

COVID - 19 Questionnaire

Thank you for showing interest in Reviving your policy with HDFC Life. We request you to send this questionnaire duly filled and signed by the Life Assured and Policy Holder.

Policy No.	
Name of Life Assured	
Name of Policyholder (if different from Life Assured)	

1. Have you and / or any of your immediate family members travelled outside India in the last 45 days or do you plan to travel outside India during the next 6 months?	<input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, mention name of the country/countries _____ Date of return: _____ Relationship with Life Assured (if family member): _____
2. Have you and / or your immediate family members been tested positive for COVID-19* or are awaiting results of such a test?	<input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, have you made a full recovery to good health and received clearance from government authorities? Details: _____ Date of recovery: _____
3. Are you and / or any of your immediate family members, currently suffering from or in the last 2 months, have suffered from fever, persistent cough, sore throat, breathing difficulties, gastro-intestinal symptoms (vomiting/ diarrhea)?	<input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, mention details: Exact diagnosis: _____ Date of diagnosis: _____ Relationship with Life Assured (if family members): _____
4. Were you ever advised to be under quarantine/ isolation due to COVID-19* due to exposure or symptoms of COVID -19*? Note: Isolation solely due to lockdown orders issued by government or local administration is to be answered as 'NO'	<input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, mention details Date of quarantine/ isolation: _____ Reason: _____

* Novel Coronavirus, SARSCoV-2/COVID-19

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An incomplete questionnaire will not be considered valid.

Declaration of Life Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Co. Ltd. and that failure to disclose any material fact known to me may invalidate the contract.

Signature (Life Assured)

Verified by OTP
<DD/MM/YYYY><hh:mm:ss>

Date:

Signature
(Policy Holder if different
from Life Assured)

Verified by OTP
<DD/MM/YYYY><hh:mm:ss>

Date:

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **022-68446530** (Call charges apply) | Available Mon-Sat from 10 am to &7 pm. DO NOT prefix any country code e.g. +91 or 00. |

Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit - www.hdfclife.com.