

Occupational Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Occupational Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Application No. / Proposal No.	
Name of Life to be Assured	

1. Please answer the following regarding your current occupation and employer.	
1. a) Full name and complete address of your employer.	
1. b) Name of the department of work.	
1. c) Exact designation.	
1. d) Nature of duties.	
1. e) If you are a supervisor, nature of work under your supervision.	
1. f) Percentage of your occupation which can be considered physical or manual.	
2. What is the usual temperature of the place where you work?	
3. Do you handle electrical equipment(s) or engage in duties involving high voltages? If yes, please mention equipments handled.	Yes / No
4. Do you handle heavy machinery? If yes, please name the machinery handled.	Yes / No
5. Are you required to climb poles or work at heights? If yes, then please state the height at which you work and how frequently you are required to work at heights?	Yes / No
6. Are you exposed to toxic fumes, chemicals, radioactive rays or any other carcinogenic elements in the course of duties? If yes, please mention extent of exposure and safety gear used.	Yes / No

7. Are any explosives stored within one-kilometer radius of your workplace?	Yes / No
8. Are you required to handle explosives as part of your job? If yes, please mention how frequently you are Required handle explosives.	Yes / No
9. Please state any other facts about your occupation, which you consider to be important.	

❖ **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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