

**REGULATED ENTITY** 

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Life to be Insured.

	Please	do not	t sign blan	k Proposa	l form]	0					
Plan:	HDFC Group Term Insurance Plan		HDFC Life Group Credit Protect		□ 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 Bene</li> <li>HDFC Life Group Critical Illness Plus Rider</li> </ul>		N.A.		□ Life Option □Extra I □ Terminal Life Option □ Critical Life Option 1 □Critica Option 2 □ Critical Life Option 3 Life Option 4 □ Life Disability O		□Critical				
Sum Assured (INR)   Premium (INR)   Policy Term (months) <td <td<="" td=""></td>											
Moratorium Period (months)											
Particulars of Life Assured: Mr/Mrs.											
Date of I	Birth/Age(yrs): <u>dd/mm/yyyy</u> / Gender: <u>M</u>	/ <u>F/Tg</u> <b>I</b>	Loan Accour	nt No		·	Loan Type				
Nominee / Appointee Details:											
NT '	Name		e of Birth	Gender	Con	tact No.	Relationship	to			
Nomine Appoint			<u>mm/yyyy</u> mm/yyyy				Life Assured Nominee if nominee is below	v 18 vrs c	ofage		
трронн		<u>uu/1</u>	11111/ <u>yyyy</u>				J		J O .		
HEALTH DETAILS OF LIFE TO BE ASSURED: 1 Have you ever suffered or are currently suffering from: (a) Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth or cyst of any kind (c) Stroke, paralysis, Epilepsy, any psychiatric / mental disorder , disorder of brain/nervous system or any kind of physical disabilities (d)Asthma, Tuberculosis or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood 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 Duri 3 Do	<ul> <li>During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?</li> <li>Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing,</li> </ul>										
4 Do 5 Has	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,										
6 Are											
above (except for cough or cold)? 7 For Female Lives: (a) Are you presently pregnant? (b) Do you have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause? (c) 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,											
8 Hav	<ul> <li>uterus, cervix, ovaries or any other part of the reproductive system?</li> <li>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?</li> </ul>										
	Do you have any history of conviction under any criminal proceedings in India or abroad?										
Date & Place: Signature/Thumb impression of the Insured Member											
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 to be issued by the insurer in the name of the policyholder may be treated as void as far as I am concerned. I confirm that I 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 life, and I agree and confirm that the same shall be binding on me. I 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 behalf /collected from me to the Insurer. I understand that any statutory levy or charges including any indirect tax may be charged to me either now or in future by the insurer and I agree to pay the same. I understand that HDFC Life Insurance Company Ltd has the right to reject a proposal without giving reasons thereto and client to give an undertaking thereof that he shall not raise any claims thereof. I understand the significance of the contract and 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 by Insurer issue on its normal terms and conditions is received.											
	ENT AUTHORISATION reby declare that I have received a loan fr	rom M	/s					("M	laster		



	Signature/Thumb impression of Witness*	Signature / Thumb Impression o	of the Insured Member					
	Name & Address							
	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. I hereby declare that I have explained the contents of this application form to the insured member in language and have truthfully								
	recorded the answers provided to me. I further declare that the in	C C	nb impression in my presence.					
	Name and address of Declarant	Signature of the Declarant						
	<b>Declaration made by life to be assured:</b> I hereby declare that fully understood the significance of the proposed contract.	the content of the form and document has been	n fully explained to me and I have					

Signature/Thumb impression of life to be assured