

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Nervous Disorder Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No./ Proposal No.	
Name of Life to be Assured	
1. Have you ever been diagnosed as having Nervous Disorder like anxiety, stress, depression, etc.? (Please answer 'Yes' or 'No')	Yes / No
Please answer all of the following questions, only if the answer to above question is 'Yes'. If the answer is 'No' then please return the form duly signed.	
2. Kindly mention the exact diagnosed condition.	
3. Date of diagnosis.	
4. Kindly answer following regarding your symptoms.	
4.a) What are the presenting symptoms?	
4.b) How often have you experienced symptoms since the initial onset?	
4.c) What is frequency of attack in last 12 months?	
4.d) Are you aware of any specific stimulating factor, which triggers symptoms? If yes, kindly mention the stimulating factor.	
4.e) Did illness develop as a reaction to particular incident? If yes, please mention the exact circumstance.	
5. Please provide details of treatment including names of medication (e.g. Librium, Valium, Lithium, Prothiaden, etc), dosage and frequency.	Current
	Past
6. Have you ever required to undergo electro convulsive therapy (ECT)? If yes, please provide date(s), duration and frequency of therapy received.	Yes / No
7. Kindly answer following regarding monitoring of your condition.	
7.a) Name, contact number and address of physician/ psychiatrist / neurophysician.	
7.b) Date of last consultation.	

7.c) Have you ever visited a psychiatrist or had treatment as a hospital outpatient? If yes, kindly provide date, duration and treatment received	Yes / No
7.d) Have you ever been an in-patient at a hospital or clinic? If yes, kindly mention date(s), duration and treatment received. (Enclose copy of discharge card, if any)	Yes / No
8. Have you ever taken time off work on account of your diagnosed condition? If yes, mention date and duration of time off work.	Yes / No
9. Have you ever suffered from any alcohol or substance abuse? If yes, kindly specify exact condition suffered and treatment received.	Yes / No
10. Have you ever attempted to commit suicide? If yes, kindly mention the date of occurrence and treatment received.	Yes / No
11. Please provide any additional information on your condition, which you feel, will be helpful in processing your application.	Yes / No

❖ **An incomplete Questionnaire will not be considered valid.**

Declaration of Life to be 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 Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression
(Life to be Assured)

Date:.....
Place:.....

Signature/thumb impression
(Proposed Policy Holder if different
from Life to be Assured)

Date:.....
Place:.....

In the case of thumb impression\ signature in vernacular language:

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date:.....
Place:.....

Name and address of the declarant_____

HDFC Life Insurance Company Limited. 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). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

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