

MEMBER ENROLLMENT FORM –SMQ
REGULATED ENTITY

**[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Life to be
Please do not sign blank Proposal form]**

Plan:	<input type="checkbox"/> HDFC Life Group Term Insurance Plan	<input type="checkbox"/> HDFC Life Group Credit Protect Plus
Option:	<input type="checkbox"/> Accidental Death benefit <input type="checkbox"/> Total Permanent Disability benefit * <input type="checkbox"/> Total and Partial Permanent Disability benefit* <input type="checkbox"/> HDFC Life Group Critical Illness Plus Rider <input type="checkbox"/> Additional <input type="checkbox"/> Accelerated	<input type="checkbox"/> Life Option <input type="checkbox"/> Extra Life Option <input type="checkbox"/> Terminal Life Option <input type="checkbox"/> Critical Life Option 1 <input type="checkbox"/> Critical Life Option 2 <input type="checkbox"/> Critical Life Option 3 <input type="checkbox"/> Critical Life Option 4 <input type="checkbox"/> Life Disability Option <input type="checkbox"/> Level <input type="checkbox"/> Decreasing* *Rate of Interest _____%

* Note that only one of “Total Permanent Disability benefit” and “Total and Partial Permanent Disability benefit” may be chosen

Sum Assured (INR)	Premium (INR)	Policy Term(months)	Moratorium Period (months)	Loan Account No.	Loan Type

Particulars of Primary Life Assured: Mr/Mrs.

Date of Birth/Age(yrs): dd/mm/yyyy / _____ Gender: M/F/Tg
Address: _____

Particulars of Secondary/ Joint* Life Assured: Mr/Mrs.

Date of Birth/Age(yrs): dd/mm/yyyy / _____ Gender: M/F
Relationship with Primary Life Assured _____

*Joint Life is only applicable for HDFC Life Group Credit Protect Plus

	Name	Date of Birth	Gender	Contact No.	Relationship to
Nominee:		<u>dd/mm/yyyy</u>			<i>Life Assured</i>
Appointee:		<u>dd/mm/yyyy</u>			<i>Nominee if nominee is below 18 yrs of age</i>

	Primary Life Assured		Secondary / Joint Life Assured	
	Yes	No	Yes	No
1 Have you ever suffered or are currently suffering from: (a) Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth or cyst of any kind (c) Stroke, paralysis, Epilepsy, any psychiatric / mental disorder, disorder of brain/nervous system or any kind of physical disabilities (d) Asthma, Tuberculosis or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood disorder (anemia) or any endocrine disorder (f) Diseases of the kidney, digestive system (stomach, pancreas, gall bladder, intestine), liver, Hepatitis B or C or HIV/AIDS infection (g) Diabetes, high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you smoke more than 10 cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Has more than one of your parents and siblings died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes, HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Are you taking any medication or has a doctor ever attended to you for any conditions, diseases or impairment not mentioned above (except for cough or cold)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 For Female Lives: (a) Are you presently pregnant? (b) Do you have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause? (c) Have you given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc? (d) Have you ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have any history of conviction under any criminal proceedings in India or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature/Thumb impression of the Primary Life Assured Member _____ **Date & Place:** _____

Signature/Thumb impression of the Secondary/ Joint Life Assured Member _____ **Date & Place:** _____

Declaration of Insured Members

I/We understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. Subject to Section 45 of the Insurance Act 1938 as amended from time to time, if any untrue statements are contained herein or there has been

any non disclosure of any material fact, the policy to be issued by the insurer in the name of the policyholder may be treated as void as far as I/We am/are concerned.

I/We confirm that I/We have read and understood, the rules and any additional rules of the plan, the standard policy provisions and any additional provisions that govern the policy to be issued by insurer in the name of the policyholder and on my/our life, and I/We agree and confirm that the same shall be binding on me/us. I/We authorise the policyholder to disclose to the insurer such particulars as they may require including the details given above and any changes to the same, pay the premium payable on my/our behalf /collected from me/us to the insurer. I/We understand that any statutory levy or charges including any indirect tax may be charged to me/us either now or in future by the insurer and I/We agree to pay the same. I/We understand that HDFC Life Insurance Company Limited (HDFC Life) has the right to reject a proposal without giving reasons thereto and confirm to give an undertaking that I/We shall not raise any claims thereof. I/We understand the significance of the contract and that the contract will be governed by the provisions of the Insurance Act 1938 as amended from time to time and that the same will not commence until written acceptance of this application issued by the insurer on its normal terms and conditions is received.

I/We further agree that if after the date of submission of the proposal but before the issuance of Policy (i) there is an adverse change in my/our occupation, financial condition, health condition, which will affect the decision of the Company in underwriting risk or (ii) if the proposal for assurance or an application for revival of the policy made to any insurer on my/our life or the Life to be assured is withdrawn or dropped, deferred, declined or accepted on terms other than as proposed, I/We shall forthwith intimate the same to the company in writing and failure to do so shall lead to a decision as per the applicable terms and conditions of the policy.

I/We hereby declare that the content of the form and document has been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

I/We do hereby declare that I/We have received a loan from M/s _____ (“Master Policyholder”). In order to secure the said loan I/We have taken the above referenced policy from HDFC Life Insurance Company Limited (“HDFC Life”). In consideration of receiving the said loan I/We hereby authorize HDFC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Signature/Thumb impression of Witness*
Name & Address _____

Signature / Thumb Impression of the Primary
Life Assured Member
Date & Place: _____

Signature / Thumb Impression of the
Secondary/ Joint Life Assured Member
Date & Place: _____

Occupation _____

* Witness Signature, Address and Occupation is along with signature of Insured Member

Declaration made by Declarant where Member has:

a) affixed his/her thumb impression; OR b) signed in vernacular; OR c) not filled the application

“I hereby declare that I have fully explained the above questions and contents of the Member Enrollment Form to the Member and the Joint Life Assured (if any) and I have truthfully recorded the answers given by the Member and the Secondary / Joint Life Assured (if any) and that the Member and the Secondary / Joint Life Assured (if any) has affixed the thumb impression above after fully understanding the contents thereof.”

Signature of the Declarant
Name of the Declarant _____

Address of the Declarant _____
Occupation of the Declarant _____

Signature of the Witness
Name of the Witness _____

Address of the Witness _____
Occupation of the Witness _____

“I/We certify that the contents of the form and documents have been fully explained to me by Mr. / Mrs.: _____ and I/We have understood the significance of the proposed contract.

Signature/Thumb impression of Member _____
Signature / Thumb Impression of the Secondary/ Joint Life Assured (if any) _____

Name, of Declarant _____
Designation of Declarant _____
Occupation of Declarant _____

Declaration made by Legal Guardian if any of the Member or Joint Life Assured is a minor: I/We hereby declare that the content of the form and document filled up by the Member or Joint Life Assured is accurate and true to my/our knowledge.

Signature / Thumb Impression of the
Legal Guardian (if Member is a Minor)

Signature / Thumb Impression of the
Legal Guardian (if Secondary / Joint Life Assured is a Minor)