

## MEMBER ENROLLMENT FORM – Declaration of Good Health REGULATED ENTITY TANT NOTE: Any concellation and elementian must be countersized by Life to be L

.

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Life to be Insured. Please do not sign blank Proposal form]										
Plan:	HDFC Group Term Insurance Plan			☐ HDFC Life Group			☐ HDFC Life Group Credit Protect Plus			
Option /Rider:	<ul> <li>Accidental Death Benefit</li> <li>Total Permanent Disability</li> <li>Total Permanent and Partial Disability Benefit</li> <li>HDFC Life Group Critical Illness Plus Rider</li> </ul>			Credit Protect N.A			□ Life Option       □Extra Life Option         □ Terminal Life Option       □ Critical Life Option 1         □ Critical Life Option 1       □Critical Life Option 2         □ Critical Life Option 3       □Critical Life Option 4			
Sum Assured (INR)       Premium (INR)       Policy Term (months)       Moratorium Period (months)         Image: Main benefit:       Interest Rate:       Image: Moratorium Period (months)									ium 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										
Nominee / Appointee Details: <ul> <li>Name</li> <li>Date of Birth</li> <li>Gender</li> <li>Contact No.</li> <li>Relationship to</li> </ul>										
Namina		Name		Date of Birth		Co	ntact No.	R	elationship to Life Assured	
Nominee Appointe			dd/mm/yyyy dd/mm/yyyy					Nominee if nominee is below 18 yrs of age		
<ul> <li>DECLARATION OF GOOD HEALTH: I declare that I am in a sound state of health.</li> <li>I hereby declare that, as of the date of this declaration, I do not have any history of, have never suffered from or currently suffering from medical 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 cerebrovascular disease; diabetes or any other endocrinal disease; kidney disease; HIV / AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; hepatitis or any other 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, onter metinoed above 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 or 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.</li> <li>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 given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, et and I have not ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive system.</li> <li>I further 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, a of the takes three 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 widi as far as I am concerned.</li> <li>I confirm that I have read and un</li></ul>										
PAYMENT AUTHORISATION I do hereby declare that I have received a loan from M/s ("Master Policyholder"). In order to secure the said loan I have taken the above referenced policy from HDFC Life Insurance Company Limited ("HDFC Life"). In consideration of receiving the said loan I 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 Impr			nb Impression	ression of the Insured Member		
Occupati	Occupation Date & Place: * Witness Signature, Address and Occupation is along with signature of Insured Member									
Declaration to be made by a 3rd person where: a) The insured member has affixed his/her thumb impression; OR b) The insured										

member has signed in vernacular; OR c) The insured member has not filled the application. \_language and have truthfully I hereby declare that I have explained the contents of this application form to the insured member in \_ recorded the answers provided to me. I further declare that the insured member has signed/affixed his/her thumb impression in my presence.



 Name and address of Declarant\_\_\_\_\_\_
 Signature of the Declarant

 Declaration made by life to be assured: I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/Thumb impression of life to be assured Note: PLEASE DO NOT SIGN BLANK FORM