



Personal Statement of Health for Revival of Policy

Policy Number: _____ Branch:

Name of the Life Assured: F I R S T N A M E M I D D L E N A M E S U R N A M E

Name of the Proposer: (if different from the Policyholder) F I R S T N A M E M I D D L E N A M E S U R N A M E

Marital Status: Single Married Divorced Widow / Widower

Address:

Reason for Lapse:

Present Occupation: Gross Annual Income in ₹:
(From all sources) (figures in digits)

Type of Industry: Does your job involve hazardous activity? Yes No

Name and address of the present employer OR business premises if self-employed:

Please provide the information required below pertaining to the Life Assured from the date of policy application till date.

A. Personal health details:			
1. Have you suffered from any of the following conditions mentioned below ?	Yes	No	Mention details, as applicable
a) Cardiovascular disorders such as chest pain, heart attack, arrhythmia, palpitations, giddiness, anxiety, Cardiomyopathy, Hypertension/High Blood pressure, Coronary artery bypass grafting (CABG), Angioplasty (PTCA) or any other heart related conditions.	<input type="checkbox"/>	<input type="checkbox"/>	
b) Respiratory disorders such as bronchitis, asthma, wheezing, pneumonia, tuberculosis, anyother disease of chest and lungs.	<input type="checkbox"/>	<input type="checkbox"/>	
c) Gastrointestinal system disorders - Gastritis, ulcer, hernia, disease of liver, pancreas, spleen, stomach, disease of short and long intestine, Jaundice, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
d) Urinary system disorders such as disorder related to kidney, urinary bladder, ureter, prostate, hydrocele, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
e) Nervous system disorders such as paresis, transient ischaemic attack, paralysis, Stroke, Alzheimer, Parkinson's, meningitis, multiple sclerosis, epilepsy, blackouts, migraine or any other disorder or tumor of brain, spinal cord or nerves. Mental disorders such as major or minor depression, Obsessive Compulsive Disorder, addictions, uncured insomnia, anxiety or nervous breakdowns.	<input type="checkbox"/>	<input type="checkbox"/>	
f) Ear, Nose, Throat, Mouth system disorders such as ear discharge, nose bleeding, deafness, blindness, hearing loss, etc. Skin disorders such as varicose veins, psoriasis, eczema, moles or dermatitis. Musculoskeletal disorder such as Arthritis, gout, rheumatism, disc prolapse, fracture history, Osteoporosis, back pain, disorders of bones or any other conditions.	<input type="checkbox"/>	<input type="checkbox"/>	
g) Diabetes/ elevated blood sugar/sugar, ketone, proteinuria or diabetes related complications such as diabetic coma or any other hormonal diseases related to Thyroid gland or any other hormonal imbalance.	<input type="checkbox"/>	<input type="checkbox"/>	
h) Cancer or tumour or benign tumour or cyst, lump, enlargement of lymph nodes or any other growth.	<input type="checkbox"/>	<input type="checkbox"/>	
i) Blood disorders such as anemia, haemophilia, thalassaemia, leukaemia or any other blood disorder or suffered from dengue, swine flu or encephalitis.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you undergone any lab test including HIV & HBsAg, radiological test or any special investigation test such as ECG, MRI, CTMT, etc. or suffered from any accidents, injury, major burns or advised hospitalisation?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have any recurrent medical condition, physical disability, deformity, any illness or injury that has kept you away from work?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you or your spouse been tested positive for HIV / AIDS or Hepatitis B or C or have been tested / treated for other sexually transmitted diseases OR are you awaiting the results of such a test?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you currently in good health?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Female Specific health disorders			
a) Have you had any disease of uterus, breast, cervix, ovaries or have undergone hysterectomy?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you undergone PAP smear, mammogram or USG pelvis?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Are you currently pregnant? If yes, how many weeks? _____	<input type="checkbox"/>	<input type="checkbox"/>	

B. Family medical history:

Has any death or illness occurred in your family (parents or siblings)? If yes, then mention the age at death and cause of death / nature of illness.

C. Other personal details:

Indicate by ticking in relevant box
Yes No

Mention details, as applicable
*Please attach a separate sheet in case the space is inadequate

1. Provide us the exact details of existing insurance with HDFC Life (both lapsed and in-force)

2. Do you have any current active insurance cover or has any of your life insurance / health insurance / rider been accepted with extra premium, accepted on other special terms, postponed, declined or not taken up by you?

Reason: _____

3. Have you submitted any simultaneous applications for insurance to any of our offices or another insurance company which is still pending OR are you likely to revive any lapsed policies?

Proposal / Policy No.: _____
Sum assured: _____
Company Name: _____

4. Have you ever made any claims for hospitalisation or surgery or critical illness benefit under this policy or any other health insurance policy from any other company?

5. Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.)?

6. Have you ever resided overseas for more than 6 months or do you intend to travel overseas in the next 6 months and reside for more than 2 months?

Past Travel: _____
Future Travel: _____

7. Are you an NRI?

7. a. Height- Feet inches OR Centimeters b. Weight - (Kgs)

8. Please give the habits details as follows :

Substance consumed	Do you consume?	If yes, please provide details	Quantity
Alcohol *(1 unit = 330 ml of beer / 30 ml of spirits / 125 ml of wine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirit <input type="checkbox"/> Others <input type="text"/>	<input type="text"/> Units* / Week
Tobacco *(1 unit equivalent to 1 cigar / 1 cigarette / 1 bidi. If chewing tobacco, please specify how many grams per day.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cigars <input type="checkbox"/> Cigarette <input type="checkbox"/> Bidi <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Others <input type="text"/>	<input type="text"/> Units * /Day
Addictive or intoxicating drugs (example Ganja, Hashish, Heroin, Cocaine, Marijuana, Charas, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration from the Life Assured:

I hereby declare that all the information given by me/on my behalf is true and I have not withheld any material fact within my knowledge. I agree that the information provided in this declaration along with my proposal for insurance shall be the basis of contract of revival of the lapsed policy. I also agree and understand that the application for revival of the policy will be considered by the Company at its sole discretion. I declare that, I do not have any history of conviction under any criminal proceedings in India or abroad.

Date : DD/MM/YYYY

Place : _____

SIGN HERE

Signature of the Life Assured
(To be signed by the Policyholder if the Life Assured is a minor)

Declaration from the Policyholder (If Policyholder is different from the Life Assured):

I hereby declare that all the information given by me/on my behalf is true and I have not withheld any material fact within my knowledge. I agree that the information provided in this declaration along with my proposal for insurance shall be the basis of contract of revival of the lapsed policy. I also agree and understand that the application for revival of the policy will be considered by the Company at its sole discretion. I declare that, the Life Assured does not have any history of conviction under any criminal proceedings in India or abroad.

Date : DD/MM/YYYY

Place : _____

SIGN HERE

Signature of the Policyholder

Declaration made by third party where the Policyholder has affixed his/ her thumb impression/ has signed in vernacular:

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name: _____

Date: DD/MM/YYYY

Place: _____

Address: _____

SIGN HERE

Signature of the Third Person

NOTE

With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Pls update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.

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 1860-267-9999 (Local charges apply) | 022-68446530 (STD 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