/ Hazardous H	indicinals / Hari	inui dust of		
b) Have you resided overseas	for more than 6	6 months cont	inuously durin	g the las	st five years, o	or do you inte	end to travel		
overseas in the next six mon	ths? (if Yes, plea	ase provide nar	ne of country &	duratio	on for past & fu	iture travel)			



3	Health Details of I	ife to be Ass	sured								
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 at from working for mo	-			sical dis	ability or deform	ity or illness or i	njury that has ke	ept you		
e)	During the last five X ray or any other is	•	_			_	-	on \square Operat	ion 🗆		
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 any Abnormality of	Kidney disor	der or any diso	rder of th	e Digest	ive system (stom	nach, pancreas, ga	all bladder, intest	ine) or		
	iv. Epilepsy, Arthrit or any Nervous diso	_			-	-	-	-			
	v. Dengue or Swine	Flu or Enceph	nalitis								
	Family details of L Are any of your far or Stroke or Diabete	nily members s or Kidney d	suffering from lisease or Cance	er or HIV				or High Blood P	ressure		
	To be answered by										
	Do you have a histogiven birth to a child	with any cor	ngenital disorde	r like Do	wn synd	rome? (If yes, Plco	mplete Special Wor	n an Plan Questionn	-		
	Have you ever had a	-				-		-			
c)	Are you presently p							Que s tio nnaire)			
	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. E to 4: P lease 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									
1 E	Previous Policy Deta	vila .									
1	Have you submitte		aneous annlica	tions for	life insi	rance at any of	our offices or to	another life in	surance	Vac. No.	
1	company, which is s	-					our offices of to	another me m	surance	Yes No	
	Name of the compa	any/ies Sur	n Assured pay	able on	Type	es of products	Purpose of	Proposed	Tob	e revived	
	•		death (INR	.)		•	cover	1			
_	D1 11 1								1 1	:	
2	Please provide the d group term insurance	•	_					-		_	
	instatement ever acc	-			-				-	•	
	Policy /	Compan	y Name	Year of	Issue /	Basic Sum	Annual	Base Plan /	Medical	Inforce /	
	Proposal No.			Appli	cation	Assured (INR)	Premium (INR)	Rider Decision	Policy	Lapsed*	
							•	*Mention Yearo	f Laps e / R e v iv	al applie d fo r	l
3	Name of your family	doctor:						*Mention Yearo	f Laps e / R ev iv	al applied for	ļ I
3	Name of your family	doctor:						*Mention Year o	f Laps e / R eviv	al applied fo r	l
3		doctor:					Contact No		f Laps e / R e viv	al applied for	



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.

Signature of Witness		Signature/Thumb impression of life to be			1		
			assure				
Occupation	-						
		Date	Place				
		Mobile					
	PLI	EASE DO NOT	SIGN BLANK	PROPOSAL	FORM		



Declaration made by Declarant where Member has; a) affixed his/her thumb impression; OR b) signed in verna	cular; OR c) not filled the application
	ions and contents of the Member Enrollment Form to the Member in given by the Member and that the Member has affixed the thumb impression
Signature of the Declarant	Address of the Declarant
Name of the Declarant	Occupation of the Declarant
Signature of the Witness	Address of the Witness
Name of the Witness	Occupation of the Witness
"I/We certify that the contents of the form and documents have been ful have understood the significance of the proposed contract.	ly explained to me by Mr. / Mrs.: and I/We
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: Member is accurate and true to my/our knowledge.	I/We hereby declare that the content of the form and document filled up by the
	Signature / Thumb Impression of the Legal Guardian (if Member is a Minor)