

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Back 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.

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|------------------------------------|--|
| Application No / Proposal No | |
| Name of Life to be Assured in full | |

| | |
|---|----------|
| 1. Have you ever been diagnosed as having a back disorder? (Please answer 'Yes' or 'No') | Yes / No |
| Please answer all 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 the precise diagnosis | |
| 3. When was this condition first diagnosed? | |
| 4. Is the condition acute or in remission? | |
| 5. Have you undergone any x-rays / MRI/ Blood tests or other investigations? If yes, please mention the investigation(s) undergone and results thereof. | Yes / No |
| 6. Kindly mention your exact occupation. | |
| 7. Kindly answer following regarding your symptoms. | |
| 7.a. Please describe your symptoms. | |
| 7.b. Do you suffer from pain in the neck/ back/ restriction in movement of neck / back/ leg stiffness, etc.? If yes, please mention the exact symptoms. | Yes / No |
| 7.c. How frequently do symptoms occur? E.g. how often in the last 12 months. | |
| 7.d. Are your daily activities restricted in any way? If yes, please mention the activities restricted. | Yes / No |
| 7.e. Are your joints affected? If yes, please mention to what extent the joints are affected. | Yes / No |
| 8. Do you have any deformity? If yes, kindly mention deformity diagnosed and part of body affected. | Yes / No |
| 9. Have you ever had any of the following condition? If yes, please mention the exact diagnosed condition and treatment received. | |
| 9.a. Heart or circulatory trouble | Yes / No |
| 9.b. Hypertension | Yes / No |
| 9.c. Kidney stones or any other kidney abnormalities. | Yes / No |

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| 9.d. Neurological disease or complications thereof. | Yes / No |
| 9.e. Any abnormalities (e.g. protein, blood, etc) ever been found in your urine. | Yes / No |
| 10. Do you use a walking stick or other mobility aids? If yes, please mention type of walking aid used and reason for using the same. | Yes / No |
| 11. Have you had an operation for this condition or is an operation being considered? If yes, please provide date(s) and names of hospital (s) and consultants/surgeons. | Yes / No |
| 12. Please provide details of your treatment including names of medication, dosage and how often taken. Also Include details of any physiotherapy. | Current |
| | Past |
| 13. Kindly answer following regarding the monitoring of your condition. | |
| 13.a. Mention the name, contact number and address of your doctor in charge of your follow-up. | |
| 13.b. How often do you attend follow-up? | |
| 13.c. When was your last consultation? | |
| 14. Have you lost significant time (in weeks) off work with this condition? If yes, please provide dates and duration of time off work. | Yes / No |
| 15. Please provide any additional information on your condition, which you feel, will be helpful 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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