

MEMBER ENROLLMENT FORM – DOGH
REGULATED ENTITY

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

| Plan: | ☐ HDFC Life Group Term Insurance Plan | | | ☐ HDFC Life Group 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 benef | | | □Critical Life Option 2 | ☐ Critical Life Option 3☐ Life Disability Option | | |
| | ☐ HDFC Life Group Critical Illness Plus Rider ☐ Additional ☐ Accelerated | • | | Letitical Life Option 4 | Life Disability Option | | |
| *Note tha | at only one of "Total Permanent Disability benefi | it" and "Total and Par | rtial Per | rmanent Disability bene | efit" may be chosen | | |
| Sum Assu | red (INR) Premium (| (INR) | Polic | y Term (months) | | | |
| | um Period (months) $\square\square\square$ Premium Payment Option | | | | nt Frequency: Single □Yearly □ | | |
| Half Year | ly □ Quarterly □ Monthly□ Cover Type: Single L | ife □ Joint Life^ □ ^1 | Joint Life | is only applicable for HDFC I | ife Group Credit Protect Plus | | |
| Main Benefit:(level / decreasing) Interest Rate: □□% | | | | | | | |
| Particulars of Member: Mr/Mrs. | | | | | | | |
| | Address: Gender: M /F/Tg | | | | | | |
| | rs of Secondary/ Joint Life Assured (if any): Mr/M 4 /F/TgRelationship with Member | | | | | | |
| Particular | rs of Legal Guardian (if Member / Joint Life Assured is a min | | III NO □□□□ | | | | |
| Date of Bi | irth/Age(yrs): dd/mm/yyyy / Gender: M /F/Tg | Relationship with Me | ember / | Joint Life Assured | | | |
| Nominee | / Appointee Details: | | | | | | |
| Ttommee | Name | Date of Birth | Gender | Contact No. | Relationship to | | |
| Nomine | | dd/mm/yyyy | Gender | Contact No. | Member | | |
| Appoint | | dd/mm/yyyy | | | Nominee if nominee is below 18 yrs of | | |
| ** | | | | | age | | |
| | RATION OF GOOD HEALTH are that I am in a sound state of health. | | | | | | |
| respiratory disease; any mental or nervous disease; hepatitis or any other liver disease; blood disorders; digestive and bowel disorders; paraplegia, physical disability or any other disorder of the bones, spine or muscle; any other disease, disorder or disability, not mentioned above and excluding minor impairment such as common cough or cold. I/We have never undergone or expect to undergo any surgical procedure for any illness, ailment, disease or disability. In the last 5 years, I/We have not received any form of medication for more than 7 consecutive days or been absent from work for more than 7 days. For Female Lives: I/We further declare that presently I/We am/are not pregnent or I/We do not have a history in the past of an abortion, miscarriage or caesarean section due to complications during pregnancy or due to any other cause, I/We have not given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc and I/We have not ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive system. I/We further declare that, as of the date of this declaration, I/We do not engage or intend to engage in any business, sport or occupation 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 Prima | ry Life Assured □ Conser | nt of Secondary / Joint Life Assured | | |
| Declaratio | on 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. | | | | | | | |



| I/We do hereby declare that I/We have received a loan from M/s _ Policyholder"). In order to secure the said loan I/We have taken the above ref Life"). In consideration of receiving the said loan I/We hereby authorize HDFC Policyholder by deducting from the claim proceeds payable on happening of the referenced above. | Life to make payment of Outstanding Loan Balan | ce amount to Master | | |
|--|---|--------------------------|--|--|
| Signature/Thumb impression of Witness* Signature / Thumb Ir Name & Address of the Primary Insure Member | | | | |
| Occupation Date & Place: * Witness Signature, Address and Occupation is along with signature of Insured Members. | | | | |
| Declaration made by Declarant where Member has; a) affixed his/her thumb impression; OR b) signed in vernacular; | OR c) not filled the application | | | |
| "I hereby declare that I have fully explained the above questions and conte Assured (if any) and I have truthfully recorded the answers given by the Men and the Secondary / Joint Life Assured (if any) has affixed the thumb impression | nts of the Member Enrollment Form to the Maber and the Secondary / Joint Life Assured (if a | any) and that the Member | | |
| ϵ | ress of the Declarant upation of the Declarant | | | |
| Signature of the Witness Add | ress of the Witnesspation of the Witness | | | |
| "I/We certify that the contents of the form and documents have been fully expl have understood the significance of the proposed contract. | ained to me by Mr. / Mrs.: | and I/We | | |
| Signature/Thumb impression of Member Signature / Thumb Impression of the Secondary/ Joint Life Assured (if any) | Name, of Declarant Designation of Declarant Occupation of Declarant | | | |
| Declaration made by Legal Guardian if any of the Member or Joint Life Asdocument filled up by the Member or Joint Life Assured is accurate and true to | | content of the form and | | |
| Signature / Thumb Impression of Legal Guardian (if Member is a Min | | | | |
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