

COVID-19 Questionnaire for Non Term Plan

Thank you for applying for a policy from HDFC Life Insurance Company Limited. To enable us to assess your application, please send this questionnaire duly answered, endorsed and verified by the Applicant (Life to be assured for NB policies and Life Assured for Revival policies)/ Proposer, if any.

Application No./Policy No.	
Name of Applicant	
Name of Proposer (if different from Applicant)	

1. Have you travelled outside India in the last 15 days or do you plan to travel outside India during the next 3 months?	<input type="checkbox"/> NO / <input type="checkbox"/> YES If YES, please provide details Country: _____ City: _____ Date of travel: <u>dd/mm/yyyy</u>
2. Have you been tested positive for COVID-19* or are awaiting results of such a test or been advised to be under quarantine due to COVID-19*?	<input type="checkbox"/> NO / <input type="checkbox"/> YES If YES, please provide details 1. Date of diagnosis test <u>dd/mm/yyyy</u> 2. Were you hospitalised <input type="checkbox"/> NO / <input type="checkbox"/> YES 3. Provide date of negative test report or hospital discharge date or last day of quarantine whichever is later <u>dd/mm/yyyy</u> 4. Details* of subsequent tests done post hospitalisation/ quarantine during recovery like RTPCR, CXR, HRCT, Ddimer etc _____ <small>#Please submit copies of hospitalisation reports, Discharge Summary, investigation reports like RTPCR, CXR, HRCT, Ddimer, etc along with this form</small> 5. Have you made a full recovery to good health without complications and returned to normal physical function and activities? <input type="checkbox"/> NO / <input type="checkbox"/> YES
3. Are you currently suffering from or in the last 1 month, have suffered from fever, persistent dry cough, sore throat, breathing difficulties, body pain, fatigue, conjunctivitis, gastro-intestinal symptoms (vomiting/diarrhoea) or been in contact with an individual suspected or confirmed to have COVID-19*?	<input type="checkbox"/> NO / <input type="checkbox"/> YES

* Novel Coronavirus, SARS-CoV-2/COVID-19

An incomplete questionnaire will not be considered valid.

Declaration of Applicant:

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 Co. Ltd. and that failure to disclose any material fact known to me may invalidate the contract.

Date: DD/MM/YYYY
Place: _____

SIGN HERE


Signature of Applicant

Date: DD/MM/YYYY
Place: _____

SIGN HERE


Signature of Proposer (if different from Applicant)

Third Party Declaration

The person who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that the content of this application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that the said person has signed or affixed his/her thumb impression in my presence.

In case of thumb impression of the Applicant 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.

Declarant Name: _____
Address: _____

Date: DD/MM/YYYY
Place: _____

SIGN HERE


Signature of the Third Person

HDFC Life Insurance Company Limited (HDFC Life). 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 **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 | Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com