

### Alcohol Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Alcohol 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. Do you consume alcohol?<br>(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 provide the quantity in units and type of alcohol you consume presently per week.<br>(Please note: 125 ml of wine = 1 unit equivalent<br>330 ml of beer = 1 unit equivalent and 30 ml of any other spirit = 1 unit equivalent)                                   |          |
| 3. Please provide the quantity in units and type of alcohol you consumed in the past per week.<br>(Please note: 125 ml of wine = 1 unit equivalent<br>330 ml of beer = 1 unit equivalent and 30 ml of any other spirit = 1 unit equivalent)                                |          |
| 4. Do you consume country liquor?<br><br>If yes, please specify quantity in units consumed per week.   | Yes / No |
| 5. Do you participate in any hazardous occupation or sports?<br>If yes, please provide name of the hazardous sport and occupation and how frequently you participate.  | Yes / No |
| 6. Have you ever undergone Liver Function Tests, Blood count test, Blood tests, Alcohol Marker tests, USG of abdomen or any other investigations?<br>If yes, kindly mention investigations undergone and results thereof.<br>(Kindly attach copies of investigation tests) | Yes / No |
| 7. Have you ever consulted a doctor or received treatment because of your alcohol consumption?<br><br>If yes, kindly mention consultation and treatment received by you.   | Yes / No |

|   |                     |
|---|---------------------|
| 8. Have you ever been advised to quit alcohol?<br><br>If yes, please mention reason for the same.   | Yes / No            |
| 9. Are you on any medications?<br><br>If yes, please provide name, dosage and frequency of medication(s).                                 | Current<br><br>Past |
| 10. Have you ever taken Atabuse for treatment of alcohol?<br><br>If yes, please provide name, dosage and frequency of Atabuse prescribed. | Current<br><br>Past |
| 11. Have you ever been diagnosed with following? If yes, please mention date of diagnosis and treatment prescribed.                       |                     |
| a. Anxiety, depression, tension, stress or any mental disorder  |                     |
| b. Digestive disorder or frequent indigestion complaint.  |                     |
| c. Alcohol abuse  |                     |
| d. Pancreatitis   |                     |
| e. Liver disorder   |                     |
| 12. Kindly provide any more details that may help in processing your application.   |                     |

**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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