

MEMBER ENROLLMENT FORM –SMQ REGULATED ENTITY

[IMPORTANT NOTE: A	Any cancellation and alteration must be countersigned by L	ife to be

	Please do not sign blank Proposal form]											
Plan:		HDFC Life Group Term Insurance Plan HDFC Life Group Credit Protect Plus							•			
Option:	 Accidental Death benefit Total Permanent Disability benefit * 			□ Life Option □Extra Life Option □Terminal Life Option □ Critical Life Option								
		Partial Permanent Disa								Rate of I	interest	70
		ife Group Critical Illness	Plus Rider									
Additional 🗆 Accelerated												
	*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) Loan Account		count	No.	Loan Type						
Particula	Particulars of Primary Life Assured: Mr/Mrs.											
Date of Birth/Age(yrs): $dd/mm/yyyy$ / Gender: $M/F/Tg$												
Address:		ary/ Joint* Life Assure										- 1
					Date of	Birth/Age	uuu (vrs): dd/	mm/sa		Gende	r. M/F	1
Relations	ship with Prin	ary Life Assured				Ditti/Age	(yrs). <u>dd/</u>	11111/ y y	<u>yy</u> /		1. 1/1/1	
*Joint Life	is only applicable	for HDFC Life Group Credit P	rotect Plus									
	Name Date of Birth Gender Contact No.					Relationship to						
Nominee	:			nm/yyyy						Life Assure	ed	
Appointe	ee:		dd/r	nm/yyyy				Nor		10minee is bel		
										rimary Life Secondary Assured Joint Life		
									As	surea	Assu	
1 Have you ever suffered or are currently suffering from: (a) Chest Pain or heart attack or any other heart						Yes	No	Yes	No			
		er, tumor, growth or cy							_		_	
		, disorder of brain/ner ther lung disorder (e) D										
gall	disorder(anemia) or any endocrine disorder (f) Diseases of the kidney, digestive system(stomach, pancreas, gall bladder, intestine), liver, Hepatitis B or C or HIV/AIDS infection (g) Diabetes, high blood pressure											
2 During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?												
3 Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving,												
motor racing, bungee jumping, etc.)Do you smoke more than 10 cigarettes a day?												
5 Has more than one of your parents and siblings died before the age of 60 years as a result of heart attack,												
 stroke, cancer, diabetes, HIV? Are you taking any medication or has a doctor ever attended to you for any conditions, diseases or 						es or						
impairment not mentioned above (except for cough or cold)?For Female Lives: (a) Are you presently pregnant? (b) Do you have a history in the past of an abortion,						rtion,						
miscarriage or caesarian section due to complications during pregnancy or due to any other cause? (c) Have						Have						
you given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc? (d) Have you ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive												
system?												
8 Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover?												
9 Do you have any history of conviction under any criminal proceedings in India or abroad?												
Signature/Thumb impression of the Primary Life Assured Member Date & Place:												
Signature/Thumb impression of the Secondary/ Joint Life Assured Member Date & Place:												

Declaration of Insured Members 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 ______ ("Master Policyholder"). In order to secure the said loan I/We have taken the above referenced policy from HDFC Life Insurance Company Limited ("HDFC Life"). In consideration of receiving the said loan I/We hereby authorize HDFC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Signature/Thumb impression of Witness* Name & Address	Signature / Thumb Impression of the Primary Life Assured Member Date & Place:	Signature / Thumb Impression of the Secondary/ Joint Life Assured Member Date & Place:				
Occupation Date & Flace * Witness Signature, Address and Occupation is along with signature of Insured Member						

<u>Declaration made by Declarant where Member has;</u> a) affixed his/her thumb impression; OR b) signed in vernacular;

"I hereby declare that I have fully explained the above questions and contents of the Member Enrollment Form to the Member and the Joint Life Assured (if any) and I have truthfully recorded the answers given by the Member and the Secondary / Joint Life Assured (if any) and that the Member and the Secondary / Joint Life Assured (if any) has affixed the thumb impression above after fully understanding the contents thereof."

OR

Address of the Declarant

Occupation of the Declarant

Signature of the Declarant Name of the Declarant

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 Mr. / Mrs.: ______ and I/We have understood the significance of the proposed contract.

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_____

c) not filled the application

Declaration made by Legal Guardian if any of the Member or Joint Life Assured is a minor: I/We hereby declare that the content of the form and document filled up by the Member or Joint Life Assured is accurate and true to my/our knowledge.

Signature / Thumb Impression of the Legal Guardian (if Member is a Minor)

Signature / Thumb Impression of the Legal Guardian (if Secondary / Joint Life Assured is a Minor)