

### Thyroid Questionnaire - 3.3

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Thyroid 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 thyroid problem? (Please answer 'Yes' or 'No')	Yes / No
<b>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.</b>	
2. Please let us know the type of thyroid disorder. (Please tick on type of thyroid disorder)	<input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Thyroiditis <input type="checkbox"/> Goitre
3. When was it diagnosed?	
4. When did you start taking treatment for it?	
5. Please provide details of your treatment including name(s), dosage and frequency of medication. (Name of Drug(s) and dosage)	Current
	Past
6. Was surgery recommended? If yes, kindly mention the date of recommended surgery.	Yes / No
7. Please provide the name, contact number and address of the doctor supervising your treatment / health condition.	
8. Kindly provide date of last consultation?	
9. Kindly provide answer to following regarding investigations done.	
9.a. When were the TSH, T3 and T4 tests last done? (Please attach the copies of reports)	
9.b. What were the results of the last TSH, T3 and T4 tests?	

10. Have you had any of the following:	
10. a) Heart or circulatory problem If yes, please give details.	Yes / No
10. b) Visual defect due to thyroidism. If yes, please give details.	Yes / No
11. Do you suffer from any other health condition/ health complication?  If yes, kindly mention complication suffered and treatment received.	Yes / No
12. Have you ever taken time off work because of thyroidism or associated conditions?  If yes, please mention date and duration of time off work.	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:.....
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Name and address of the declarant \_\_\_\_\_

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