

URN: 101 / November19/Group Health Shield DOGH/ V03

MEMBER INFORMATION FORM

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member. Please do not Sign Blank Information Form]

Plan Name:	HDFC Life Group Health Shield								
	Benefit Option [^] (Please Benefit Description						Sum Insured (INR)	Premium (INR)	
	select your Benefit Option)	•					Sum msureu (mak)	T Telinum (IIVK)	
	Option A	Daily Hospital Cash Benefit						-	
	Option B Option C	Surgical Benefit							
	Option D	Critical Illness excluding Cancer Benefit							
Ontional	Option E	Critical Illness excluding Cardiac Benefit							
Options:	Option F	Critical Illness excluding Cancer and Cardiac Benefit							
	Option G	Cancer Cover							
	Option H	Cardiac Cover							
	Option I	Personal Accident Cover							
	^Only one out of options (C), (D)), (E) and (F) can be chosen. ; Cancer Cover Benefit option cannot be chosen with Option C and E ; Cardiac Cove						d E ; Cardiac Cover	
Benefit cannot be chosen with Option C and D;									
Total/Single	Premium (INR)	Member Cove	r Term: 1 Vear (Vearl	v Renewable)	Credit Link	red	months		
	de: << Single / Annual / Half Year			y Kellewable)		teu _			
Fielinum Wio	ue. << Shigle / Annual / Han Tear	ly / Quarterly /	wontiny >>						
Portioulors of	of Member: Mr/Mrs.								
					Waight	Va			
Address for C	/: <u>dd/mm/yyyy/</u> Gen	der: $M/F/1g$ H	eight : Cms		Weight:	- 0			
Address for Communication:Email Id:									
Name/Address/ Tel number of Family Physician:									
Nationality: Country of Residence:									
Occupation:	Nationality: Country of Residence: Occupation:								
Date of Birth	n/Age(yrs): <u>dd/mm/yyyy</u> / G	ender: M /F/Tg	Relationship with	Member					
Nominee / A	ppointee Details:								
	Name		Date of Birth	Gender	Contact No	э.	Relations	hip to	
Nominee:	Nominee:		dd/mm/yyyy			Member			
Appointee:		dd/mm/yyyy					Nominee if nominee is below 18 yrs of age		
							47		
Declaration	of Good Health:								
I confirm that I have never had any disorder of the heart or circulatory system, chest pain, high blood pressure, stroke, asthma, tuberculosis or other lung disorder,									
	r / lumps of any kind, increased blo								
	sorder, musculoskeletal disorders, I								
	pains, arthritis, weight loss of more								
		C	,	0 0	U	•			
I confirm that	t I have not had any abnormal or ad	verse finding in	any tests for cancer or	heart conditi	ons.				
I confirm that	t I am not currently suffering from a	any disease or a	change in health cond	itions for whi	ch I am plannii	ng to	see a doctor or get myse	If investigated.	
In the past 5 y	years I have not had any medical co	ondition illness	es diseases disorders	disability su	rgery or treatm	ient i	which has required me to	be absent from	
	east 7 consecutive days or admitted								
work for at le	ast 7 consecutive days of admitted	in nospital for a	t least 5 consecutive a	ays of sought	out i attent tre	aun	(OID) for more than	ro days	
I confirm that	t on medical / health grounds none	of my insurance	proposal for Life, Hea	alth, Critical I	llness or Accid	lent i	nsurance has ever been d	leclined, deferred,	
	accepted on special terms.	2							
	t I am not suffering from any conge								
-	cipate or intend to participate in any	dangerous spo	rts such as mountainee	ring, motor ra	icing, scuba div	ving,	parachuting, or flying ex	ccept as a paying	
passenger on	a commercial flight.								
Loonfirm that	t I am not pregnant (for female appl	ligant's only)							
i commi man	t I am not pregnant (for female appl	ficant sonry)							
Currently I ar	m in good physical and mental heal	th.							
Currenity Fu									
Signature/The	umb Impression of Scheme Membe								
	unio impression of Benefile Menioe	er							
Name & Add	ress								

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Declaration & Authorization:

□ I hereby declare that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge.

□ I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of HDFC Life Insurance Company Limited ("Company") and that the policy will come into force only after full receipt payment of the premium chargeable.

I understand that all information provided in this proposal form and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information

□ I further declare that I will notify in writing any change occurring in the occupation or general health of my life after the proposal has been submitted but before communication of the risk acceptance by the Company.

 \Box I declare and I consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended me or from any past or present employer concerning anything which affects my physical or mental health and seeking information from any insurance company to which an application for insurance has been made for the purpose of underwriting the proposal and/or claim settlement.

 \Box I further consent and authorize the Company or any of its authorized representatives to seek medical information from any doctor/hospital/consultant/insurer that I have attended or may attend in future concerning any disease or illness or injury in respect to a particular claim.

 \Box I authorize the Company to share information pertaining to my proposal including my medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

□ I agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures/regulations.

 \Box I have voluntarily given my consent to collect, process, receive, possess, store, deal or handle my sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], with/ from third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the Policy.

□ I hereby also declare that I have read and understood the products as described in the sales literature and the sales illustration. I have read the entire text, features, disclosures, exclusions, terms and conditions while applying for insurance.

□ I understand that any false declaration or misrepresentation may be liable for rejection of the proposal form or the contract of insurance shall be treated null & void from inception of the contract. Fraud, misrepresentation/ misstatement, or suppression of material fact would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

Signature / Thumb Impression of the Member Name & Address_____ Occupation

Date & Place:

Declaration to be made by a 3rd person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR c) The Member has not filled the application.

I hereby declare that I have explained the contents of this application form to the Member in ______language and have truthfully recorded the answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.

 Signature of the Declarant
 Address of the Declarant______

 Name of the Declarant______
 Occupation of the Declarant______

 Signature of the Witness*
 Address of the Witness______

 Name of the Witness
 Occupation of the Witness_______

 Name of the Witness
 Occupation of the Witness_______

 Witness Signature, Address and Occupation is required along with signature of Member
 Date & Place_______

Declaration made by Member: 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 expression of the Member

Declaration made by Legal Guardian if Member is a minor: I hereby declare that the content of the form and document filled up by the Member is accurate and true to my knowledge.

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

Note: PLEASE DO NOT SIGN BLANK ENROLLMENT FORM