

## MEMBER ENROLLMENT FORM – Declaration of Good Health NON REGULATED ENTITY

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Life to be Insured. Please do not sign blank Proposal form]						
Please do not           Plan:              ☐ HDFC Group Term Insurance Plan		☐ HDFC	Life Group		HDFC Life Group Credit Protect Plus	
/Rider:	<ul> <li>Accidental Death Benefit</li> <li>Total Permanent Disability</li> <li>Total Permanent and Partial Disability Bene</li> <li>HDFC Life Group Critical Illness Plus Rider</li> </ul>	N.A.	Credit Protect		□Extra Life Option e Option Option 1 □Critical Life Option 2 Option 3 □Critical Life Option 4 ty Option	
Sum Assured (INR) Premium (INR) Policy Term (months)       Image: Constrainty option         Image: Constrainty option       Moratorium Period (months)         Image: Constrainty option       Moratorium Period (months)         Image: Constrainty option       Interest Rate: Image: Constrainty option						
Particulars of Life Assured: Mr/Mrs.						
Date of Birth/Age(yrs): dd/mm/yyyy / Gender: M /F/Tg Loan Account No Loan Type						
Nominee / Appointee Details:						
NT '	Name	Date of Birth	Gender	Contact No.	Relationship to	
Nominee: Appointee		<u>dd/mm/yyyy</u> <u>dd/mm/yyyy</u>			Life Assured Nominee if nominee is below 18 yrs of age	
DECLARATION OF GOOD HEALTH: I declare that I am in a sound state of health.						
conditions such as, but not limited to, high blood pressure, chest pain, heart attack or any other heart condition; stroke, transient ischemic attack or any other endocrinal disease; idhay disease; HIV / AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; ichey disease; HIV / AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; ichey disease; HIV / AIDS or AIDS related complex; any cancer or disability, on the metal adve and excluding minor impairment such as common cough or cold. I have never undergone or expect to undergo any surgical procedure for any illness, ailment, disease, disability. In the last 5 years, I 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 further declare that presently I am not pregnant or I do not have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause, I have not received any business, sport or occupation of a hazardous nature. I declare that, as of the date of this declaration, I do not engage or intend to engage in any business, sport or occupation of a hazardous nature. I declare that, I do not have any history of conviction under any criminal proceedings in India or abroad. I understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. If any untrue statement are contained herein or there has been any non disclosure of any material fact, the policy provisions and any additional provisions that govern the policyholder to idsclose to the insurer such particulars as they may require including the declaris given abuve on signature. Address are and onfirm that thes as mended from particulars as they may require including the declaris given abuve on instores the pany charges including any tanges t						
Signature/Thumb impression of life to be assured Note: PLEASE DO NOT SIGN BLANK FORM						