

Polio Questionnaire - 2.1

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Polio 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 with polio? (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. Please state exact date of diagnosis.	
3. Which particular part of the body is affected?	
4. What is the degree of disability? <i>(Kindly attach deformity/disability certificate, if available)</i>	
5. Is there any paralysis? If yes, please mention part of the body that is paralysed.	Yes / No
6. Is there any thinning / wasting of muscles? If yes, please name parts of the body affected by thinning / wasting of muscles.	Yes / No
7. Are you able to carry out day-to-day activities? Please provide answers to following questions regarding day- to-day activities carried out.	Yes / No
a) Are you able to squat?	Yes / No
b) Are you able to walk without difficulty?	Yes / No
c) Do you use any walking aid i.e. crutches/ calipers etc.	Yes / No
d) Do you use wheelchair?	Yes / No
e) Are you able to run?	Yes / No

f) Do you have firm grip of hands?	Yes / No
8. Is the thumb or any other finger or toe of the leg affected? If yes, please mention exact affected area and to what extent it is affected.	Yes / No
9. Are you under any treatment? If yes, please mention the name, dosage and frequency of medication.	Current
	Past
10. Do you suffer from any respiratory ailment? If yes, please mention diagnosed condition.	Yes / No
11. Please provide any additional information apart from the above, which will enable us in better assessment of the application form.	

❖ **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 _____

Glossary	
Progressive	Refers to worsening condition.
Stationary	Refers to condition not advancing.
Squat	Sit on heel.

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

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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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